

Showing your support is a walk in the park

Join our
Walk for AIDS
event on
Sunday 25th November, 2007

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

You can walk the two kilometres at your own pace anytime between 11am and 1pm on Sunday 25th November. Get a team together and walk with friends, family or workmates.

The registration fee is only \$20 and sponsors can pledge donations of support. All monies raised will go towards the advocacy, care and support services of NSW's three peak HIV/AIDS charities.

A short walk will go a long way.

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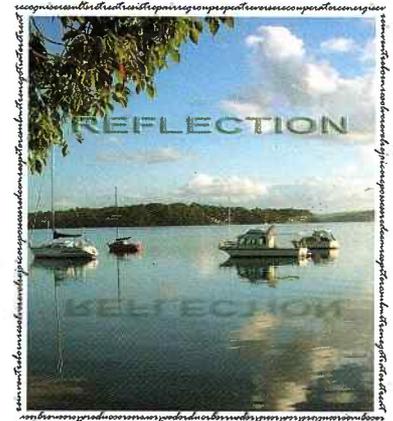
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talkabout

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From the Creative Workshop weekend

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TALKABOUT

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Printed by Crackerjack Communications on 50% recycled paper

ISSN 1034 0866

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In this issue

On receiving a positive diagnosis it's not uncommon to feel scared, lonely, and wonder about who to turn to and who to tell, or where to get information and support. Rightly a number of support groups for people who are newly diagnosed (like Genesis and After Hours) have been an important part of HIV services for several years, and for many people, groups like these can be life changing.

Of course over time, most people process their diagnosis, realise there is still lots more to life, and HIV becomes something they might only think about from time to time (perhaps when getting medication, telling someone about their status or going to the doctor for instance). But while we might successfully integrate this information into the general baggage of our lives, it certainly isn't a non issue for lots of people either. Many who have lived with HIV for a number of years have stories to share – of what they've lost and what they've achieved. They also have information needs (this is a changing epidemic and what was up to date information five years ago may no longer be accurate or helpful today). And even though they're past that first crisis, many would also like to meet people in the same situation for a whole range of reasons.

While still continuing our work with newly diagnosed people, PLWHA NSW this year, has focused extra time and resources on those living longer with HIV, talking to them about their experiences. Kathy Triffitt has conducted a large number of confidential interviews and a series of discussion groups (both in Syd-

ney and in rural areas) on the subject, and we also ran a creative weekend in June on the "way it is now" for people living longer with HIV. The workshop brought people together to develop themes and images for an education campaign on the issue of living longer.

Some images from this workshop appear in this issue, and we're also publishing two stories from people who have been interviewed as part of the campaign. Tim, in his story, on page four, talks about dealing with "HIV burn out", and questions the usefulness of terms like "long term survivor." On page seven MJ talks about living with HIV for 22 years and his story also supports the theory that "it's never too late" to do something you feel you've missed in your life because of HIV.

We've also been keen to provide new opportunities this year for people living longer with HIV to build friendship networks and share experiences. Hédimo Santana is coordinating a new support group at PLWHA for gay men living longer with HIV, called 729. The response to the first two meetings has been very encouraging, with very large numbers attending and interesting discussions taking place. You can read Hédimo's report on this new development on page ten.

This focus won't just end with this issue. We will publish more stories and images of people living longer with HIV in coming issues, and the final product of the discussion groups, interviews and workshop, will be a new booklet called *Getting on with it again*, to be published in December containing photos, stories and shared strategies for living and change.



Dealing with diarrhoea

One reader responds to our factsheet Dealing with Diarrhoea (*Talkabout* #151) with strategies he found useful:

After almost a year of the worst diarrhoea, causing all manner of complications at both ends, where butt-binding narcotics like Codeine Phosphate failed to stop my distress, or even make the diarrhoea manageable, an elderly retired nurse came to my aid. This method provides a simple means to manage diarrhoea.

Try it. If it works for you, or someone you care for, please get other sufferers to at least try this simple recipe, especially non-*Talkabout* readers. It also costs less than 20 cents a 4-tablespoon dose.

Ingredients

- One cup of white rice
- Two cups of hot water
- One teaspoon of salt

Live culture Yoghurt: 150 to 250 grams. It should be as fresh as possible and contain live Yoghurt cultures (including *Acidophilus*, *Bifidobacterium*, perhaps *Lactobacillus*)

Mix the rice, water and salt in a saucepan, stir, cover and let soak for at least 30 minutes to an hour.

After resting the mix for this time, apply heat and bring to the boil on medium heat, stirring occasionally.

As the rice begins to swell and soften, stir frequently to avoid burning the rice and to prevent it sticking to the bottom.

When the rice reaches a creamy, even soft texture (like porridge), remove it from heat. Having made sticky rice, add and stir in the live yoghurt culture to an even consistency.

As the yoghurt flavour can dramatically change when mixed with the sticky rice, one could add salt or sugar to taste.

If you find it difficult to hold the food down, try three or four tablespoons every

hour, and slowly consume the remainder that day. Otherwise eat half while still warm and the other half 12 hours later.

From my own experience: In the first four hours the diarrhoea should cease or be dramatically reduced, becoming more manageable. After 26 hours, a great deal of gas could be expired, followed an hour later by a watery somewhat darker motion. Over the next several days, the watery motions should change in colour and texture, firming to regular dark solids. Care should be taken as re-introducing butt-binding drugs may cause constipation.

For chronic-diarrhoea, over the next week, slowly introduce normal foods back into the diet.

To test this fix, knock off using butt-binding drugs for at least a day or two before the test, confirming the severity of the diarrhoea. If it works, maintain this additional intake for a fortnight and then reduce the dosage to ascertain whether the diarrhoea returns.

Other Serving Suggestions: As a dessert, serve Vanilla live culture yoghurt and sticky rice with perhaps, strawberry, chocolate or banana ice cream, (a yummy taste sensation.)

Important

1. Best make a fresh batch each day.
2. Refrigerate, and *do not* freeze or store for more than a day.
3. Normal boiled rice and live culture yoghurt does not work as well.
4. Brown rice should not be used in this recipe.

This recipe stabilised my digestive system. During the year, my weight dropped from 83 kg to 56 kg. After just a fortnight, it's on the increase without the side-effects of fluid retention and bloating caused by excessive butt-binding drugs, nutrient and hydrating solutions. The only side effect of this recipe being an increase in gas discharge.

I trust that this quick fix helps others get off the throne and out of the house, just as it has helped me.

And please, enjoy your food.

Long-term survivor

Holding the Man (the play)

Featured in *Talkabout* #148 (Dec 2006 – Jan 2007)

The play brought it all to life. I was living in '94 when Tim died and book was published. To revive it now in a very different time is a release. After watching the play, I lived and breathed John and Tim. Their story resonated so deeply. Peace to John and Tim

We welcome your letters and comments. Letters should be less than 300 words in length and may be edited. To email *Talkabout* write to editor@plwha.org.au

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

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Getting on with it (again)

The three stories and three photos which follow are part of the PLWHA NSW education campaign on living longer with HIV called *Getting on with it (again)*.

Tim Facing forward

We have acknowledged our history and learned from it.

I speak more in relationship to my place in the Aboriginal community where we have acknowledged HIV. This has been a really positive process of achievement. The HIV epidemic for Aboriginal people had this positive effect-it brought sexuality up as an issue. Aboriginal and Torres Strait Islander gay and lesbian people now enjoy an increased freedom. And the experience of HIV is more shared across borders of sexuality and there have been some really good initiatives that have brought people together.

We are living in a changed time

The language we use is also important. Some terms started off with a certain connotation or intention. As time passes you have a different relationship with that phrase. I'm talking about 'long-term survivor'. It

started as a phrase that acknowledged people who had survived a period of time with HIV. Because we are now living in a changed time, we need to get on with our lives without that history. It would be a healthy and positive time to separate ourselves from that language. When I see the term 'a long-term survivor', it's a comment about the people who *didn't* survive and I don't want to carry that anymore.

HIV burn out

Towards the end of last year I hit this point where I stopped taking my medication. I spoke to the doctor about it and the message was "you just have to do it". It became a bit of a crisis for me; I stopped seeing him because of this. I'd lost a connection to the need to take it and I knew what the outcomes would be.

I spoke to someone about it and he said: "that's burn out". When I heard the idea of

'burn out' and that other people have experienced it, it took a big weight off my shoulders. To know this was a shared experience helped to normalise it.

I was overburdened with HIV on the one hand. Then making peaceful agreement with it on the other, and what it asks of you in order to make the most of your future- in my case taking the treatments.

I realise I need to take HIV with me. I do what it asks and get on with living. In this case, take the medication.

A shared experience helped to normalise it

Getting on with it (again)

Giving HIV its place

Rather than saying "people have moved on from HIV" I think of it more as giving HIV its place.

I've seen relationships between brothers and sisters, where they live together in their older life. They might be opposites, or they don't particularly get on, but they've really found a way to cohabitate and exist in a way that benefits each other. My relationship with HIV is like that.

HIV is here for the long-run and we can place it and not allow it to take up more room than it requires. Everybody is different. Some people almost get a sort of pride out of being positive. That's not me; but I'm not ashamed either. I don't speak openly about it. I only talk about it when it's of some worth or because I need to.

**Find
people you
blossom around;
visit the places
that make you
grow**

Keep looking until you find your place

Personal responsibility for the future is yours. Keep looking until you find your place. Find people you blossom around; visit the places that make you grow. You have to look for it and depression can put up a big resistance. Listen to yourself and what your spirit is trying to tell you. I was judging myself or assessing myself on factors like how much money I have or how much work I do. Don't look at what you can't do; look at what you can do.

One of the really big things for people living on the pension and who have survived is that through the course of time we did as a community say: "don't worry, we'll look after you, we'll house you, we'll give you money for food and we'll give you all these services." Then the world changed after the introduction of new treatments in '96 and some of us who went on the pension got left behind.

I was on a carer's pension and when my partner died in '95 I had to make a choice about what I was going to do. I had left employment and it was an easy alternative for me, but I wish I'd thought twice about it. A lot of people are feeling that they've got trapped in welfare; the people who didn't have probably ended up in a more secure place.

Getting on with it (again)

The words '*getting on with it (again)*' that I came up with in the creative workshop on living longer with HIV have given me a new identity, like a new coat. 'Getting on with it again' is about learning from our experiences, setting a direction and giving it a go, but it's not easy. When something goes wrong I deal with it in the moment and try not to take it into my future. There will be things to deal with. There will be things that you take with you and things that you leave behind. We learn from our experiences.

The "again" acknowledges those things that have happened in the past- the loss of our friends that had an affect on us and we got on with it, or our medications didn't work and we fixed them up and got on with.

Music and singing improve my quality of life

I've acknowledged the challenges HIV brings, through creativity- writing and music. I've looked at them and I've placed them somewhere. When I look at it and I can see it reflects the honesty of my experience, I feel lighter. So, it's not that I've got rid of the challenges, but I've looked at them and I've placed them somewhere. Music and singing

improve my quality of life. It's the validity of what I do.

There are a lot of messages out there that aren't ours- messages about wealth, success, employment and how you should be living on a daily level. Because I'm not working full time, I took on some shame and it took me away from conversations with people because I was isolating myself.

***I've looked at
the challenges
and placed them
somewhere***

Having a reason to get up

What motivates me? I like playing my guitar and being around other people. I really notice it when I'm not around people, I slip a bit. Even if I don't feel like going somewhere it's important to remember that when I'm around people it picks me up.

I'd like to see HIV positive people doing more things for themselves, even as a group. Acknowledge the support and move on - create some pride in other aspects of our lives and stop being at this place of being on the receiving end all the time, and it would be great if that could be shifted. I always thought a good initiative would be to have a coffee shop or a restaurant that employed positive people where you could get your two days a week, are paid and feel better about yourself.

The only time I saw it happening was when they had *Performance Positive* events. They were really good. They pulled some people together. And people felt very strong getting up in front of an audience and being well received. That sort of thing improves our lives.

Getting on with it (again)

Older and Wiser

Elaine

on aging gracefully with HIV

I joined the HIV crew in 2005 at the tender age of 22. This was a dark new place I was entering. It certainly changed my view of the world... and often the world's view of me. Some days I felt like I had changed species and I had to adjust to a whole new mindset. The doctor who gave me my diagnosis told me I had ten years to live and that I *shouldn't* consider having children. I have since proven him wrong on both counts.

This Estimated Date of Expiry dominated my life. It influenced my every thought, action and reaction, not always in a constructive way. The early years were, in fact, very destructive. Even though intellectually I knew I had an abundance of hope and opportunity, my emotionally stunted self chose to dwell in the murky depths of impending doom. Fortunately I also had a lot of life-changing moments and revelations, which I will be eternally grateful for, and even though I lost many friends to ignorance and fear, I also found some amazing people who I will cherish for the rest of my life.

My latest sojourn to Club Meds has not been optional

My tenth year was a whirlwind of high anxiety and continued good health. When it passed by uneventfully and completely death

free I was overwhelmed with relief and a completely irrational bout of indignation. Nothing annoys me more than wasting a good worry and I had just wasted a whole decade's worth. *Not happy!*

2007 has been a challenging year for me. Like drops of water on a stone, HIV has been gradually eroding my immune system and things that had never made an impact on me (the flu, for example) knock me flat on my back for weeks. For many years HIV treatments were something I used when I was pregnant or when I felt my body needed a break. My latest sojourn to Club Meds has not been optional, and I am faced with the reality that my immune system can no longer sustain my body without assistance.

As my body and my virus age and change I find I am not as resilient as I once was. I have lost the elasticity of my 20s in more ways than one. Things that once lived a perky existence up North are migrating South at a rapid rate and I don't bounce back from things the way I used to. Late nights and hard living are a thing of the past. More frequently I find myself sneaking cat-naps in during the day. Now more than ever I have to listen to my body and comply with its demands.

It can be difficult at times to differentiate between the symptoms of aging and the damage HIV is doing. It could potentially be easy to dismiss the early warning signs of larger problems as being "old age". Constant vigilance is required but can be easily forgotten. Coping with viral and emotional exhaustion is harder now. Managing my family and my day to day life whilst being constantly tired is frustrating. It doesn't seem to matter how much sleep I get, I am always tired. I see the

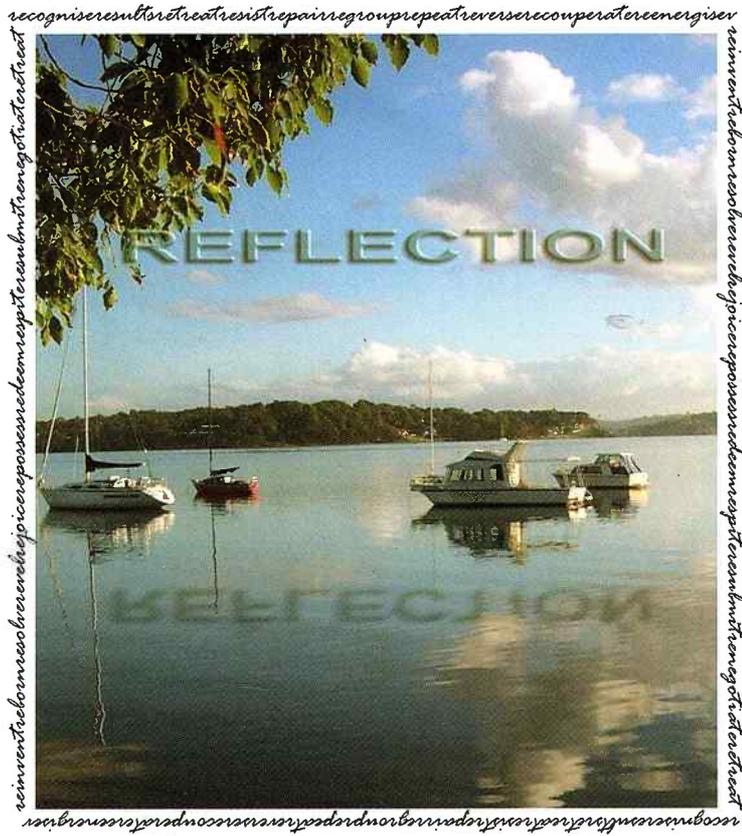
other mums around me who appear to have boundless energy to keep house, raise kids, work or run businesses and I envy them. I am sure it isn't all as pretty as my mind makes it out to be, but I can't help feeling like a burden sometimes. Instead of contributing to the family finances I am an extra drain on them. My house is never as clean or tidy as I'd like it to be. But I guess these are trivialities in the grand scheme of things.

I see other mums around me with boundless energy

The thought of being dependent on medication for the rest of my life frightens me. I am used to being strong and healthy without them. What happens if I stop taking them again? How will they affect me long-term? I have to rethink my entire lifestyle because what worked for me in my 20s no longer works for me in my 30s. And what about my 40s and 50s and even beyond? I find myself compulsively checking and rechecking for buses when I cross the road. It certainly is much more conceivable that I will be run over by one than die from HIV these days.

Actually allowing myself the luxury of projecting forward is a bit of a novelty. Knowing that if I look after myself and my body, I can be around for decades to come is at once exhilarating and terrifying. Having wasted the most

Getting on with it (again)

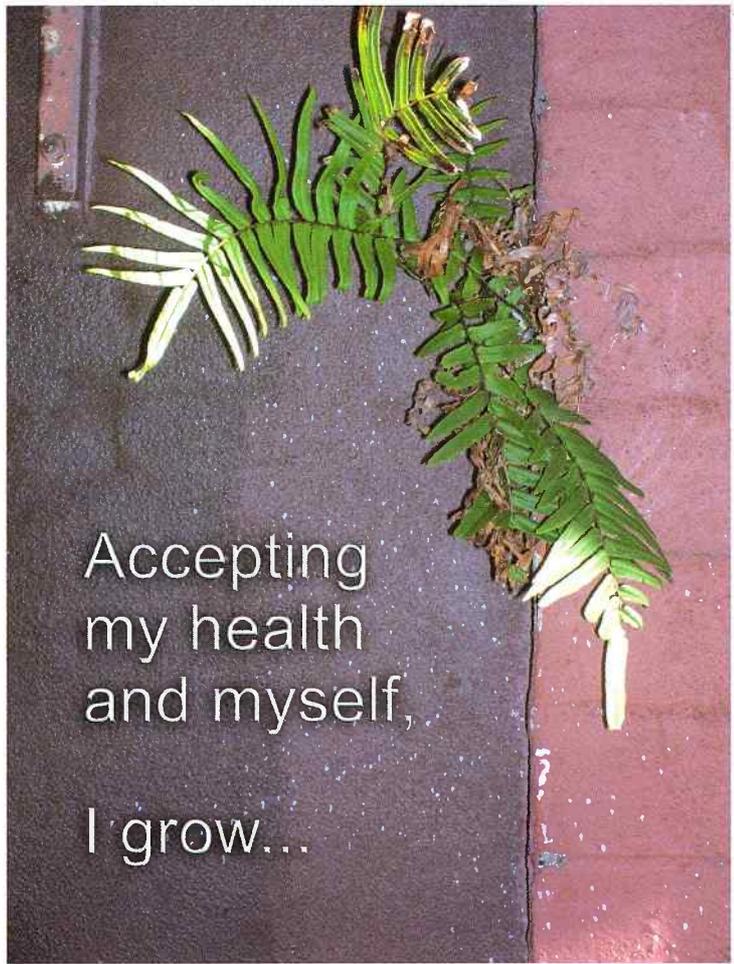


formative years of my adult life waiting to die and living reactively instead of proactively has left me with little sense of direction. I find myself asking "What on earth am I going to do with my life?" But at least I can ask myself that. The glass is half full after all.

I am at a crossroad right now. Life feels different all of a sudden. I have to face the fact that HIV is taking its toll on my body. I have to reassess my priorities and decide what is important, then adjust my way of thinking and behaving accordingly. I have no choice but to be totally proactive in the management of my health and well-being (heck, I even joined a gym and have actually been going!). In fact I have to move myself well up the priority scale, which, as a mother, goes against every instinct and behavior of the past seven years.

Things change all the time, for better and for worse. Flexibility and a willingness to embrace change are so important. Keeping up to date with the latest research and development is something we all need to do, to help us make the right decisions for our health. Don't be afraid to try something new. - Whether it's the latest treatments, or alternative treatments, leisure activities.... whatever. Keep an open mind towards life. You never know what's around the next corner. The challenges I face as a woman, as a wife and as a mother are vastly different to those of the more dominant demographic within the positive community. But at the end of the day, we all need to take the same steps to ensure our longevity and improve our quality of life.

After all, none of us want to be remembered for how we died, but instead how we lived our lives.



Getting on with it (again)

MJ

Rebuilding my life (again)

I was diagnosed in 1985. I went to have an HIV blood test because I was feeling sick with flu like symptoms. At that time, I was 22 years old and an undergraduate at university. The diagnosis did have a substantial psychological impact which led to a year of anxiety induced fatigue.

In the early stages managing my diagnosis was botched because I had nobody to turn to or to talk to about it. I didn't understand what was happening to me. I eventually turned things around by doing physical exercise and going overseas at the end of 1985. The anxiety eventually lifted and I was perfectly okay.

I turned things around by physical exercise and going overseas

My feeling of being unclean or contaminated was an overriding issue. At the time, it was very difficult for me to not think about or not consider my HIV status. It was ever present in my mind. It was a dominant factor in my first year of diagnosis and a few years after that. As a result of that it certainly coloured how I made decisions and my interactions with people.

A defining moment

Over the period '85 to '96 my t-cells went down to less than 50. My viral load was explosive. My treating doctor was quite

I used the experiences I had to my advantage

amazed that I didn't succumb to any major opportunistic infection. At the time, I was getting a lot of minor problems such as warts and gingivitis and things like that, but certainly nothing that required anything like hospitalisation or even a day off work. I thought my time was probably up by about '96 and I went on what I thought was my final overseas trip to North East Africa.

At the age of 40 I had lessons to learn to drive a manual car

I came back and my doctor and my father strongly encouraged me to start medication. As the medication worked its magic I started thinking about what I would do with the rest

of my life; what skills I had. So, I used the experience I had with working in the Public Service to my advantage and set up a consultancy business. I was now in a position to mould my vocational and working life and that was at the age of 40. That was a defining moment.

Because of my diagnosis, I did not achieve what most people do for example I didn't get a drivers licence until I was 40 years old. When I was 22 I was too afraid to get one in case I had an accident and there was blood, and I had to tell somebody that I was HIV positive. Anyway the point is at the age of 40 I did go out and have lessons to learn to drive a manual car. I now have a car and I couldn't exist without it.

HIV status is very privileged information

Relationships

I am in a relationship at the moment and my partner knows about my HIV status. That was an explosive hit to him one day a few months ago. I'd say definitely HIV has affected my ability to commence relationships. I think it all comes down to my initial reactions to the diagnosis, of feeling contaminated and unclean. Even though I don't think of myself in those terms now, it's nearly impossible to get over the fact that other peo-

Getting on with it (again)

ple may consider you in that way. I've probably limited the number of partners because of that hurdle. Now the hurdle gets easier and easier to jump over as I get older. I'm less worried about somebody else's reaction. It is very privileged information and a lot of people don't disclose all their health matters to people just for the hell of it. I squarely fall into that category of person. I think somebody only needs to know your HIV status if you're going to be undertaking specific activities and behaviours with them.

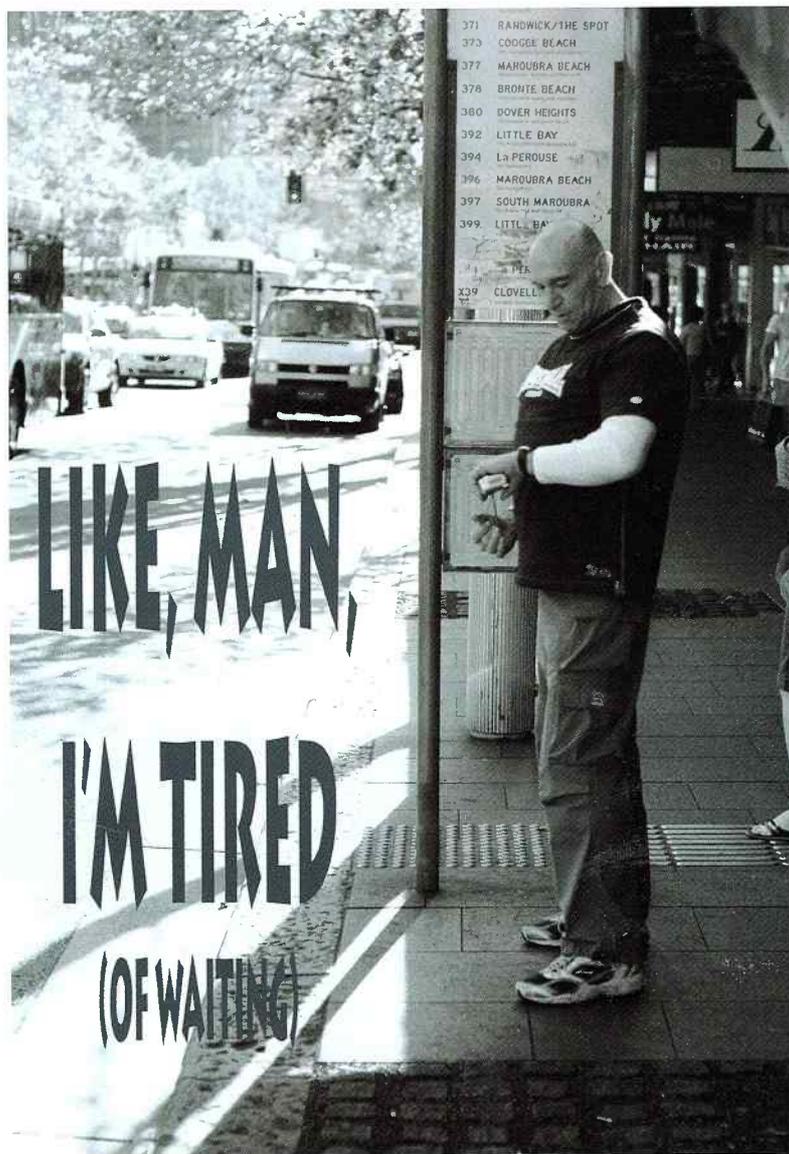
At 45, a lot of my contemporaries have conditions which require medication

Don't focus on limits - focus on what you can do.

I don't think I ever had an HIV identity per se, even though I was quite consumed by it in the early years of my diagnosis. I never really felt part of an HIV community or that HIV dominated my life as such. Certainly it's important and affected my decisions. However, twenty years later, it's an aspect of my life while definitional in terms of health matters, certainly doesn't define or limit what I do as a rule. At the age of 45, a lot of my contemporaries have other health conditions for which they require medication. So, HIV is really not something that is extraordinary.

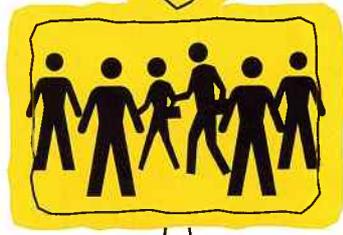
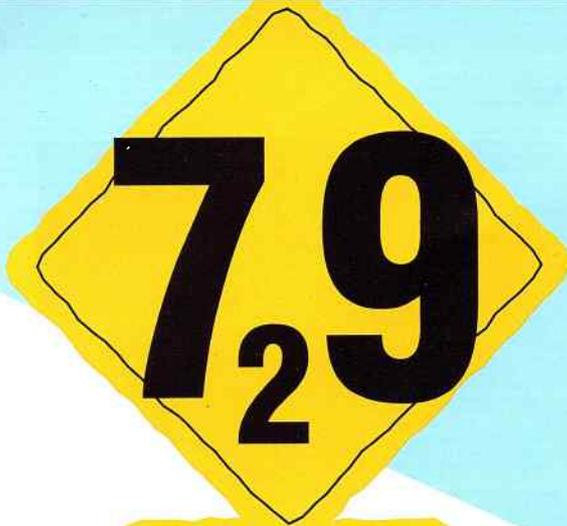
I work on the adage that there's a solution to everything and generally speaking whatever happens there will be some element of it that you can use to your advantage. Each situation will be different. In order to proceed I look for what is possible or positive about a situation or circumstance regardless of how painful or difficult it may be. I focus on the positive aspects rather than dwell on what I do not like, can't do or change.

Ask yourself: "What is it in your life that you can actually achieve?"



Look out in coming months for the resource book, which will contain stories and strategies on living longer with HIV

Getting on with it (again)



Support and friendship and some useful information

Hédimo Santana on 729 (Seven to Nine): a new peer support for gay men with HIV

Imagine a room packed with gay men who have been living with HIV for some time. Imagine these men re-energised by the simple power of being together, for the first time, with more than 40 other positive guys. Imagine the excitement of being in such environment, where everyone is eager to start something new, to get to know someone new.

We've had an overwhelming response to the new program

729 (Seven to Nine) —the new monthly peer support group initiated by PLWHA (NSW)—came about to fill in the gap in support for gay men living longer with HIV.

Such was the need for this program that we have had an overwhelming response: 34 participants in the first meeting, and over 40 participants in the following meeting.

What happens at the meetings

The support group runs every last Thursday of the month from 7 to 9 pm (hence its name). The meetings alternate between Newtown and Surry Hills, to accommodate people who live in both neighbourhoods. The group has also attracted participants who live as far as Newcastle, Gosford, the Blue Mountains, and Katoomba.

The meetings are divided in two segments with a break for food in the middle. Participants have suggested that topics for discussions should include health issues, but should also have a strong focus on social issues. They would like to be stimulated by relevant information, education, new interests, social activities and peer friendships. They expect the group to promote informality, friendliness, openness, inclusiveness, and sincerity.

Support through the internet

In addition to the monthly meetings, participants are able to keep in touch through

a Yahoo discussion group. With a busy calendar of social activities (most of them suggested by members themselves) everyone has an opportunity to engage in something. All they need to do is to post a message to the group suggesting an outing, like going to the movies, attending a talk, or one of the many festivals, and those who are interested reply and arrange to meet up.

Participants suggest topics for discussion

729 has proved to be a welcome additional program to peer support for gay men living with HIV in Sydney.

If you would like to find out more about 729 you can call Hédimo on 9361 6011 or email: hedimos@plwha.org.au

Common Threads:

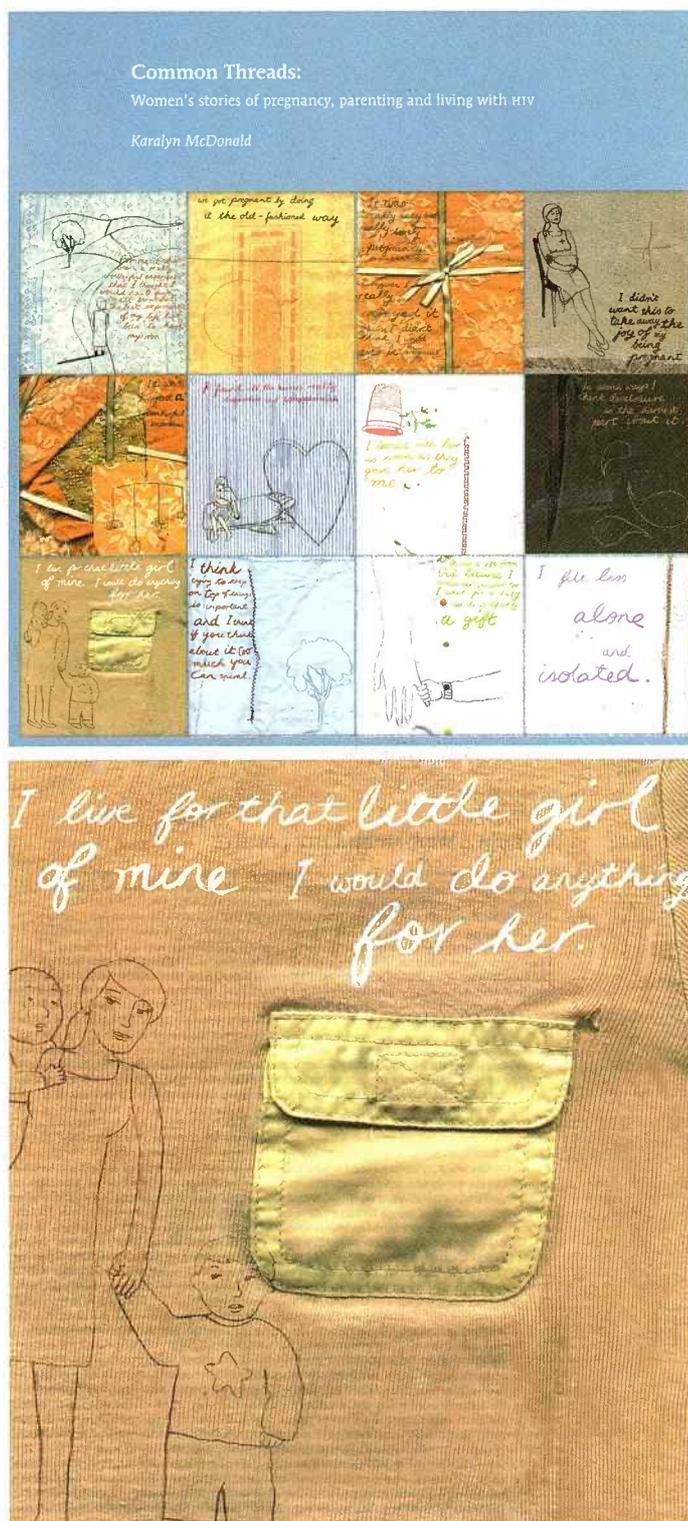
Women's stories of pregnancy, parenting and living with HIV

If I'm HIV positive, what are the chances of having an HIV negative baby? Should I start HIV treatments before I try to get pregnant? Should I have a Caesarian? Will I be treated differently by hospital staff? These are just a few of the questions examined in *Common Threads*, a new book which brings together the experiences and choices of pregnancy and motherhood for 34 HIV positive women in their own words. The stories were drawn from interviews Karalyn McDonald conducted with women while researching her PhD thesis on HIV positive women, motherhood and pregnancy.

Common Threads covers many of the issues positive women face when considering pregnancy and motherhood. It contains sections on making the decision to have a baby, the chances of having a negative baby and whether your own health will be affected. The chapter on conceiving (either when your partner is positive or negative) includes telling others about your plans to conceive a child, as well as rights regarding access to IVF, and where to get support and advice on conception. There are also sections on pregnancy and treatment, diagnosis during pregnancy, and giving birth. Other chapters look at the hospital stay, care of your baby, disclosure, support for yourself, and other important parenting issues (work, custody, divorce, and legal documents). Each of the book's chapter headings are also beautifully illustrated by Cat McInnes.

The many women's stories throughout *Common Threads* illustrate the different ways women have dealt with these issues, and they ground the information provided in their lived experience. These women are by no means a homogenous group. Many of them were born in Australia, but not all of them. Most of them have children (many since they were diagnosed), but not all of them. Some of the women had been diagnosed for many years while others had been diagnosed within a year of the two of their stories being recorded.

If you would like a copy of the book, call PLWHA NSW on 9361 6011 or freecall (within New South Wales 1800 245 677).



One of the many beautiful illustrations by Cat McInnes in the book



It's not that hard...

Imagine being able to pick up your HIV medications from a community pharmacy. It happens in other states.

Unlike New South Wales, South Australia has a community pharmacy system. This means that people with HIV in South Australia don't need to go to an outpatients' pharmacy in a large hospital to get their HIV medications. They can go to a pharmacy in the Central Markets.

New South Wales ran a trial of community pharmacies a few years ago, and they proved to be popular and successful with customers. Yet still, several years after the trial has finished, we still can't access HIV medications from community pharmacies in NSW.

Talkabout asked one person who has moved from NSW to SA about the differences he has found in the system.

You've lived in both NSW and SA and can compare the pharmacy systems for S100 (HIV) drugs. How does the community pharmacy system work in SA?

A: When I was living in NSW it was always a hassle to organise medication. If I was attending Albion Street it was relatively straightforward to go to the pharmacy there, but there was always the issue of understaffing and the effect that would have on the length of time it took to fill the scripts. Once I had moved to the inner west this became even more problematic. I would attend RPA (Royal Prince Alfred) pharmacy outpatients, and there were various factors

that would impact on the amount of time it would take to organise. I would always have to set aside a day, luckily I did not work 9-5pm. Even then due to work commitments I would sometimes miss a dose due to the difficulties in accessing this system. Whilst acknowledging that ultimately this was my responsibility, I would often think that someone with less organisational skills would find this process extremely difficult to navigate.

How do issues like distance and/or opening hours make the community pharmacy option more attractive for you?

The pharmacy is in the central Markets in the middle of the city. I will drop the dosette off and arrange to pick up the meds the following day, or later that day. The repeats are kept at the pharmacy and Nick lets me know if I will run out of any medications in the near future. The pharmacy is open normal business hours and Saturdays till 2.30pm. It means I can do some market shopping and then drop into the pharmacy and pick the meds up.

Do you find you receive the same level of care/attention when you get your prescription filled as you might expect to find in a hospital pharmacy?

I think the care and attention is always controlled by the amount of time people have and the hospital pharmacies are always flat out. The thing I like about the current arrangement is its completely normalized; no room for drama. The staff hand over the HIV medications dispensing to Nick but they

are always professional, discrete and courteous. There is no distinction in the level of service they provide. I think this cannot help but have a flow-on in the way that I view this condition. Also when I buy other pharmacy items if there is any possible interaction, for example between hayfever medications and protease inhibitors, I can check with the pharmacist.

How much do the scripts cost to be filled?

I pay for three months of meds and then pick them up dosetted from the pharmacy monthly for no extra fee. Although I must say I am under the impression that there is no or very little profit margin in providing this service but I would be willing to pay for one to make it sustainable.

Do you find it easy to get repeats? Can you get three months of HIV treatments at a time?

Yes.

Is patient confidentiality handled well? Has it ever been an issue?

I have never had any confidentiality issues at this pharmacy. At RPA outpatients I was always very aware that I was picking up HIV meds as opposed to picking up medications to treat an ongoing condition. Also I enjoy the fact that it isn't ghetto-ised. I always found it a little weird to be picking up meds and have someone either hitting on me...or not hitting on me. It's nice to have those two worlds a little separate.

However ease of dating in Adelaide, that's another story completely!

HIV medications: outpatient pharmacies in NSW public hospitals and sexual health clinics

Updated: 19 October 2007

These are the outpatient pharmacies in public hospitals and sexual health clinics in NSW that dispense ARVs (antiretroviral drugs). This is not a complete list. We will be publishing a more comprehensive list in the next edition of *Talkabout*.

In theory, every hospital pharmacy in NSW is authorised to dispense HAART drugs, but they only start to stock them if there is indeed a local demand. Thus, locating which ones do rise to meet the demand is difficult.

This list provides you with the main hospital pharmacies that actually store these drugs. However, the very first time a patient accesses the services they must provide the pharmacy with a prescription from an S100 prescriber (your GP), together with a letter acknowledging that they are entitled to the Prescribed Benefits Scheme (PBS). So, it would be a good idea to speak to your doctor before going to a pharmacy.

Some pharmacies may close on Fridays or prior to a holiday, as part of their low activity day. If you are running low on your medication, try to plan ahead. Please call your local pharmacy to check if they are not open in the usual hours.

Outpatient hospital and sexual health clinics in Sydney

Albion Street

150-154 Albion Street
SURRY HILLS NSW 2010
Tel: (02) 9332 9650

Pharmacy hours:
Monday-Wednesday from 9:00am-5:30pm
(closed between 1:30pm-2:30pm)
Thursday from 9:00am-7:00pm (closed
between 1:30pm-2:30pm)
Friday from 9:00am-3:45pm (closed between
12:30pm-1:30pm)

Royal North Shore Hospital

Pacific Highway
ST LEONARDS NSW 2065
Tel: (02) 9926 7015

Pharmacy hours:
Monday, Tuesday, Wednesday and Friday
8:30am-5:00pm
Thursday from 8:30am-5:30pm

Royal Prince Alfred Hospital

Missenden Road
CAMPERDOWN NSW 2050
Tel: (02) 9515 6111
Pharmacy hours:
Monday from 8:00am-5:00pm
Tuesday from 8:00am-7:00pm
Wednesday to Friday from 8:00am-5:00pm

St George Hospital

Gray Street
KOGARAH NSW 2217
Tel: (02) 9113 3051
Pharmacy hours:
Monday to Friday from 10:00am-5:00pm

St Vincents Public Hospital

Victoria Street (corner of Burton Street)
DARLINGHURST NSW 2010
Tel: (02) 8382 3110
Pharmacy hours:
Monday to Friday from 9:00am-5:00pm
(except on low activity day)

Sydney Hospital

Macquarie Street,
SYDNEY NSW 2000
Tel: (02) 9382 7379
Pharmacy hours:
Monday, Tuesday, Thursday and Friday from
8:00am-5:00pm
Wednesday from 9:00am-5:00pm

Westmead Hospital

Corner of Hawkesbury and Darcy Roads,
WESTMEAD NSW 2145
Tel: (02) 9845 6542
Pharmacy hours:
Monday to Friday from 9:00am-5:00pm

Other NSW Pharmacies

Central Coast

Gosford Public Hospital

Holden Street
GOSFORD NSW 2250
Tel: (02) 4320 2111
Pharmacy hours:
Monday to Friday from 8:30am-5:00pm

Hunter

John Hunter Hospital

Lookout Road
NEW LAMBTON NSW 2305
Tel: (02) 4921 3000
Pharmacy hours:
Monday, Wednesday, Thursday and Friday
from 8:45am-6:00pm
Tuesday from 9:15am-6:00pm

Wollongong/Illawarra

Port Kembla Hospital

Corner of Cowper Street and Fairfax Road
WARRAWONG NSW 2502
Tel: (02) 4223 8000
Tel: (02) 4223 8190
Pharmacy hours:
Monday to Friday from 2:00pm-4:00pm

Mid-North Coast

Coffs Harbour Base Hospital

354 Pacific Highway
COFFS HARBOUR NSW 2450
Tel: (02) 6656 7472
Pharmacy hours:
Monday to Friday 8:30am-4:00pm

Northern Rivers

Lismore Base Hospital

Uralba Street
LISMORE NSW 2480
Tel: (02) 6621 8000
Tel: (02) 6620 2477
Pharmacy hours:
Monday to Friday from 9:00am-5:00pm

Tamworth Rural Referral Hospital

Dean Street
Tamworth NSW 2348
(02) 6767 7370
Pharmacy hours:
Monday to Friday from 8:00am-4:30pm

Tweed Heads Hospital

Powell Street
TWEED HEADS NSW 2485
Tel: (07) 5506 7420
Pharmacy hours:
Monday to Friday from 10:00am-5:00pm

This information will also be available at www.plwha.org.au/pharmacies



Working Together

Robert Baldwin on the Laos Network of Positive People

Laos is a relatively small country of just over six million people in what is called the Mekong River Sub Region of South-East Asia. The Laos PDR (People's Democratic Republic) has a socialist government with a very limited organised community sector. The country's population is largely rurally village based with a small capital city of Vientiane located on the banks of the Mekong River bordering Thailand. Vientiane is a delightful mix of French colonial and Laotian building and cultural styles. The coffee and baguettes are fabulous!

Although HIV has perhaps had less impact on Laos than its neighbours, like Cambodia, Vietnam and Thailand, the effect is still marked, especially for a country that is relatively poor with a very limited capacity within its health and social welfare systems. UNAIDS in 2005 estimated the number of people living with HIV in Laos to be 3,700 people (adult prevalence rate approximately 0.1% see www.unaids.org).

It was my fourth visit to Laos and this time I felt a greater appreciation for the calmness and friendliness of the country and its people. It was also good to be working with local colleagues who I have now known for many years, along with one Thai worker, Boum, from APN+ (Asia Pacific Network of People Living with HIV and AIDS www.apnplus.org). One of our main tasks was to complete an in-country follow-up of a

regional meeting held in mid-2006 in Bangkok to develop minimum service standards for PLHIV (People Living with HIV) in the six Mekong Sub-Region countries. APN+ was leading the process of consulting with local positive people on behalf of the International HIV/AIDS Alliance (www.aidsalliance.org).

LNP+ (Laos Network of PLHIV) formally commenced operating in early 2005 and is now established in eight provinces and has a formal fourteen member Board. The main aims of LNP+ include:

- Promoting GIPA (greater and more meaningful involvement of PLHIV in all aspects of the HIV response);
- Ensuring PLHIV have equal rights;
- Building partnerships with other HIV focused organisations;
- Improving access to treatment, support and care;
- Strengthening the capacities of all PLHIV.

Boum and I worked with twenty LNP+ positive members, including many from provinces in the north and south of the country, at our one-day meeting in Vientiane. We were seeking their opinions on what are their priorities for minimum service standards which they quite quickly worked out to include increasing access to HIV treatments (ARVs – antiretrovirals are currently only available in two locations in Laos) and information, income generation, non-discriminatory care, skills building and developing peer support systems.

LNP+ is a relatively new national positive network compared to the other 27 national positive networks that make up APN+. The members at the meeting seemed to work well together and displayed a good sense of camaraderie and mutual respect. The games after lunch also showed they knew how to have fun together. Although LNP+ continues to enjoy support from a number of Laos based international organisations, including the Australian Red Cross, it is seen as vital by LNP+ members that the network remains controlled and managed by positive people. LNP+ and APN+, along with their supporters, are planning a number of activities such as skills training in reporting, computer operating, communications and English language for the five member LNP+ Steering Committee members and placing an APN+ employed Thai language speaking (Thai and Laos verbal languages have many similarities) positive person within LNP+ for several months to assist with needed internal organisational development and to increase regional collaborations.

Despite all the challenges and barriers faced by positive people in Laos the future is full of many possibilities for LNP+ to help improve the lives of all PLHIV in Laos and contribute significantly to an effective HIV response. LNP+ currently relies on outside financial support to operate and I am sure would warmly welcome support from their positive sisters and brothers in New South Wales.

Robert Baldwin is an APN+ Advisor



The Season for Giving So Can You Cook? No 26



Tim Alderman suggests some delicious Christmas desserts

I can't believe it is nearly 12 months since my last Christmas column. Time to steam puddings and bake cakes...again. Well, on the good side I have managed to win the Christmas lunch debate with my mother-in-law. We are going to Canterbury Leagues for lunch. This battle has been going on for some years now, but after the whinging that went on last year I knew it was a good time to push the point. I think it is a relief to all of us. I think we are all sick of slogging ourselves to a melting-point-lather at a very hot time of the year getting food ready that everyone is only half inclined to eat if it is a really hot day.

We have a Christmas bash every year for friends in the jungle...oops, I mean backyard. It happens sometime between mid-November and early December, depending on everyone's calendar. It is always looked forward to, and usually involves a lot of champagne cocktails – I have most of a bottle of Vanilla Vodka to get rid of at the moment, so know already what sort of cocktail it will be – a lot of wine, and bring-a-plate of food. Fortunately for us, all our friends are gourmands so the food will always be great and adventurous, despite the inevitable battle of who provides what for which course. It's bad luck to the rest of them that I have desserts planned already, which they will be notified of shortly. Suck eggs, I say!

Part of the Christmas bash traditions is

the exchange of gifts – another traumatic buying exercise, and usually ending up being CDs. However, part of my traditions is the giving to each guest of what is laughingly referred to as a 'charity bag'.

Considering that most of them are too busy or too lazy to make any little luxury items for themselves, I try to do it for them. I find this kind of gift giving to be personally satisfying. There is something genuine about giving friends gifts that you have made yourself. I used to make the bags a mix of biscuits, sweets and preserves, however I have

Something genuine about gifts you made yourself

dropped the biscuits as from last year. They have to be made early due to my other commitments, and with the humidity and heat associated with Christmas, I have found that they go soft before they can be given out – as happens with biscuits with no preservatives. So, preserves it is...and a CD.

I have included a bit of a mix in this column of things you can either make to use for yourself, or use as gifts for your friends. They say it is better to give than receive...but they had better make sure I get something in return.

Happy Christmas organizing to all my column readers.

BASIC FRUIT MIXTURE

You can make this mixture a month in advance, and store in a cool place like the fridge. Can be used in cakes, puddings or mince tarts. Or bottle and give as a gift.

- 6 cups (1kg) sultanas
- 2½ cups (375g) currants
- 2¼ cups (425g) raisins, chopped
- 1½ cups (250g) seeded dried dates, chopped
- 1½ cups (250g) seeded prunes, chopped
- 1¼ cups (250g) glace cherries, quartered
- ½ cup (125g) glace apricots, chopped (substitute dried if glace not available)
- ½ cup (115g) glace pineapple, chopped
- ½ cup (115g) glace ginger, chopped
- ¾ cup (120g) mixed peel
- 3 medium apples (400g) peeled, grated
- 2/3 cup (240g) fig jam
- 2 tablespoons finely grated orange rind
- ¼ cup (60ml) lemon juice
- 2 cups (440g) firmly packed brown sugar
- 1 tablespoon mixed spice
- 1 1/3 cups Grand Marnier (or substitute for any citrus-flavoured liqueur, rum, sherry or brandy)

Combine ingredients in a large bowl; cover tightly with plastic wrap. Store mixture in cool, dark place for a month (or longer) before using. Stir mixture every two-three days.

CHRISTMAS PUDDING

- ¼ quantity basic fruit mixture (above)
- 250g butter, melted, cooled
- 3 eggs, beaten lightly
- 4 cups stale breadcrumbs
- ¼ cup plain flour

Combine fruit mixture in large bowl with butter and eggs, then breadcrumbs and flour.

Fill large boiler three-quarters full of hot water, cover and bring to boil. Have ready 2.5 metres kitchen string and an extra ½ cup plain flour. Being cautious, place a 60cm unbleached square of calico (if new, soak in cold water for 1 minute, then boil for 20 minutes, then rinse in cold water) in the boiling water for 1 minute, squeeze excess water out, then working quickly spread the cloth out and run flour into centre of cloth where the skin of the pudding needs to be thickest.

Place pudding mixture in centre of cloth. Gather cloth evenly around pudding, then pat into a round shape. Tie cloth tightly with string as close to mixture as possible. Gather and tie off the corners into a handle to make the pudding easier to move.

Lower pudding into boiling water, and tie the ends of the string to the handles of the boiler to suspend the pudding. If your boiler doesn't have handles, place an inverted saucer or a round metal trivet in the bottom of the boiler to keep pudding from sitting directly on bottom of pan. Cover with tight fitting lid; boil rapidly 4 hours. Check water and refill regularly.

Remove pudding from the pan when cooked and **DO NOT PLACE ON BENCH TO COOL**. Suspend on a wooden spoon placed between 2 chairs or stools, or over a large bucket. If must suspend freely. If pudding has been cooked correctly, patches of cloth should to dry almost immediately. Suspend for 10 minutes.

To store pudding, allow to cool to room temperature, then either wrap in Glad wrap or store in a freezer bag. Store in fridge for up to 2 months, or in freezer for 12 months.

To reheat, bring to room temperature, then steam for 2 hours.



MOIST CHRISTMAS CAKE

- ½ quantity basic fruit mixture (above)
- 250g butter, melted, cooled
- 5 eggs, beaten lightly
- 2½ cups plain flour
- 2 tablespoons Grand Marnier (or whatever you used to flavour the fruit mix)

Preheat oven to 150 C. Line base and sides 22 cm square cake pan with one thickness of brown paper and two thicknesses of baking paper, extending paper 5cm above sides.

Combine basic mixture in large bowl with butter and eggs; add sifted flour in two batches.

Spread mixture in pan. Drop pan from 20cm height 2-3 times to settle fruit. Level top with a spatula. Bake about 3 hours. Brush top with liqueur; cover hot cake in pan with foil; cool in pan.

Can be made three months ahead, and stored in an airtight container under refrigeration.

GOURMET ROCKY ROAD

- 300g toasted marshmallow with coconut, chopped coarsely
- 400g Turkish Delight, chopped coarsely
- ¼ cup roasted almonds, chopped coarsely
- ½ cup roasted, shelled pistachios
- 450g white eating chocolate, melted

Grease two 8cm x 26cm bar tins, line base and sides with baking paper, extending paper 5cm above long sides of pan.

Combine marshmallow, Turkish delight and nuts in large bowl. Stir in chocolate; spread mixture into pans; push mixture down firmly to flatten. Refrigerate until set, then cut as desired.

CHERRIES IN VODKA

- 500g fresh cherries, pitted
- ¾ cup caster sugar
- 2 cups vodka, approx

Place clean jars on sides in large saucepan; cover completely with hot water. Boil, covered, 20 minutes. Remove jars from water, drain upright on board until dry.

Layer cherries and sugar in jars. Pour over enough vodka to cover cherries completely. Seal.

Stand in cool, dark place for at least six weeks before using; invert jars occasionally to help dissolve sugar.

Makes about 4 cups

CHOCOLATE TRUFFLES

- ½ cup pouring cream
- 300g good quality dark chocolate, chopped
- cocoa powder for dusting

Place the cream in a saucepan over medium heat and bring almost to the boil. Add chocolate and stir for 1 minute. Remove from the heat and stir until smooth. Pour into a greased 15cm square cake tin lined with non-stick paper; refrigerate for 2 hours, or until firm.

To serve, cut into squares and dust with cocoa powder. Store in refrigerator for 10 days. Stand at room temperature for 20 minutes before serving.

Makes 16





PLUM & PORT SAUCE

- 1 tablespoon olive oil
- 2 medium brown onions, chopped
- 3 cloves garlic, crushed
- ¼ cup red wine vinegar
- ¼ cup brown sugar
- ¼ teaspoon salt
- 8 medium tomatoes (1.5kg), peeled, chopped
- 6 medium (780g) blood plums, peeled, seeded, chopped
- 1 cup port
- 2 teaspoons juniper berries

Heat oil in large pan, add onions and garlic; cook, stirring, until onion is soft. Add remaining ingredients, stir over low heat, without boiling, until sugar is dissolved. Simmer, uncovered, stirring occasionally, about 30 minutes or until sauce has thickened.

Blend or process mixture in batches until finely chopped, strain, discard pulp. Pour hot sauce into hot sterilized jars. Seal immediately. Makes approx 4 cups.

COCONUT CRUNCH COOKIES

- 200g butter
 - 1 cup caster sugar
 - 1 egg
 - 1 teaspoon vanilla essence
 - 1 cup self-raising flour
 - 1 cup desiccated coconut, toasted
- Beat butter, sugar and vanilla essence in bowl with electric mixer until pale and fluffy. Beat in flour and coconut. Cover, refrigerate 1 hour.

Divide dough in half. Place each half onto plastic wrap and shape into a 22cm long log. Then wrap tightly and refrigerate overnight.

Cut dough into 5mm thick slices. Place on baking paper-lined baking trays about 5cm apart. Bake in moderate oven about 8 minutes. Stand cookies on trays about 5 minutes before cooling on wire racks. Dust lightly with sifted icing sugar.

Makes about 60. Will keep for 1 week in an airtight container. Keep uncooked dough in fridge 1 week, or in freezer for 2 months.

GINGERBREAD BISCOTTI

- 3 eggs
- ¾ cup firmly packed brown sugar
- ¼ cup caster sugar
- 1¾ cups plain flour
- ¾ cup self-raising flour
- 1 tablespoon ground ginger
- 1½ teaspoons ground cinnamon
- ½ teaspoon bicarb soda
- ½ teaspoon ground cloves
- ½ teaspoon ground nutmeg

Whisk eggs and sugars in a small mixing bowl with electric beaters until just changed in colour. Transfer mixture to a large bowl.

Stir in sifted dry ingredients; mix to a firm dough. Knead on floured surface until smooth. Divide dough into 2 portions. Using floured hands, roll each portion into a 30cm log, place on lightly greased oven trays. Bake in moderate oven 35 minutes or until firm. Cool on tray.

Cut logs diagonally into 1cm slices, using a serrated knife. Place slices, cut side up, on oven trays. Bake in moderately slow oven about 15 minutes or until dry and crisp, turning once during cooking; cool on trays.

Makes about 40



GRAPEFRUIT MARMALADE:

- 1kg grapefruit
- 2 medium lemons
- 10 cups water
- 10 cups sugar, approx

Cut unpeeled grapefruit in half, slice halves thinly, discard seeds. Combine fruit and water in large bowl; cover; stand overnight.

Transfer mixture to a large pan, bring to boil, simmer, covered, about 45 minutes or until rind is soft.

Measure fruit mixture, allow 1 cup sugar to each cup of fruit mixture. Return fruit mixture and sugar to pan, stir over heat until sugar is dissolved.

Boil, uncovered, without stirring, for about 15 minutes or until marmalade gels when tested on a cold saucer. Pour into hot, sterilized jars; seal immediately.

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***“The bug’s breakfast”
sounded like we were
off to an interesting
experience***

More than one thing in common

Hédimo Santana on the
Hunter/New England Positive Retreat
– 21 to 23 September 2007

Karumah Positive Living Centre, located in Newcastle, invited me to join their annual *Positive Retreat*, held this year at the Aboriginal ‘Tin-Tuppa’ Gunya Cottage in Tintinhull, about 20km from Tamworth.

Positive men and women from the Tamworth, Taree and Newcastle regions gathered once again to discuss issues of concern for rural PLWHAs. It was also a great opportunity to indulge in a weekend of good food, line-dancing, music, relaxation, and evening chats by the camp fire. Some of them came with their partners. Carers and other local health and social workers also attended the retreat.

A relaxing and secluded setting

Arriving at the Cottage around lunch time on Friday, I had a strong sense of relief, feeling truly far away from Sydney and its everyday pressures. Even though I had two workshops planned for the weekend, I could really appreciate being in a warm and secluded space where the only noise was the wind brushing the top of the trees protecting the Cottage.

The afternoon went by very lazily, as it can do in country towns. A few of the guests sunbathed on the veranda, patiently waiting for the arrival of the bus coming all the way from Newcastle with the majority of the attendees.

There, I sipped on a cup of coffee with a couple of previous retreat participants, who had arrived early and were already well and truly settled. Their Caravan was parked nearby, and their lovely little dogs dozed away in the shade of a blooming eucalyptus tree. I also met Greg, a nice chap who works for the Taree Community Health Centre and who would be presenting on the ins and outs of STIs. His workshop, which was

scheduled to take place at 9:00am Sunday, was appropriately titled "The Bugs's Breakfast". It sounded like we were off to an interesting experience.

Far up the hill was a tent, strategically set up by a member of the organising committee. He chose the outdoors, instead of the cosy environment of the participants' dormitories with double bunks and a single bed in each room.

The last participants finally arrive

By 4:00 pm the mobile phones were running hot. The bus with the rest of the participants was finally approaching. They had missed Burrabaroo road and the driver had to call one more time to get the directions right. Excitement grew among previous retreat participants as they wondered who was coming to this one. Once the bus parked in front of the building, there was a rush of people greeting and kissing, and at the same time they tried to beat each other's to the best spots in the dormitories. It appears that decisions about who was going to share with whom were being made in a flash, as people passed each other carrying pillows, blankets, sleeping bags, mobile phones, Ipods and binoculars.

Participants wanted to share more of their experiences with each other

Someone noticed a rustically hand written sign at the entrance warning us to carefully examine our shoes to avoid Spiny Burr grass getting into the carpet. The smell of brewing coffee filled the air, as the participants negotiated the space in the front verandah, trying to catch the last rays of sunshine. Two lads took over the kitchen and started preparing our first evening meal. For the rest of the weekend they would guard that kitchen as if it was a diamond, with heavenly food flowing from the stove at every meal break.

Meanwhile, we were all invited to the meeting room, where Andrew Whitbread-

Brown, Karumah's Chairperson, welcomed us to the weekend retreat.

Getting to know you

Andrew brainstormed with us the ground rules for the weekend: confidentiality, respect for each other, everyone's right to speak and be heard, etc. Other rules would be added to the board as necessary.

At the meeting room we formed another circle where Robert - Karumah's new peer support officer - informed us of the weekend's agenda, including the "Line Dancing for the Rich and Famous" that he would be MC-ing that Friday night after dinner, and Sally's "Bingo", on Saturday night, which promised lots of goodies proudly donated by local businesses.

Dinner was served at 7pm, and soon after that everyone got dressed up in colourful long sleeve shirts caringly made by Robert. I can assert that that was Jack's third change of outfit since I had first met him at the verandah in the afternoon: firstly in a very butch bikie kind of dress, then in a bright red and yellow fireman uniform and now in a cowboy outfit and brandishing a freshly shaved head. We were then directed to the meeting room, which had been transformed into a ballroom, and where country music fashioned à la Tamworth was blasting from the small CD player.

The dancing started awkwardly. But gradually, thanks to Robert's monk-like patience, we started getting the right steps and soon we were uniformly moving our heaps, feet and hands to the sound of the country ballad. At the end of the dance we broke up into pairs and moved outside to the camp fire, where the conversations flourished until bed time.

Saturday morning I ran the first of the workshops, on serodiscordant relationships. Even though it was a somewhat heavy topic to start the day, it provoked the desired effect of bringing people together, as participants wanted to share more of their experiences with each other.

After morning tea Sharon Taylor, from Tamworth Sexual Health brought us back to the meeting room, this time for a lighter discussion on the needs and challenges facing PLWHA. This included information on what service providers in rural areas could do for people living with HIV. This gave participants a chance to talk about personal experiences in accessing those services.

After lunch I presented my second work-

shop on the implementation of a new support group, and we discussed the challenges of setting up such a group in a rural setting. That was followed by a delightful presentation by Richard Riley from John Hunter Hospital on "Happiness", which looked at the relationship between peoples' feelings and emotions and the effects these have on their health.

a delightful presentation on happiness

Saying Goodbye

As we were getting ready to leave the retreat around lunchtime Sunday it felt like we had spent a whole month together, so close and comfortable we were with each other. We knew each other by name and we knew each other's life stories, albeit fractured. But we knew we had more than one thing in common: not only were all of us affected by HIV in one way or the other. We had spent the weekend together doing something about it.

Do you live in the Hunter Area?

Karumah

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provides a safe and non judgemental environment for positive people and their families, partners and support people. Come and drop in for fun activities and peer support

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PLWHA NSW name change

Following on from recent community consultations which formed part of the strategic planning process, the Board of People Living with HIV/AIDS (NSW) is proposing to change the name of the organisation. It is hoped that the name being proposed, Positive Life New South Wales, will better reflect the contemporary experience of people living with HIV. It will be used with the strapline "the voice of people with HIV since 1988."

Members of PLWHA NSW will have an opportunity to discuss the proposed name change at a member's BBQ on November 17th. They will then be able to vote on the proposal at the coming Annual General Meeting on December 7th.

Annual General Meeting

PLWHA NSW will be holding its Annual General Meeting to elect the Board for the coming year on Friday December 7th from 5.30 – 7.30 at the Taxi Club 40 -42 Flinders Street Darlinghurst. Member will receive a notification of the meeting by mail.

Coming federal elections

The Australian Federation of AIDS Organisations (AFAO) is surveying the major parties on policies regarding health and HIV. As soon as those responses are completed we will make them available on the PLWHA website (www.plwha.org.au).

Victor Shepherd

PLWHA NSW would like to acknowledge the commitment of Victor Shepherd to the wellbeing of people with HIV and to the work of PLWHA NSW. Victor passed away recently in Lismore, and our thoughts are with his partner, friends and family.



Ian Thompson

Ian Thompson who passed away in Sydney earlier this month had been a Board member and volunteer at PLWHA NSW, as well as a thought provoking contributor to *Talkabout*.

Ian was born in New Zealand. He was creative and an accomplished artist with awards and a number of successful exhibitions. Ian was a determined, sometimes stubborn, compassionate and sensitive man. It was his stubbornness that helped him achieve so much despite his own ill health.

Ian was a wardman at St Vincents in the late 80s. When people with AIDS had died and had been doublebagged as they were in those days, Ian would unzip the bag and place a red rose on their hearts to give them some dignity and love.

He faced the challenges of his illness with the same dignity and integrity. He will be sadly missed by his friends and colleagues at PLWHA NSW



Health and Fitness

Ask Ingrid: Rehydration

Gym instructor **Ingrid Cullen** on the importance of rehydrating when you exercise

Hope everyone is over their Sleaze or long weekend celebrations. You should be ready and rearing to get fit after trying on your first skimpy outfit after winter - or after seeing all those beautiful bodies at the various parties. With the hot weather arriving early I hope everyone is paying particular attention to avoiding dehydration. It is amazing how easily you can become quite sick and feel flat just because you have slipped into bad habits during the cooler weather.

Drinking too much coffee can lead to dehydration

Some causes of dehydration

Many of you will be aware of the extra precautions needed because you take medications that make you prone to dehydration. If you have diarrhoea from meds, leaky gut syndrome or food intolerances, again you need to be aware of the symptoms of dehydration. Even just eating lots of salty food, or drinking too much coffee or Coke, can lead to dehydration, if you then try to exercise or be more active than usual.

What about taking recreational drugs, smoking and alcohol? These all make you

more likely to become dehydrated. Having any illness, or simply being positive, puts extra strain on your body and when organs are working harder you dehydrate or over heat more quickly.

This is not a definitive list of causes of dehydration by any means; there are many reasons why you may be more likely to experience problems with dehydration. The previous list of causes is simply to get you thinking and make you check how you feel every now and then.

Some effects or symptoms of dehydration

When you add exercise to the equation you need to take into account any of the things mentioned that could make you susceptible to dehydration. If you lose a kilo of weight it will reduce your performance in the gym or on the field by about 10%. If you continue to exercise you may experience weakness, tiredness, irritability, headaches, disorientation and dizziness. The list goes on. Eventually you will faint or collapse and end up at the doctor's or in casualty. This is to be avoided at all costs. There are plenty of chronic conditions and illnesses that can be made worse or bought on by dehydration as well, kidney stones, stroke, high blood pressure, constipation, hemorrhoids, diarrhoea and over-heating to name a few.

If you suspect your gym or exercise performance is below par, check you are urinating regularly and that it is light yellow in color. If it is dark yellow you need to drink more unless it is first thing in the morning. If you are not urinating much at all, and it is not related to any medication you take, then

again you are probably not drinking enough and could be dehydrated.

What can you do?

To avoid drying out and putting your body under strain we all know it is important to drink plenty of water. Sometimes this is all it takes. Keep a bottle of water handy and make sure you drink it, but sometimes this is not enough. Sports drinks or electrolyte drinks etc can rehydrate you more quickly than plain water. Cordial and diluted fruit juices can also be useful but if dehydration is proving a problem. Consult your chemist

It will reduce your performance in the gym

or doctor who will recommend a variety of people and organizations that can help with various drinks and supplements so you can avoid straining your body while you train. After all if you make the effort to exercise regularly you want to get the most from it.

Do you have any fitness questions for Ingrid? Email them to editor@plwha.org.au or write to "Ask Ingrid" PO Box 831 Darlinghurst 1300



HIV and the law

Changes have recently been made to the NSW Crimes Act, which relate to the intentional or reckless transmission of HIV. It is important that all people with HIV have a full understanding of the legal situation in NSW and what that means for them and their sexual partners.

If you have questions or comments we would be interested in publishing them as letters in *Talkabout*. Please email your responses to editor@plwha.org.au

What the law says

In NSW the law regarding transmission of HIV is covered under two separate Acts, the *Public Health Act 1991* and the *Crimes Act 1900*. These two laws act in very different ways, so it is important to have an understanding of both. A person can be dealt with under each or both of the Acts, depending on the situation.

Public Health Act

The *Public Health Act* requires any person who has an STI, including someone who is HIV positive, to inform any prospective sexual partner of their status and the risk associated with having sexual intercourse *before intercourse takes place*. The prospective partner must also voluntarily accept the risk involved.

Under the Act, sexual intercourse includes anal, vaginal and oral sex.

Fines of up to \$5,500.00 may be imposed on any person who contravenes this provision.

It is important to note that under the *Public Health Act*, it is not sufficient to have used condoms. The law requires that you disclose your status to your sexual partner/s prior to sex.

The *Public Health Act* also empowers NSW Health to undertake a range of measures to manage people who may be at risk of infecting others with HIV.

Crimes Act

Under the *Crimes Act*, a person who *recklessly* causes another person grievous bodily harm (GBH) can be imprisoned for up to 10 years. This can include causing someone to be infected with HIV. A person is reckless where they are aware that there is a risk another person may be caused GBH as a result of their actions, but proceeds to act anyway.

Although not specified as a defence, the use of condoms or other safe sex methods is likely to mean that a person was not being reckless if transmission occurred. Likewise, based on previous legal cases involving non-HIV forms of GBH, it is likely that a person cannot escape conviction because the person who became infected accepted that risk by practising unsafe sex.

However, as the laws are relatively new, there is currently no legal precedent for what will constitute a defence in relation to causing someone to be infected with HIV. This may evolve as legal cases are brought before the courts.

If a person recklessly causes another person GBH while in the company of others, they can be liable for up to 14 years in prison. While the law does not specify the situations where this provision would apply, it could apply to a man who has transmitted HIV during group sex.

If someone *intentionally* causes another person GBH, including infecting someone with HIV, then they can be sentenced to up to 25 years in prison.

Our Position

The law in NSW prohibits the intentional or reckless transmission of HIV and requires that people living with HIV/AIDS must disclose their status prior to sexual intercourse (including oral sex).

ACON and PLWHA (NSW) acknowledge the need for the use of criminal and public health law provisions in certain circumstances and the importance of people understanding their obligations under the law.

We also acknowledge that the evidence suggests disclosure of HIV status by people with HIV is not always an effective strategy in preventing HIV transmission.

We recognise that the vast majority of people actively seek to protect their own, and their partner's, sexual health. In these circumstances, legal intervention is not needed or appropriate.

We recognise that due to a range of social and psychological factors, some people may engage in behaviour that endangers their own, and their partner's, sexual health. In these circumstances, public health interventions should be used to manage those who are at risk of infecting others with HIV.

We recognise that a very small number of people living with HIV/AIDS may deliberately or recklessly expose others to the risk of HIV transmission. In these circumstances, criminal prosecution may be appropriate.

ACON and PLWHA (NSW) believe that everyone has a responsibility to ensure that HIV is not passed on. Both HIV positive and HIV negative people must take responsibility for protecting themselves, as well as their sexual partners, from HIV.

The way in which the media has portrayed the recent increase in criminal prosecutions may undermine public health interventions by creating negative stereotypes about people living with HIV/AIDS and perpetuating misinformation about the best methods of HIV prevention.

Therefore it is timely that we acknowledge and support:

- The rights of individuals to information that will assist them in making informed decisions to protect and maintain their health.
- The creation of environments free from stigma and discrimination that support appropriate disclosure of HIV status.
- The promotion of condoms and lube as the most effective strategy for the prevention of HIV transmission.

The National Centre in HIV Social Research is proud to announce the 10th Social Research Conference on HIV, Hepatitis C and Related Diseases to be held 27-28 March 2008 at the University of New South Wales, Sydney.

The theme of the conference is **"Everyday Lives"**.

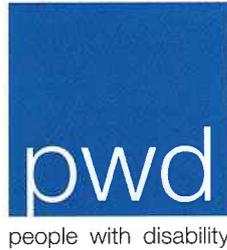
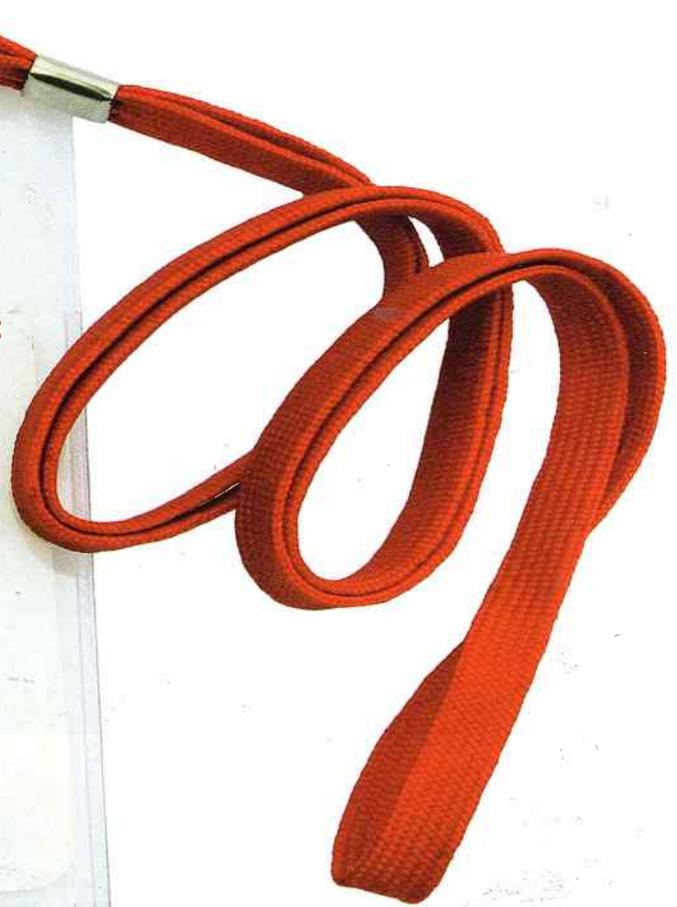
Please note: abstracts are due by 30 November 2007.

Early bird registration closes 1 February 2008.

We would welcome submissions from our academic, policy, service delivery and community-based colleagues

Please see the link to the conference web site <http://nchr.arts.unsw.edu.au/conference2008.html>

Please contact us using this email address nchr_conf@unsw.edu.au



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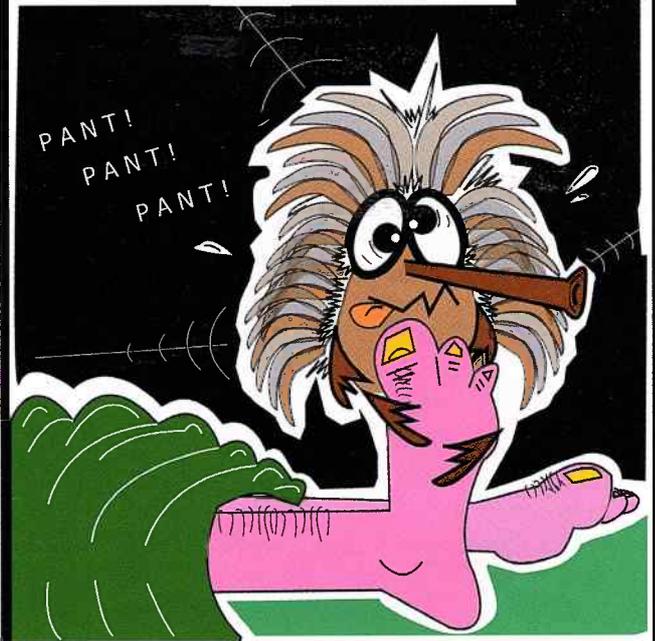
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PWD – Supporting people living with HIV/AIDS

People with Disability Australia Incorporated

Unusual side-effect #17



Gary pitched his campsite over an echidna mating nest, but he had no idea coz of his peripheral neuropathy...





The Joy of Pets **Khu**

Khu is a soulmate. I had her for 10 years. Getting her was my partner's idea at the time.

But we just clicked. She was a fun, smart, energetic, affectionate and loyal friend.

The night after I had to say goodbye to her, I was writing emails to tell friends of her passing. Then all of a sudden I felt her walk in the room and sit next to my foot.

That was an amazing experience. Now she is with me all the time.

Khu was the one thing in my life that didn't change when I was diagnosed. That was a difficult time as I don't know how I contracted the virus. This event changed my beliefs, my health, my relationships to people- those I did tell and those I didn't. It changed everything in my life, except my relationship with Khu.

Khu was a character. She would make this noise that sounded like she was talking. She did this when she was trying to get my attention about something. When driving she would put her paw on my arm. She was very affectionate. She would also like

to be touching when sitting - it could be on your foot or just so that she was leaning on you. She always wanted to be where the action was. She was up all night when we had a party and in the morning we were sitting around chilling. And Khu sat there waiting to see what would happen next, falling asleep in the sitting position.

Did you know?

In the recent *Futures 5* survey of people with HIV in Australia, positive people were asked how they rated their sources of support. Pets came in second – under partners and spouses, but above doctors, close friends and family.

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

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It's a real bugger isn't it dear? - Stories of different sexuality and cancer

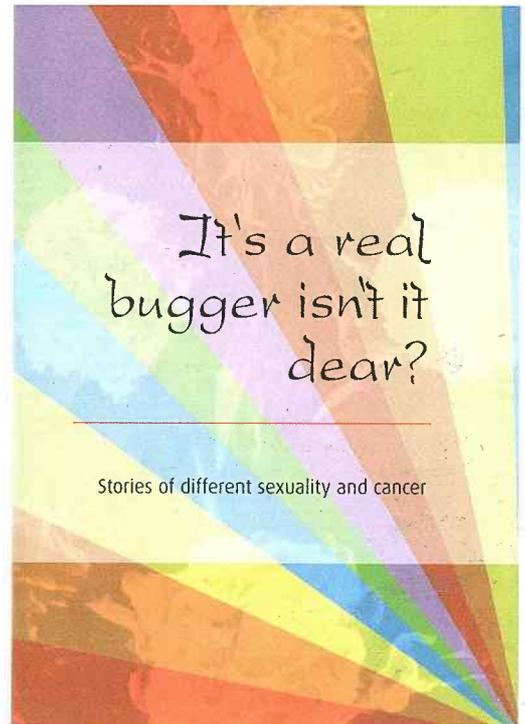
It's a real bugger, isn't it dear? details the personal journeys, through stories and poems of gay, lesbian, bisexual, transgender, intersex or queer (GLBTIQ) people who have been affected by cancer. The fifteen stories from men and women of different ages are not only very moving, but also optimistic and often humorous. As it says in the introduction to the book "some stories have a happy ending, some have a tentative but positive note; others reflect a state of limbo."

The stories capture many different experiences and reactions to a cancer diagnosis (several of which will be familiar to people with HIV): denial,

amazing support, physical challenges, wonderful doctors and less than wonderful doctors, and a newfound pleasure in precious everyday experiences.

The book is published by the GLBTIQ with Cancer Network and Gay Men's Health (a program of the AIDS Council of South Australia). One of the aims of the publishers is to raise awareness in the GLBTIQ community about cancer, and how to avoid it and its effects, and cancer awareness is an increasingly important issue for people with HIV as we live longer.

If you would like a free copy, call PLWHA NSW (9361 6011) or ACON (9206 2000) or you can also download a PDF version from ACSA's website (www.acsa.org.au)



After Hours snax chat chill

Have you been diagnosed HIV+ in the last few years?
Want to meet with other newly diagnosed gay men?
After Hours is a drop in night for you!

When: Thursdays, monthly from 7pm
Contact: Glenn on 9361 6011
Email: glennf@plwha.org.au





729



**HIV positive
and getting
on with it?**



**Would you like to meet
with other gay men
living longer with HIV?**

**729 is a social discussion
night for you!**

Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011

Email: hedimos@plwha.org.au



Spiritually Faithless

Tim Alderman on the intertwining of identity and spirituality

*“Batter my heart,
three person’d God...”*

John Donne – Holy Sonnet XIV

I started watching *The Abbey* on ABC TV on Sunday night. What a time-trip back to when I was 23 and living in an enclosed monastery at Leura in the Blue Mountains, following the Rule of St. Benedict. How I ever ended up in a monastery – and eventually left – was quite a journey. One might even say a quest, a search for identity, spirituality and this unknowable thing called faith. I found the first, still hold onto the second and lost the third along the way.

The quest started when, as a 12-year-old Protestant boy from very Congregational Sylvania, I managed to get into one of the state’s leading Catholic boarding schools – St Gregory’s Agricultural College in Campbelltown. I loved going to school there, though with most of the boys coming from country regions, I didn’t make any life-long friends. I learnt to really loathe sport – which I had just disliked up until that time – and had a fleeting homosexual encounter with another boy.

However, it was the Catholic religion that overwhelmed me. The beauty of its rituals;

the whole mystery of the mass; the adoration of Mary and the saints; the dogma and theology; and the people who devoted themselves to enacting and teaching these beliefs. As someone who had come from the sparse simplicity of Protestant services, it took my breath away. So much so, that at the end of

My appetite for religion was voracious

my first year there I converted, being baptized in the school chapel with my history teacher and one of the Year 12 boys as my sponsors. Little did I know that the priest who baptized me was, several years later, to be arrested for molesting his altar boys.

My appetite for religion, especially the theological aspects of it, was voracious.

In 1969 when I finished my final year, one of the brothers asked me if I would like to join the Marist Brothers. Despite the faint inklings of a vocation, the Marist order really wasn’t my cup of tea. While at St Greg’s, I had a personal confessor from a Discalced Carmelite monastery at Minto. Through him I had quite a lot of contact with the monastery, including attending vocational seminars. I found the contemplative lifestyle much more to my taste, though decided to wait a few years before making any decisions.

In 1976 I contacted a small enclosed monastic community in Leura called the Community of St Thomas Moore, who followed the Benedictine Rule. The community lived in this rambling old convent originally owned by the Sisters of Charity. It had the monk’s enclosure at one end of this huge ‘H’ design, the chapel, visitors’ parlour and Prior’s office at the other end, and a huge retreat section in between. The community supported itself by running retreats.

As the youngest novice it was my duty to rise at 5.00am to set up the chapel for morning Office and Mass. I would then go to the common room in the enclosure to start



breakfast and set the tables, as well as turning on the heaters to warm the enclosure. At 5.30 I would circle the enclosure with a bell to raise the rest of the community to prayer. Between prayer and work the day went very fast, with grand silence starting at 9.00 in the evening and going through until after breakfast the next morning.

I loved the calmness and quiet contemplation

Despite it being a tough life – and don't for one minute think that these men are uneducated or unaware of what is going on in the world – I loved it. I loved the strong sense of community, the calmness of quiet contemplation in long silences, and the daily rituals of work and the Divine Office that bind communities like these together.

A very strong visual image of my time there, and one that has always stayed with me, is of being in the kitchen at 5.30 one morning and looking out the window. The monastery was set on the edge of a valley, and it was an icy cold clear morning. Outside the window was a leafless tree covered in frozen water drops glistening in the sun. Beyond it, a mist was rolling up the sides of the valley. It was one of the most profoundly contemplative moments I have ever had in my life. It was as if I was the only one observing this beautiful scene, as if it had been reserved especially for me for some purpose that was yet to be revealed. I can still see it in my mind's eye as I write this.

However, one of the problems with the large periods of introspection and contemplation that is part of the monastic ideal is that you tend to look deeply into yourself. Fears and hidden truths are often revealed. This can either lead one deeper into the community, or unintentionally alienate you from it. The realization I came to, the fear I had, the thing that I was running from, was that I was gay. Hiding in a monastery is not a healthy thing to do if you are gay – though God knows there are enough caught in this

situation. Many stay on through fear of who they are. They think that if they work themselves to the bone, and pray hard it will just go away. It doesn't! It ends in a life of bitterness, recrimination and self-loathing.

Many, like me, decided that to live life without hypocrisy we had to leave the safety of the enclosure and go back into the world. The decision to enter a religious community is difficult enough on its own. The decision to leave is even harder. Driving through the gates to go home was quite devastating for me, knowing that I was leaving all peace and tranquility behind me. I hoped to continue to carry it inside, but the hectic, tumultuous real world makes it difficult, if not impossible. Another world awaited me.

I still didn't come out immediately. My family, as you may have read in other articles, was quite formidable and I knew I would have to choose my time well. In the meantime, I worked for and eventually became manager of Pellegrini & Co Pty Ltd (for those unfamiliar with the name, it was a HUGE Catholic emporium, supplying not just devotional goods such as statues and rosary beads, but furniture, church plate and vestments to all the local churches), in Sydney initially, then to Melbourne where I came out. By this time my father was dead, my family alienated. Melbourne was a safe space for me. In the way of enforcing contrasts in my life, after I left Pellegrini in the early 80's. I became manager of a sex shop in Oxford St called 'Numbers'. It is often joked about that I gave up 'praying' for 'preying'.

The fight for gay rights was in full swing

I must say that at this stage my faith was going through a shaky period. The fight for gay recognition, rights and anti-discrimination was in full swing, and the Catholic Church was one of the biggest bugbears to these rights. I joined Acceptance Gay Catholics in Melbourne, though not initially to fight the good fight, so much as a way to

meet people through the shared common ground of religion. It was through Acceptance (which I eventually became secretary of, as well as working on several working groups) that I realized just how discrimination could alienate a group of people. We could only go to Mass in one church in Fitzroy, and then only at a certain time of

HIV didn't bring me back to faith; it just drove in a deeper wedge

the evening. The Servite Fathers, who were an independent order and not under the auspices of the local Bishop or Archbishop were the only order who could conduct our First Friday Home Masses (at one such mass at my unit in West Brunswick, confessions were going to be held in my bedroom. I had all this porn attached to the back of the bedroom door, and went to considerable trouble to ensure paper was taped over it. Evidently during one of the confessions the paper suddenly gave way, and priest and confessor were confronted with all these pictures of naked men. I believe the priest didn't bat an eye, but I have to wonder if there weren't additional sins for the guy with him to confess). Over this time I just got angrier and angrier at the hypocrisy of it all. Coming from Protestant roots, I still carried a lot of the simpler theology with me, and often found myself arguing against the stupidity and naivety that had crept into the Catholic religion through the centuries, which we were (are?) still living with, and decrying its inability to move forward and fit in with a more contemporary era. It gained me quite a few friends, and also earned me a few enemies. I got so frustrated that I dropped religion altogether, and have never really found my way back.

I returned to Sydney on the tide of HIV hysteria, and religion for me became even less relevant. Hearing our dear religious brethren, especially those in politics, advocating hunting us down and locking us away in quarantine; the way they flaunted the view that this was God's retribution against

the gay community fueled my increasing hatred for religion. Despite HIV being something that could have initiated reconciliation between me and my lost faith, it just drove in a deeper wedge. The soul-destroying slaughter of all my friends, lovers and acquaintances over this time didn't bring me back.

However, I did re-evaluate my need for spirituality of some description. The free-form style of the funerals that were going on over this period made me realize that we all practiced 'faith' in many different ways, and that having faith wasn't the same as being spiritual. You could have one without the other. Religion, to just about everyone I knew, was an alien concept with little tie-in to their lives. However, many were searching for spirituality. One friend in particular surprised me by returning to the rudimentaries of faith just before he died. He did make me wonder what I would do if faced with the same situation – would I call on a priest and fall back to my Catholic faith; would I contact someone more in tune with the simplicity of my original faith, such as MCC; or would I just continue to refute it all up to the time I died. It is something I still ponder on.

In my search for spirituality I tried a return to a more primitive religion in Wicca, but found it unsatisfying. I studied the writings of Aleister Crowley and the Golden Dawn but found it too weird – and scary; the Jewish Kabbalah (real Kabbalah, not Madonna's version) but found it too deep and complex, and I didn't feel I had a lifetime to study it in.

The Zen ideal is the closest to pure spirituality that I have found

So, I guess that in some ways I am still searching. It is not an easy world to find faith or spirituality in. Certain groups in our world have distorted the concepts to such a degree that you wonder what they find in the dry, humourless, destructive force they call religion. Others go on preaching what they don't practice – and astoundingly never real-

ize the contradiction; and intolerance and hatred is rife. The Zen ideal is possibly the closest to pure spirituality that I have found; Buddhism being the one religion that seems to be the reverse of all else that is surrounding us. Like the monastic ideal, you can find peace in contemplation and meditation, and cut off the noisy world around us.

Their lives will be changed forever

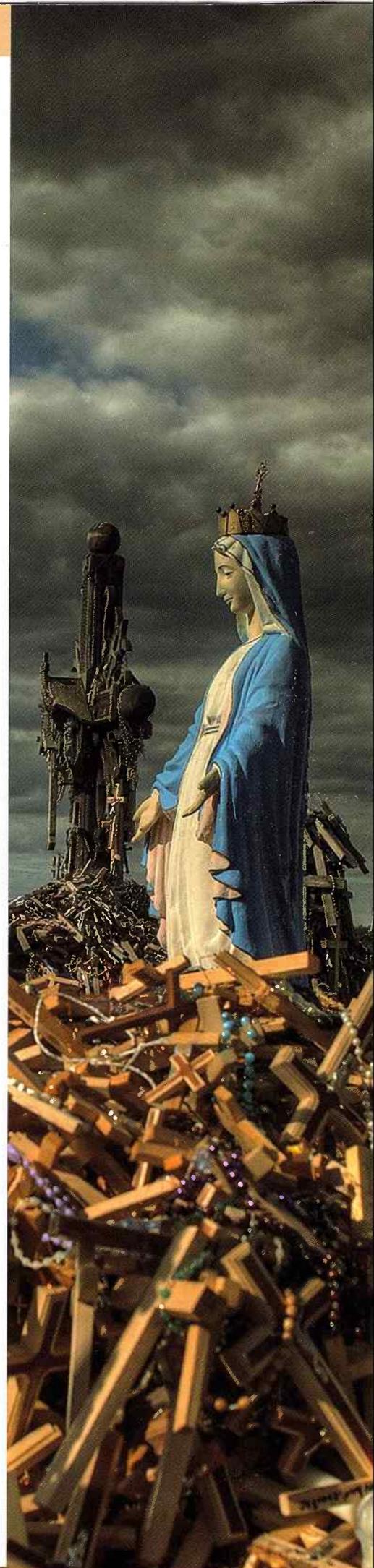
So back to *The Abbey*. The five women who have gone into the Abbey to see if they can withstand the rigours of the monastic life are all in need of some form of self-redemption. Despite renunciations and doubts they are all seeking 'something'. In five weeks time when they leave the monastery to go back to their normal lives, they are going to be intrinsically changed – you can see it already. They are going to confront things that they don't want to confront, and if they allow the life of the monastery to surround them, and not fight it, they are going to come to an understanding of themselves that they never thought possible – and their lives will be forever changed. I know. I've been there. Perhaps you can take the boy out of the monastery, but you can't take the monastery out of the boy

And as for me...well maybe John Donne and I fight the same demons;

*"...I, like an usurpt towne, to'another due,
Labour to'admit you, but Oh, to no end,
Reason your viceroy in mee, mee should defend,
But is captiv'd, and proves weake or untrue,
Yet dearely'I love you,'and would be loved faine,*

*But am betroth'd unto your enemye:
Divorce mee;'untie, or breake that knot againe,
Take mee to you, imprison mee, for I
Except you'enthrall mee, never shall be free,
Nor ever chaste, except you ravish me."*

John Donne; Holy Sonnet XIV





bobby goldsmith foundation on-line forum



bobby goldsmith foundation
practical emotional financial support

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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You don't know what you've got til it's gone

United Kingdom's leading PLWHA group and magazine defunct

UK Coalition of People Living with HIV and AIDS (UKC) has ceased operations, after going into insolvency.

The charity was founded in 1993 as a national patient group charity run by and for people living with HIV. UKC was best known for publishing the popular magazine, *Positive Nation*, (the UK's leading magazine on HIV) which ceased publication in May after 133 issues.

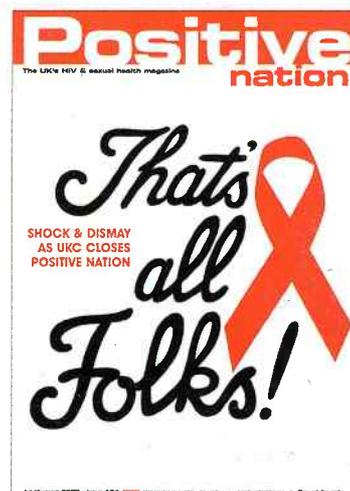
The coalition and the magazine were praised for the meaningful way in which they engaged with people with HIV. It aimed to ensure the voices of people living with HIV were heard through lobbying for improved care and welfare and by offering support and services that provide information.

Terrence Higgins Trust, a leading UK AIDS charity, paid tribute to their work. "We were very

sad to hear about the closure of the UKC which has done great work over many years," THT's chief executive, Nick Partridge, told PinkNews.co.uk. "Both the organisation and Positive Nation will be missed by many people living with HIV as well as those working in the sector."

Stonewall, the gay equality organisation, expressed sadness that UKC has closed. "It is hugely important that there are as many effective organisations as possible in the HIV sector," said chief executive Ben Summerskill.

"In the light of the work that the coalition has done in recent years it is distressing to hear it has ceased operations. There is presently no other general HIV positive patient group in the United Kingdom, though there is hope that one may be set up soon to fill the void left by the UKC.



Dialup Internet

TADAust Connect offers a Dial Up Internet Service for People with Disabilities, the Aged and Veterans.

This service is provided exclusively for people who possess a Disability Support Pension, Aged Pension or DVA Entitlement Card (subject to conditions).

Dial Up anytime you like and surf the Internet for as long or as little as you wish. The TADAust Connect Dial Up Plan includes

- **Great value plan for only \$5.50 per month**
- **Pre configured Set Up CD**
- **National local call access**
- **FREE technical support**
- **Quality endorsed Supplier Organisation**

Dial Up Enquiries:
(Email) dialupadmin@tadaustconnect.org.au
(Phone) 1300 735 439
Business Hours 9am - 5pm - Monday to Friday.

Anyone for meditation on Mondays?

A small meditation group meets at ACON

**9 Commonwealth Street
Surry Hills
Monday evenings at 6pm**

**Contact Graham
c/- ACON Ph: 9206 2000**

Who can I go to?

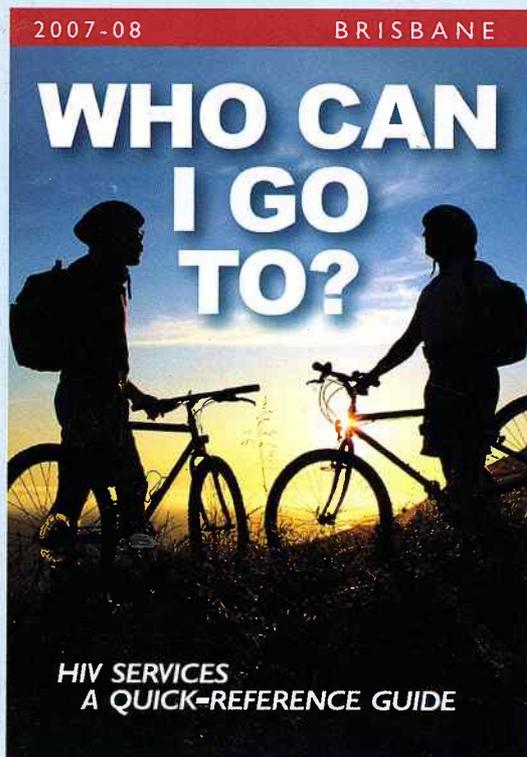
Throughout 2007, representatives from Spiritus Positive Directions, Queensland Positive People, Queensland Association of Healthy Communities, and the services of Queensland Health, have been working together on a new project called Who can I go to?

The conveniently-sized (slips discretely into a pocket) folded card resource is a quick-reference guide to HIV services in the Brisbane region, and has been designed to inform newly-diagnosed positive people about the Government funded services available to them, service contact details, and how to access those services.

This resource also features a selection of Frequently Asked Questions, which discretely but clearly addresses many of the key queries which may be of concern to the newly-diagnosed person.

The pocket card is not designed to replace any of the existing service brochures, and it can be distributed to clients, services, and other agencies in the Brisbane area. The card is regionally specific, and during the course of 2007, the committee will be overseeing the development of similar pocket cards for other regions in Queensland.

The resource is also available electronically as a PDF version (resized to A4 page size). You can order the quick-reference card can be ordered by contacting Spiritus Positive Directions on 3900 8000.



The Community HIV/AIDS Services (SSWAHS)

includes

Positive Central

The Sanctuary

and the statewide

Heterosexual HIV/AIDS Service (Pozhet)

Please note that Pozhet services & staff have been relocated to join the rest of the team at their Redfern offices

New Pozhet Contact details:

Redfern Community Health Centre

1 Albert St. Redfern 2016

Tel: 9395 0444

Freecall line 1800 812 404

Web: www.pozhet.org.au



Women's and Families Project

Dedicated Women's day at the PLC to commence Monday 19th November 2007.

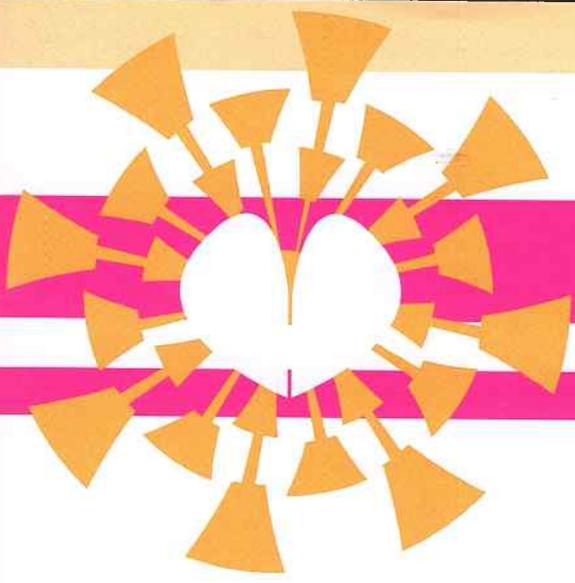
Each third Monday in the month will be a dedicated day for female positive clients.

There are 2 one hour massage appointments available on this day with a female therapist. If anyone is interested in booking for one of these appointments then please contact me.

I am also looking into the possibility of a yoga/meditation class for that day if there is enough interest for it.

If any clients have ideas for other events that could be run on these days please feel free to let me know.

For further information please contact Vicky Coumbe 9699 8756 or email vcoumbe@acon.org.au



Olga's personals

Men Seeking Men

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 **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. **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 **270906**

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

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

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

37 yo poz btm bear/cub, straight acting/looking non scene, 5 ft 7, 90kg, hairy, tats, pierced, shaved head, goatee beard, a bit wild and dirty minded GSOH DTE view to LTR

looking for new adventure with like minded straight acting bloke ALA **Reply: 151206**

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

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

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

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

Lonely guy looking for DTE guy like myself. Hopefully I'm not the only HIV guy in my 50s **who is looking for relationship. I'm lonely ALA Reply: 020507**

Sydney City. Fit caring HIV+ guy, good looking 47 yrs 6ft 72 kg into gym, yoga, outdoors WLTM DTE guy for friendship, relationship, prefer NS fit guy with positive outlook on life. Photo appreciated. **Reply: 130607**

Lilyfield, 46 HIV Poz guy, 74 kg Not bad looking, mo, goatee, hairy 5ft 9, WLTM Poz guy to 50 for LTR for good times, quiet

nights, occ rage. ALA No time wasters please. **Reply 140607**

Seeking friend / partner, 53 years old, slim, good looking and positive four years and well, GSOH and DTE. Looking for friendship / LTR, inner west area, genuine and loving and versatile. **Reply: 260707**

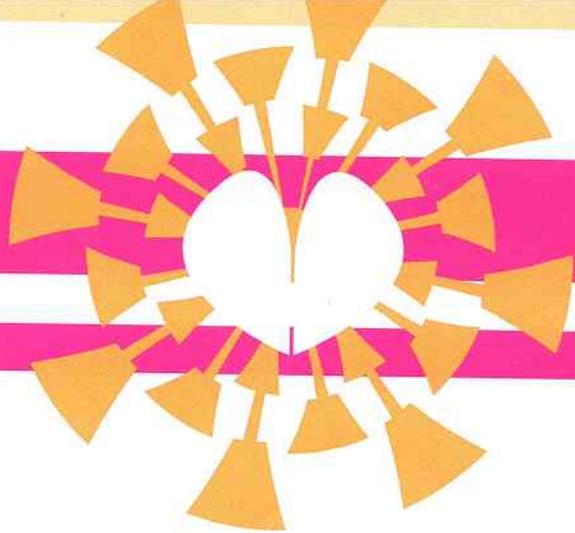
Newcastle/ Central Coast/ Sydney. Pos 42, 183 cm, athletic 84kg DTE GSOH versatile work fulltime, not into scene, straight acting, enjoy eating in/out, movies, DVDs, like to keep fit and well. ISO similar versatile top 30 to 45 y/o with view to LTR. ALA with recent photo. **Reply: 300707**

Mid North Coast 33 yo dude in boardies. Recently HIV+ & seeking mates, partner, picket fence even. I'm nvs (not very serious). But am very fclg (funny, cute, loyal, genuine) Fit 'n healthy, non judgmental country lad that cooks, cleans and has power tools. **Reply 011007**

Attractive 51 yo + Euro guy. SW Sydney, 185 cm, 92 kg blonde/brown hair, hazel eyes, smooth body, professional working guy. GSOH DTE versatile tactile. Enjoys dinners & quiet times etc. WLTM toned smooth bodied 40 - 50 yo versatile GWM. A professional working guy, who has a similar outlook and lifestyle, for a monogamous LTR. **Reply 031007**

Looking for a cuddle buddy. Hi guys I am 38 years old working guy living in the Inner west. ISO a normal guy to share a bit of affection with. Prefer a guy who is working and has a stable life. Love kissing and cuddling. Looking to meet a guy to the age of 45. I am an Aussie guy, hairy with a stocky build. Needing the touch of a man. **Reply 081007**

City located. Crossdresser. V pretty, good cook, loves fun times. WLTM guy with 'it' factor & chemistry attractiveness. ALA promise. **Reply 111007**



Men Seeking Women

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. **190906**

From Melbourne with Love. HIV positive male, youthful 40s, seeking female companionship to share, encourage and be there for each other. I am of northern European heritage, Caucasian, 6ft tall; green eyes; longish, blonde/brown hair; engaging personality. Always looking for new, interesting and worthwhile things to do and in which to focus one's attention on. **Reply 310707**

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**

47 yo +ve male, Sydney (European), gentle, sincere, hard working, intelligent, healthy, affectionate with two wonderful children, seeks kind hearted lady to share family life (single mums welcome). Migrated last year, love Australia. WLT correspond and meet with possible view to LTR **Reply: 010607**

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**

For Friendship

Easy going man in late 40s, looks and feels like I am in my 30s. Unaffected by my HIV+ status, looking for male and female friendships. I am good company, have lots of interests and can communicate and talk about almost any subject. Nothing to tie me down (kids are now adults). Looking for down to earth people for friend/relationship. Solid build/average looks, experience and intelligence. Live in Sydney. Will reply to all mail including people from interstate. **Reply 021107**

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.

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

Membership costs nothing - and includes a free subscription to *Talkabout*

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

Please tick

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

Associate member (I am a NSW resident)

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

Membership entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

Subscriptions to *Talkabout* only

I don't want to become a member of PLWH/A (NSW) but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)

I am a New South Wales resident living with hiv/aids who does not receive benefits – \$20

I am an individual and live in Australia – \$33

I am an individual and live overseas – \$77

Organisations:

Full \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

Concession \$44 (includes plwha groups and self-funded community owned organisations)

Overseas \$132

Personal & Health Information Statement

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

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

How to contact



Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst
Mailing address: PLWH/A (NSW)
Reply Paid 831
Darlinghurst NSW 1300
You do not need to put a stamp on the envelope.
Phone: 02 9361 6011
Freecall: 1800 245 677
Fax: 02 9360 3504

Name

Postal address

State

Ph

Email

Donations

I would like to make a donation of \$

Subscription to *Talkabout*

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

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

Please charge my VISA MasterCard

Expiry Date

Signature

Name on card

Total payment \$

Cash payments can be made at our office.

Signature

Resources Order Form



Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

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)

Quantity Item

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**

All resources listed are free of charge.

For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

PLWHA NSW
PO Box 831
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011
Email: healthpromotion@plwha.org.au
Website: www.plwha.org.au

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

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

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

