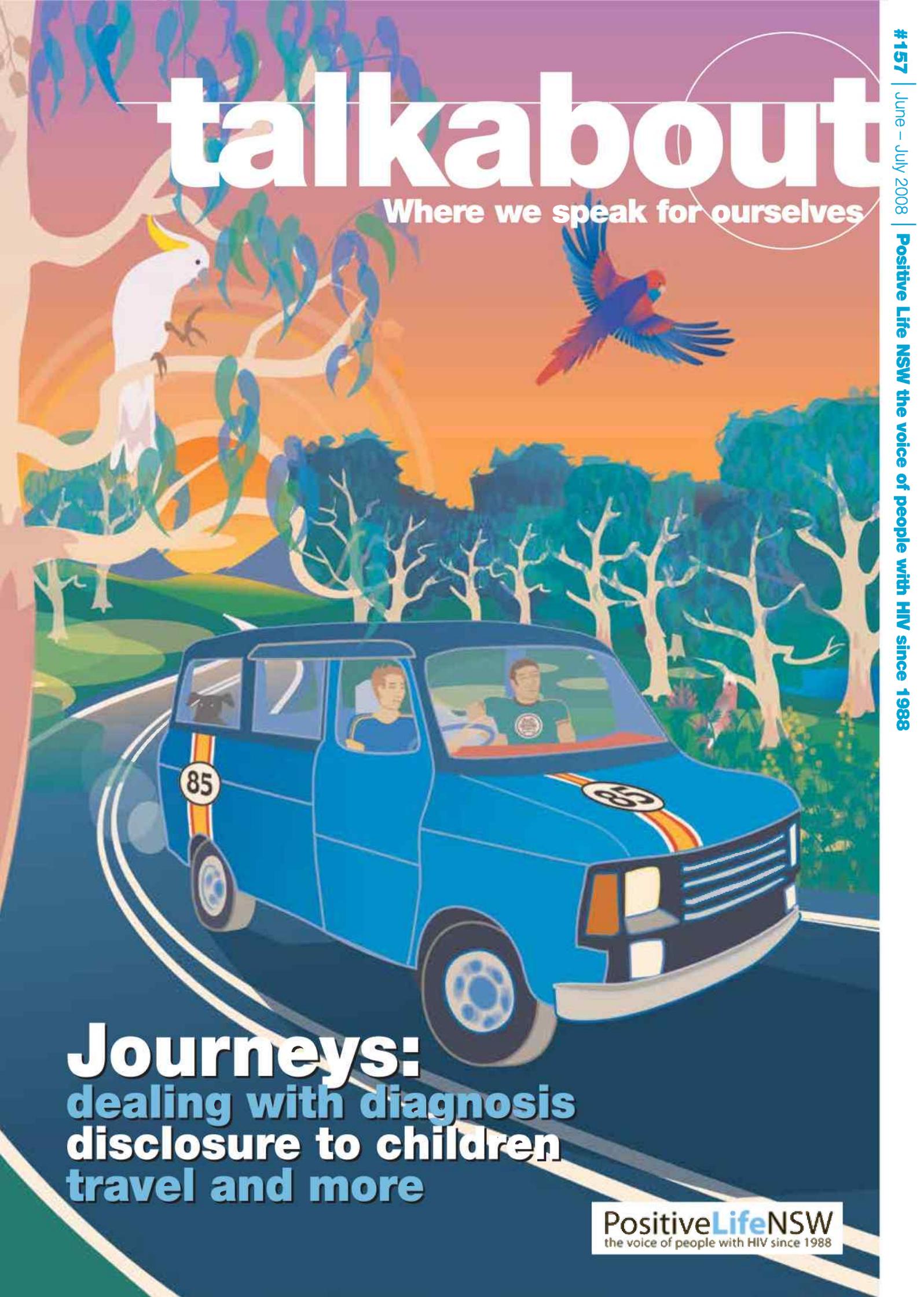


# talk about

Where we speak for ourselves

#157 | June – July 2008 | Positive Life NSW the voice of people with HIV since 1988



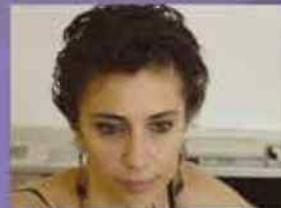
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**ENGLISH** We can provide you with support and understanding for HIV/AIDS. Ask at this clinic for a brochure in your language. All services are confidential and free of cost.

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

**AMHARIC** የእኛ ስራ ላይ በተመለከተ ጥያቄ እንዲሰጥዎት እስራኤላውያን ስርዓት እና ተርጓሚዎችን ይጠይቁ።  
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**BOSNIAN** Mi vam možemo pružiti pomoć i razumjevanje oko HIV/SIDE. Pitaјte ovu kliniku za brošuru na vašem jeziku. Sve usluge su povjerljive i potpuno besplatne.

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

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

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

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

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

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

**SIHONA** Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunza! pakirinki ino zvinyorwa zviri mumutauro wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

**THAI** เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์  
ตามหาแผนพับข้อมูลในภาษาของท่านได้ ที่คลินิกนี้  
บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

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



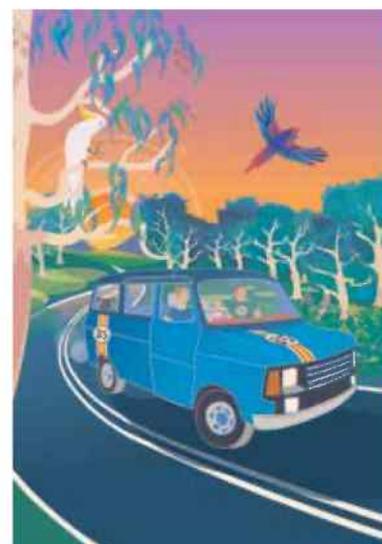
Multicultural HIV/AIDS and Hepatitis C Service

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

# talkabout

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#### TALKABOUT

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#### DISCLAIMER

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

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



## The last 15 years

**It's been almost fifteen years since I received my HIV diagnosis, and like most people, have had a very challenging time of it. I consider myself to be pretty lucky, when I compare myself to other friends and acquaintances who have lived with HIV a similar time or longer. It's not been all that bad despite some of the pitfalls of living with what the medical profession now refer to as a chronic medical condition. Some of these pitfalls I'd more or less forgotten about until recently when my manager asked me if I'd like to share a presentation she had to give to doctors at Grand Rounds at the hospital where I work.**

The topic "HIV - A Personal Perspective," was something I was used to speaking about in public as I'd been doing it for ten years as a speaker and Project Officer responsible for the Positive Life NSW Positive Speakers' Bureau. I hadn't done any public speaking since leaving the PSB in 2004, and this was an ideal opportunity, especially as it was to health care professionals.

Unlike talks that I'd given at settings such as NSW High Schools and other professional and community groups (where it was the norm to speak for up to an hour or more), my share of this presentation was intended to be for only ten minutes. My manager spent hours preparing a beautiful

Powerpoint presentation based on my treatment history over 13 years since I commenced HIV treatment. We were doing the second presentation so I had sufficient time to sit back, relax and take in the information which was being presented by the first group of clinicians.

It was our turn. I was introduced by my manager, and I was immediately thrust into my dialogue of what had happened to me from a treatment perspective since my diagnosis in 1993. The following are the points I spoke about in that presentation.

- Mandatory HIV testing whilst serving in the Navy **Aug 1987**
- Second HIV test **May 1993**
- Diagnosed with HIV **Aug 1993** (told I had possibly ten years to live)
- Partner (36) died of AIDS **Sept 1993** after living with HIV for six years
- Commenced HIV treatment after being on drug trial mid 1995
- After 33 months CD4 count was 190
- **Nov 1997** commenced Mega HAART (40 pills daily)
- Drug resistance a problem for me and this resulted in numerous swaps in medication between 1995 and 2006
- Prior to **Jan 07** only obtained undetectable viral load twice for very short periods of time
- **Aug 06** commenced triple blind drug trial and have been undetectable since **Jan 07**

We welcome your letters and comments. Letters may be edited. To email *Talkabout* write to [editor@positivelife.org.au](mailto:editor@positivelife.org.au) or send your letter to *Talkabout* PO Box 831 Darlinghurst NSW 1300

- Three major drug reactions since diagnosis which affected liver, gastro and skin
- Two AIDS defining illnesses (Kaposi's Sarcoma and Oral Candidiasis)
- Participated in seven drug trials which accounted for 50% of the time I've been HIV+
- Other conditions resulting from HIV are Lipoatrophy and Osteoporosis

As you can imagine, my talk went for longer than its allocated ten minutes, and by the time I answered questions from the very enthusiastic audience, it was time to leave. Unfortunately my manager never got to present her Powerpoint slides! She later commented that that didn't matter as my personal perspective was much more powerful than what she had planned to present. There is a second Grand Rounds talk coming up in June at one of our sister hospitals, I'd better let her go first...what do you think?

*Paul*

## Looking for fairness from an employer

**I am writing to bring to your attention a bad experience I encountered recently involving my employer who was awarded Australia's Best Broker 2008**

**by the Australian Banking and Finance Awards. The organisation prides itself on being the best in the business, a leader in the finance industry. My employer has been a big supporter of our local gay community having sponsored a number of fund raising events, including HIV/AIDS, and attending Fair Day over recent years. They are to be commended for their involvement.**

This organisation states in its OH&S policy that it does not discriminate against people living with HIV. But my personal experience would suggest otherwise and call into question just how well legislation protects those of us living and working with HIV.

I sadly learnt that when it came to supporting an HIV+ employee their attitude was very different. Faced with my first hospitalisation of four days I was advised the following week that I had used up my sick leave entitlements and would therefore not receive any further support. Their position was one of reluctance to allow any further days off sick even though it would be unpaid. Indeed, their mindset was concerned about how much future time I would require off due to sickness. My welfare was of little concern.

After meeting with my employer and explaining my situation I was met with the classic line, "...we are not a charity!" It was clear to me that being HIV+ would severely damage my

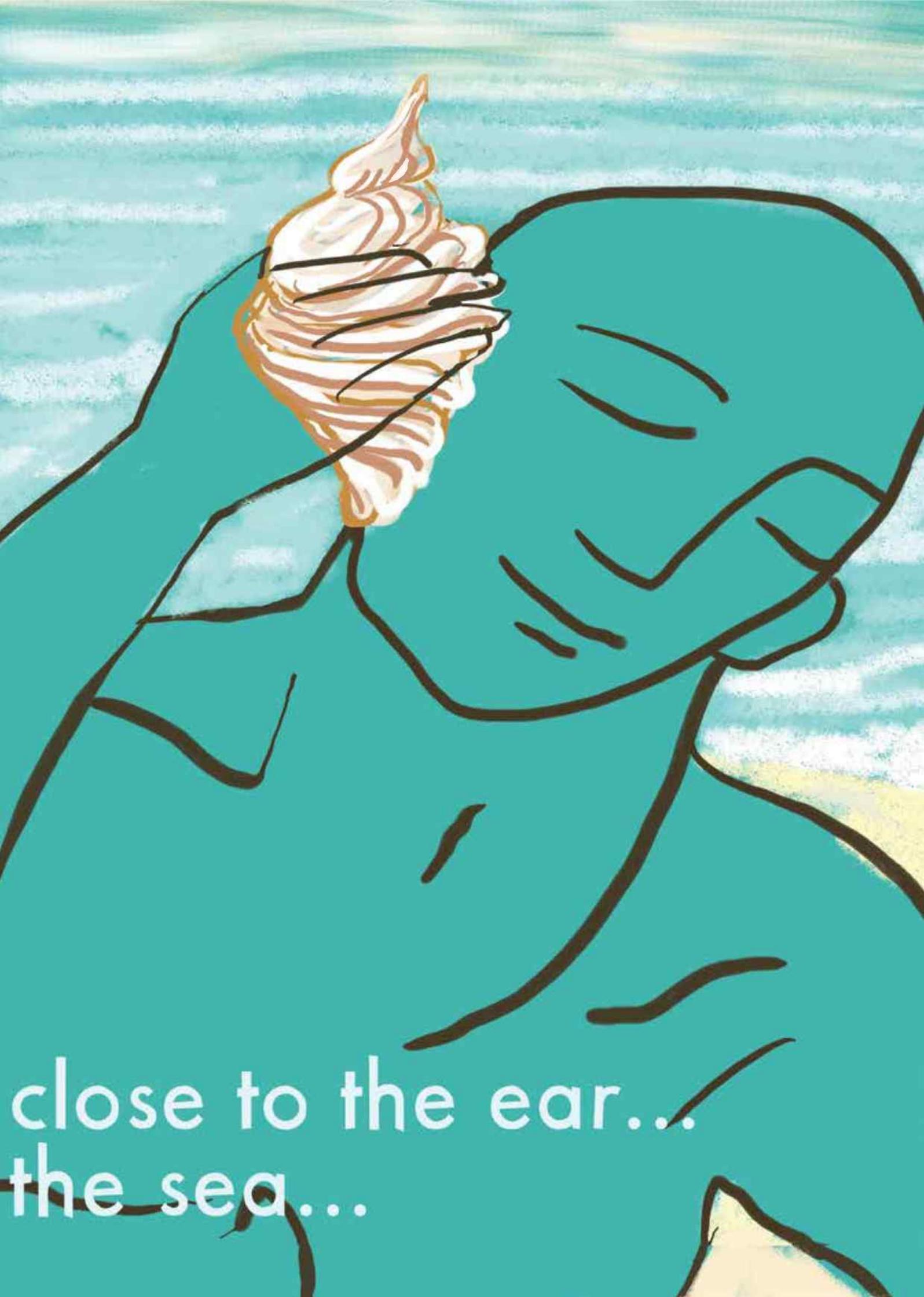
capacity to work for them any longer. I was already supporting my partner and myself on a very basic salary and could not afford a reduction in wages. The message I received left me feeling rejected because of my HIV status, especially after disclosing my status many months earlier and keeping my employer abreast with any appointments I needed to attend.

An invitation was extended to my employer to seek assistance and guidance from ACON and Positive Life with the understanding that these organisations could provide them information about supporting an HIV+ employee. They did not seek this support. In fact, I was challenged if I had made any enquiries to other employers about the challenges they face instead! I felt gutted and alone after trying to do the right thing by my employer. I was faced with a lack of understanding and support. There was no other option I could see but to resign and start looking for a new job.

I have learnt something important from this experience ... it doesn't pay to disclose your HIV status! The laws do not protect us from indifference and ignorance. I really wonder if small and large businesses understand the unique challenges faced by HIV+ employees? I wasn't looking for special treatment, just understanding and fairness.

Yours sincerely,

*Andrew*



close to the ear...  
the sea...



# enjoy this trip!

You're packed, on the plane and finally worked out how that maddeningly hi-tech personal video screen in front of you works, so now you can sit back and enjoy *Kath & Kim* re-runs and truly leave your worries and cares far behind. Yes, you're on holiday, celebrate, but is it really all about coming together in every nation, as Madonna would have it, for the HIV+ traveller? **Greg Page** examines the finer points of getting away from it all.

## Taking your physical and mental well-being on a holiday

Always remember that going on holidays can, at times, be an arduous experience. Waiting for trains, buses, or planes (or a donkey depending on which off-the-beaten-track path you've opted for) and then taking them, is not always an easy task. There will be bumps in the road, and, yes, on occasion you will feel them too. Trying to keep in good spirits and telling yourself it's "all a learning curve" is a good way of looking on the bright side, when matters have taken a distinctly cloudier turn.

The same goes for your health and your emotional state. Putting yourself into a position where you feel you aren't coping, or you may break-down, is not going to do anyone any favours. It's also likely to ruin your vacation. Always try to keep a few options open. Be well-versed in the region in which you're travelling. Have alternate places to stay, or know where there might be a gay-friendly

premises you can call on if you need help. Don't just head somewhere totally unprepared, unless you're prepared for the unexpected. Then it truly will be a wild crazy ride of a holiday, and not that relaxing break from the neighbours, the boss and the misery guts girl from the Express Lane at Coles that it should be.

## Travelling with treatments or taking treatment breaks

It's quite possible at your time of departure that you may be on treatment and so, while it may seem churlish to nag, make sure you have enough provisions of your meds to last you the journey. Packing extra treatments in case something happens is also not a bad idea. Take along a doctor's note that the meds you carry are for a specific illness (in case you are questioned at customs etc) and also *never* put your meds in your luggage. Always keep them with you in your cabin bag when flying, so you can keep an eye on them. Airlines are notorious for losing bags, whether for days or for eternity, and you don't want to lose your treatments whatever you do.

Don't assume if something does happen to your meds that the country in which you're travelling will instantly be able to replenish your supply, or that somehow Mr. Kevin Rudd has miraculously make a marvellous deal with this particular country's version of Medicare for "replacement packs". The likelihood is he hasn't. You have been warned.

It's also not a bad idea to take a prescription with you in case you need to get new medication for some reason. Also be aware of any restrictions for HIV+ people entering a particular country. When travelling to the US, for example, there are still formal restrictions on HIV+ people entering. Having medication on you is only proof to them of this. If you are travelling there, there is the possibility of sending the meds on to your end US destination. Inherent in that are, of course, risks if the package is opened up and examined.

There is the possibility to consider a treatment break for the length of your vacation, but this is something that you need to discuss with your HIV specialist and make an informed decision on.

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Opposite page: Close to the ear... the sea... [www.jamespgilmour.com](http://www.jamespgilmour.com)

For the US, there is also the possibility to consider waiting until a new, more HIV-friendly government has changed the archaic entry rules, which hopefully won't be far away.

### Love, sex and long distance romances

Discovering new places can also mean discovering new things about yourself (we won't mention dysentery in certain places can also be an unfortunate side effect of "Delhi belly"). Travel can awaken the senses, broaden your horizons and open you up to a whole host of new experiences you never expected, contemplated, or, perhaps, even knew you were missing until you tried them, particularly when it comes to affairs of the heart.

Long distance romances are perhaps even more common in the gay world than they are in the straight world. Think of your own circle of friends and

those who have been through the "I went overseas on holiday and all I came back with was a hot new boyfriend". Sure beats a lousy \$2 T-shirt that unravels on the second wash!

Although there are those who have managed to transform a holiday romance into a long-term relationship, there are a number of hurdles here, and not all of them involve you leaping over them in shorty-shorts. There are visas, hardened bureaucrats and the tyranny of distance as well. While there is the saying that absence makes the heart grow fonder, remember the downside to that is "out of sight, out of mind". With the internet, Skype, email, mobiles and Gaydar it is certainly more of a global village than it ever was and staying in touch with someone from a far-flung land was never easier. But remember that "what happens on holiday, stays on holiday" is worth taking into consideration unless you're prepared to put in the hard yards.

Love is a fickle beast that can take some fierce taming, so unless you are prepared to go the whole hog, then enjoy your new-found flame for the time allotted and then get back to your *Lonely Planet* guide, or *Spartacus* guide, and move on. This is your holiday after all. You want to recharge the batteries, try new things, so best to keep moving and try and keep heartache at a reasonable distance.

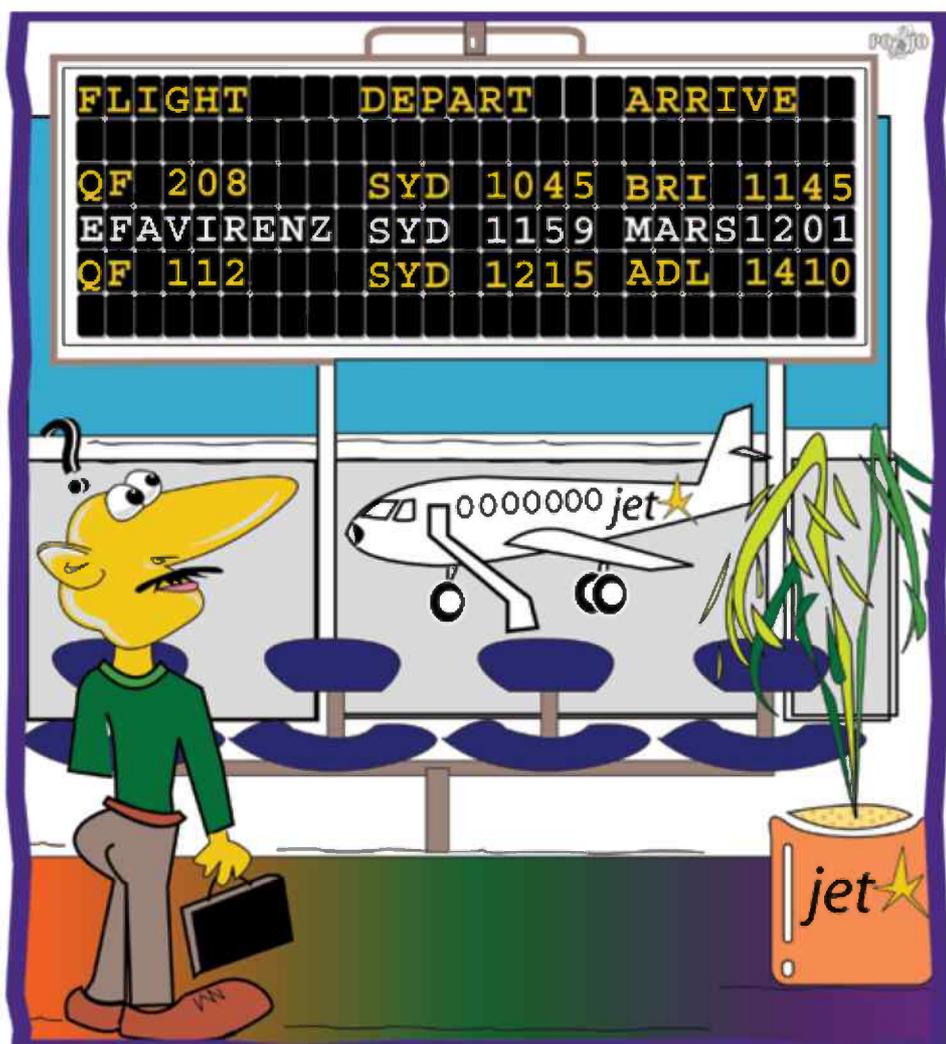
Of course, love is not sex, though the two do generally work rather marvellously when hand in hand. Hitting exotic locales and sampling the talents from those shores can be a wonderful experience. Just remember that you do have a duty to keep yourself and the person (or persons) you are canoodling with safe. Pack plenty of lube and condoms to take with you, because the odds are that where you're going they won't have any. Remember, only do unto others as you would have them do unto you.

### The whole gay travel experience

Being open to new adventures is certainly one of the greatest joys in life. Travelling and experiencing new things, dipping into a lifestyle different from your own and soaking up the local culture are all things that can truly enrich a person's life, long after the holiday photos have worn out their welcome back at home with all your envious friends.

There are some who insist being a gay traveller often affords them an even greater insight into what goes on behind closed doors. How often have you met someone, had sex with them, and then seen first hand where they live and how they live. That's a life of life few straight people ever get to witness, unless they remain in one place for a long time and become integrated into the local community. Gay men have an almost tribal nature, with sex often as the calling card of entry.

Always remember though never to outstay your welcome and that a small gift, no matter how token, is always appreciated. A good tip is to head down to Paddy's Market and buy one of those packs of ten mini koala bears for a few dollars and keep them handy and dole them out to those who you believe



deserve them. As kitsch as we may view a toy koala, for others around the world it's something indelibly Australian and, of course, something they ain't gonna be able to buy at home (unless of course you're travelling to China whereas you might find the mini koalas are noticeably cheaper to buy than they are at Paddys!).

If you do want the full gay travel experience, why not indulge in a gay cruise and get all of that homosexuality out of you system in one big bang, so to speak? Besides, after a week on a cruise ship with hundreds of gay men, you're likely to need a real holiday!!

### **A travelling companion vs travelling alone**

Many esteemed folks insist travel is something best shared with someone along for the ride. Having a travelling companion on the journey with you can be a true bonding experience. It can, however, also reveal where the limitations of a friendship lie and as well as reveal the true nature of either the other person or yourself. Snoring, whoring and boring generally do not make for a good travel mate. Be aware of this before you sign yourself and someone else up for a once-in-a-lifetime trip. You may find you come back and never-in-a-lifetime speak to each other again.

There is conversely the option of travelling by yourself. If you're an independent sole, then this is clearly the best option. You can go where you want, when you want and also pay as much as you want. It's also good if you're planning to indulge in some of the local menfolk along the way. It's much easier to connect and hook-up with a potential new best friend than when someone's waiting for you back at the hotel with a severe case of diarrhoea.

### **Maintaining a routine whilst travelling**

If you're doing a lot of travelling, usually involving planes, a good way to combat jet lag and sore feet is to exercise. This can be as simple as lifting a few books, or similar, in a hotel room, doing a few crunches, going for a jog around the city, or hitting the hotel gym, A massage is also a good way to unwind

and relax after a strenuous trip. Look after yourself and remember the magic word "pampering". You're on holidays, after all! A facial, hitting the local spa, or seeing what the local remedies are for keeping skin as taut and terrific as those women in Double Bay who pay thousands for the privilege, is a excellent idea. You don't have to bath in milk, or go under the knife, but looking good is feeling great - as Eddie said in the aptly-titled *Absolutely Fabulous*.

### **A plan of attack vs planning nothing!**

When travelling the best plan of attack is always have a plan, if it's the kind of holiday where you want to tick all of the boxes in regards to everything the guide book says is a "must see". Don't forget though, there are only a certain amount of hours in a day, and only a certain amount of daylight hours at that. Give yourself a schedule both enjoyable and doable. Don't pack too much into your day - after all you want to soak up some of that local ambiance after all, *n'est-ce pas?*

Then again you may need a holiday where nothing is planned and you simply go with the flow. Two weeks on a beach doing *rien* but working on those tanlines, sipping mango daiquiris and ogling the native talent could be a real plan to help get you back on track.

### **Coming home**

There's an old saying that the best thing about going somewhere else is you always get to come home again after. Like Dorothy uttered in *The Wizard of Oz*, "there's no place like home". Do ensure on your return that those lovely relaxing chill-out vibes from your vacation don't disappear in an instant with a bank-up of bills to be paid, phone messages from family members that must be answered now and all that washing you've brought home with you. This is when packing "lite" for a trip comes in double handy when you return home with very little. A good rule of thumb when you pack is to get everything into your bag. Leave it for a few hours if possible, then come back and remove at least half of it out again. You'll be thankful when you come home and are face-to-face with the washing machine again, after all! *Bon voyage!*



## **Planning a trip overseas?**

### **Find out more about**

- travelling with medication
- insurance
- what to do in a health emergency
- entry restrictions

in *Up, Up and Away* a new booklet produced by PLWHA Victoria.

If you would like a copy call Positive Life NSW on (02) 9361 6011 or freecall 1800 245 677

You can also check out the website [www.positivetravel.info](http://www.positivetravel.info) for travel information.

# Where to from here?

**Gaz** tested positive eighteen months ago. He talks about his journey so far...



## Finding out

I usually had an HIV test every three months, but this time I'd skipped a month. When I went for my usual check up, I wasn't feeling too well, but I knew there was a 'flu going round the office. A week or so later I went back to get my results and ...*c'est la vie*.

4.20pm 4th December 2006. That's terrible. I can remember the exact time that I was told. It is funny how things like that stick in your head.

It was a huge blow, confronting your own mortality. It also didn't help, being the youngest, and the only boy, in my family. Fortunately I also live with two nurses, who were, and have been, very supportive. I've always been able to ask them for advice.

My best friend practically flew over from Revesby to my place, and we sat on

my bed and cried and cried and cried. That actually helped a lot.

## Doing something about it

When I woke up the next day, I decided that I could do one of two things. I could either crawl into a deep depression (but I'm not that kind of person anyway), or I could say: "This is it, it is part of me and where do I go to from here?"

I went to the Albion Street Centre to start with, and did some counselling to sort out how to move on. Since then I've been going to Royal Prince Alfred (RPA), and that's where I get most of my information.

## What I knew before

I didn't know much about HIV. The typical '80s AIDS campaigns, you get it and you die, were running through my head the day I was diagnosed. I was

feeling like: "Oh shit. It's over. I'm going to walk out of this office and keel over."

I knew the obvious things, how you catch it – unprotected sex. But being a typical late twenty something year old, I thought I was invincible, that there's no way in heck I'll get that. Or it's a disease some one gets in Africa.

*I had never met anyone who had told me they were HIV positive*

I had never met anyone who had told me they were HIV positive, whether gay or straight or whatever. None of my close friends had it, or friends of friends had it. That I know of anyway. It just never came up in conversation with anyone.

### Talking about it

If you've been diagnosed with HIV, I think you need to tell someone. You need at least three or four people who know, just in case two of the three people aren't there on the day you have a meltdown. And we all have those days.

## I've never regretted telling anyone

By the way, if you have a dog, they are the best people to cry with. I didn't have one, but my flatmate does. A pet can't tell you you're an idiot. They look at you and just give you a lot of love and attention when you're home alone.

Telling the family was difficult. To quote the first words that came out of my mother's mouth: "I knew this was going to happen." It wasn't the most supportive thing she could have said, but I think that it was just her initial shock, as I had been out to my family for quite a while. My eldest sister was very supportive, while my older sister didn't really know what to do or what to say.

As hard as it was to tell them, it was good to get my family behind me. And my friends have been the backbone of my support. It's not everyone's thing to disclose to everyone, but I pretty much did. I've never regretted telling anyone

If I meet someone and there's an attraction, I am upfront and tell them my status. Some people say they are not interested but let's be friends, and

that's fine. If I am on the chatline, I always have my HIV up there and never hide it. I know it's not as easy as that for everyone, but I am as comfortable with it as you can be.

The person who gave it to me did not tell me that he had it, but I always tell people before I get into that situation. I also hope by talking about it, people will be more aware.

### Making changes

I left my previous workplace in March 2007, and that was a great move. I have better opportunities opening up where I am now. I'm on really good terms with my work colleagues and my bosses, and found it easy telling them about my HIV. They've been very understanding, and this may not be the case in every workplace, but each person will know when it is right.

I've joined a gym, which definitely helped me move on. Getting fitter made me feel better, and gave me more confidence. It also helped to make HIV less of an issue. I run for an hour on the treadmill and I'm considering doing the marathon. While I really watch what I eat, I still can't get completely away from my party boy ways though, but that's a balance.

Relationships? At the time I was diagnosed, I was dating a guy, and he dropped me like a sack of potatoes even though we were having protected sex. I think at that stage I had so much else to deal with, that the relationship was the last thing on my mind anyway.

I used to wear my heart on my sleeve, but now I'm a bit more cautious. I have definitely been more cautious about relationships, and probably sway more to positive people. Although I know someone who is in a positive/negative relationship, I think I would worry about it too much.

I am not going to let it beat me. I am actually comfortable in my own skin for the first time ever, and that has been *since* I have been diagnosed. I have a lot more to live for now. I used to live recklessly, but I don't now. It has grounded me and has made me appreciate life a whole lot more.

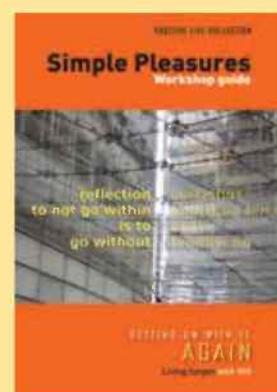
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## Simple Pleasures A new workshop guide

Positive Life has produced *Simple Pleasures* a new workshop guide for people living longer with HIV. The workshops are made up of five sessions:

- Where we have come
- Steps to change
- Balance in your life
- Healthy and older
- Starting a new chapter

The workshop guide builds on stories and strategies for living in the booklet *Getting on with it again: Living longer with HIV*.

If you would like a copy of *Simple Pleasures* call Positive Life 9361 6011 or freecall 1800 245 677 or email [healthpromotion@positivelife.org.au](mailto:healthpromotion@positivelife.org.au)

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# Three years into an unplanned journey

**Max** on disclosure, sex, friends and some tears

**Some of us may be familiar with the line... "A journey of a thousand miles begins with a single step" (The Way of Lao-Tzu, Chinese philosopher). Many of us take journeys; the usual being pleasure or work. Careful planning and timing goes into them and benefits usually received from making them.**

A particular journey of mine began a little more than three years ago. I hadn't planned on taking it; there's no way back on this one way ticket. My bags weren't packed and I certainly wasn't ready to go! My itinerary went like this:

## **May 2005**

Step into Doctor's office... receive diagnosis. Step out of Doctor's office approximately an hour later with an absolute blur of thoughts racing through my mind.

My focus at this particular point in time centred on despair, pity, regret, dismay... the list could go on. What had I done to deserve this? What was going to happen to my life now?

I recall crying for about three weeks while the 'mess' of a positive diagnosis tried to settle in my mind. I'm glad now that I went through those tears. I believe they helped me immensely.

## **September 2005**

A headache, which had persisted for

the better part of four months, finally abated. Physically, this was the end of what I (later) discovered was my sero-conversion illness. At last, I felt like I could lift my head again and raise my eyes to a 'normal' level.

This physical change opened the door to a different level of awareness. Instead of focusing on feeling ill, I could at last focus on myself in a positive way and take steps in that direction. The gym became a sanctuary for me. I was going to become the fittest I had ever been. I would show everyone that they couldn't tell just by looking at me that HIV had intruded into my life.

I'd also begun to view friends and acquaintances in a different way. In some ways I became less tolerant of those who I chose to disclose to who didn't seem to understand. Why surround myself with negative people? -or those who are continually going to pity me?

I asked myself questions about what I wanted from life and who I believed I was. I made sure I gave myself answers!

## **December 2005**

I'm not used to going to the Doctor's so often, but it's going to be my way of life from now on. I'm assured that all is going well and I can count myself lucky that my complaints up until now are minimal. Things are starting to settle

down as far as my body and HIV is going.

Christmas is coming.

My first work Christmas party since this has happened to me. I have a good social network at work, but no-one knew about my status. It was difficult keeping this to myself with colleagues I considered myself close to. As is the way of Christmas parties, I got pretty drunk... more tears came.

*I have a good social network at work, but no-one knew*

The rest of the evening was spent consoling the one friend that I told. I regret it now, but realise that I can't change it. My only hope is that she has not disclosed to anyone else I work with. Our friendship has died as a result. It's a long and involved story that can't easily be explained here.

## **March 2006**

Mardi Gras and all that fun! Men everywhere and lots of partying! I felt estranged from the whole thing; like

none of it was meant for me, that I didn't belong. What right did I have to be part of such a celebration?

### May 2006

One year has passed since my diagnosis. Really? It's only been a year??

### June 2006

I met a lovely man. He's positive! We dated for a few months. It didn't last but it certainly put many things into perspective for me. I consider myself lucky to count this man as one of my closest friends now. His attitudes to sex and being positive have helped me manage my own views. Many conversations have taken place about how HIV has had an impact on our lives. I hope that I have helped him in some way too.

I realise that I have been building a network of positive friends. There is certainly a bond between us... HIV has made me feel connected in this respect. I expected isolation and despair!

### December 2006

Another Christmas – this one spent with friends in a relaxed and happy environment. Even the work Christmas party was pretty good!

### May 2007

My second anniversary.

I've noticed I'm going out a bit these days... not too much, but I'm not hiding away the way I did for my first year with HIV. Life is to be enjoyed. I've developed some great friendships; said goodbye to the ones that weren't working and am looking after myself in a way that I never have before.

### October 2007

I'm out there dating again. HIV certainly gets a varied reaction when I disclose to someone. Some of the guys I've dated have never come across a positive guy until me (that they're aware of, anyway) and hopefully their eyes have been opened to the possibility that they *can* have a relationship with a positive guy.

### May 2008

Three years have passed since I was diagnosed.

I don't often think about HIV and me anymore. If I meet someone I like and want to get to know, then it needs to be addressed, but it doesn't worry me if a negative guy has a problem with it. I'm not here to convince anyone that I am ok, in spite of being positive.

There are some niggling little signs that my immune system is fighting hard for me. I'm somewhat prepared emotionally for what I think will lie

ahead.... medication at some stage?

The rest will sort itself out as I go along... step by step.

Funny thing about this journey... Although it wasn't intended, the people that it has brought into my life and the experiences I am having, make it much easier to endure.

It certainly feels like a thousand miles began with that step into a doctor's office just three short years ago.

## Quirky – but a good message too (from the country that gave us Doctor Who)

We liked this recent campaign from the UK organisation GMFA (Gay Men Fighting AIDS) which has recently appeared in the British media

GMFA  
the gay men's health charity

For information on HIV, AIDS and safer sex visit [www.gmfa.org.uk/sex](http://www.gmfa.org.uk/sex) or call THT Direct on 0845 122 1200.

GMFA projects are developed by positive and negative individuals. Its members or donors go to [www.gmfa.org.uk](http://www.gmfa.org.uk) or call 020 7738 8832. Charity No. 1074646. Part of the London Gay Men's Health Foundation Partnership.

# Different approaches: disclosing your HIV status to your child

In the centre of this issue we publish our new fact sheet on **disclosure to children**. Here are stories from three parents who helped us develop the fact sheet. Each one has a different approach to disclosure.

## It's a fine line

**Linda** has two children, and she approaches the balancing act of disclosure in an "organic" way

I don't think they need to know all the facts right now. We go to Camp Good Time. They've been around talk of it, and they've seen me ill. We've explained that I've got something in my blood that makes me tired and makes me sick sometimes, and I've got pills for it.

It's a difficult balancing act, but I think you need to approach disclosure organically. I think my way of hiding it in the open is the best approach for us. You're not hiding that there is an issue. Kids know. They sense it if you're stopping conversations when they come into the room.

The oldest one is getting a bit more of an idea. I've brought him along with me to some HIV related community events. But it hasn't twigged yet. They haven't made the connection. They don't really need to at this stage. But when I do tell them, they're probably going to say: "Oh yeah, we know that."

I think the more secretive you are, the more they'll be scared. They'll sense your fear. They'll get the trust issue, and they'll get that you don't trust them. The problem is though trying to find the

words which are at their level, that are meaningful. It's also about finding terms for the body. At school they've been doing the human body and that helps.

I'm not in favour of hiding it and you have to choose how much information to give, and in terms they can understand. For example my son has asked me about something, on a completely unrelated topic, and I've launched into a humungous explanation and then afterwards I've said "Did you understand?" And he responds "no." That's a real eye opener. But at the same time I don't want to oversimplify it.

## *They sense if you're stopping conversations when they come into the room*

We were watching Philadelphia at my mother in law's place, and my son came in and he was riveted. He started asking questions and he asked me "Is that what you have, mum?" I just told him that was a conversation for another time. He said "Yeah maybe it is."

Because we don't act worried about it, he doesn't worry so much.

I've never said the words AIDS or HIV straight out to them. I sometimes wonder if I'm protecting myself or them. It's such a fine line.

## **Camp Good Time**

We've been four times to camp. It's awesome. It's such a huge deal for all of us. It's important for them, and I feel happy and I can be 100% me. It's also good for my partner and he can talk to the other men, the other partners of positive women. It normalizes it.

I'm thinking we might talk about it more openly with them when they're in high school. You don't want them running off and blurting it out and getting a bad reaction.

## **A level of maturity**

Recently our dog died, and we buried the dog in the front yard. The kids were devastated. But one of the funny questions our youngest boy asked was this: "Is this one of these things I can't tell friends about?" I thought was really interesting. I do tend to over-think things but I did think "Oh my God am I being too secretive?" On the other hand, it also showed a level of maturity in a seven year old I wasn't expecting.

It makes you think you can't hide everything from them. You've got to think about how much to tell, and when.

# Not when they're still children

**Nicole** has decided to wait until her children are older

I haven't actually told my children. They're twins – early primary school age, and I don't think I will tell them until they're much older. I was diagnosed a few years ago and they were born shortly afterwards.. I'd prefer to tell them if I felt that they needed to know. I want them to have a happy-go-lucky childhood.

I did tell my sister and she has told her kids about me, and I feel that they were too young to understand. If I could go back, I wouldn't have told her. All it needs is one slip and it's out. The only person in my family who really supports my decision not to tell the children is my mum.

Perhaps when they're older it'll be ok. If I was going to tell my children I'd reach out to the other women. It would be good to hear how other women have done it.

I also believe the future holds good things for us, for people with HIV, with new treatments etc. This can take away some of the need for disclosure.

I go to the family day at the AIDS Council, and a friend of mine who also goes has told her children, but they are older. Her children have asked the whos, the whys and the hows.

A mothers' group would be a great thing to have. When I was pregnant, it was the scariest time for me, and I would have loved to have talked with other mums. Not to take anything away from social workers, it just helps so much to talk to someone who's been there.

I think telling your children is a situational thing. I wouldn't want to tell my kids when they were still children. It depends a lot on how they develop.

## Only as much as they can handle

**Tim** told his two oldest children at a family meeting, but has decided to wait a while before he tells his youngest child.

I've been very lucky in the way my kids have received the news. I was diagnosed in 2002. I've got three children who are in their teens to early twenties. I've told my oldest two sons in a family meeting.

## He had an idea something was going on

I've got a good relationship with my ex-wife. She was there with her current partner, her mother and her partner, and my two oldest kids. And I just asked them over and told them.

My second oldest had been living with me for two years. He had an idea something was going on. He knew I wasn't well, and that there was something there. He said at the family meeting that he'd already put it all together. So by telling them, I was

basically able to put his mind at rest, and I'm lucky to have HIV now rather than 15 years ago.

The two oldest were pretty much grown up when I told them. My youngest was still in High School when I told them, and doesn't need to know.

Everyone in the family appreciated why I took my time, and they all took it differently. The family meeting gave them the opportunity to talk about it in depth and I was happy to discuss it. There was really only one question. That was from my oldest child, who said: "I don't know why you left it for so long to tell me." The reason for that was because I knew he already had a lot of issues to deal with himself.

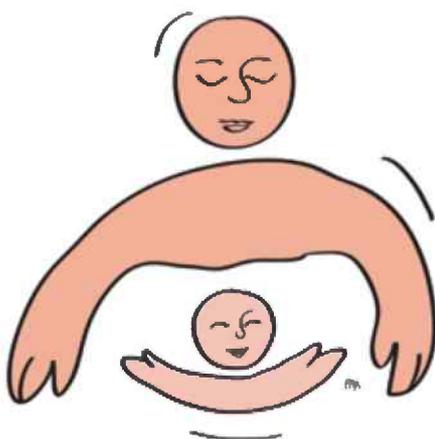
## Each child is different

I imagine it'll be a different experience telling my youngest child. I find they only ask as much as they can handle. As soon as you give them too much information they'll go off and do something else. If they weren't ready for the info then it was unnecessary for them to have all the details. They might dwell on things if I go into too much depth.

Before I told them, I had told a few friends, my partner and my mother. My mother had been very supportive about not telling the kids. I basically told them because I had their best interests at heart, and I didn't want them to find out the wrong way. But I did find telling them reduced the pressure on me. I didn't want to tell them when I got sick, and I had been run down and stressed.

My son only brings it up in passing. But I take the lead and usually volunteer the information. I can see there's a question there and I volunteer the answer: "No, I'm fine. As fit as a horse." They have contact with gay people and have gay friends, and would know what goes on about HIV.

My oldest son has no trouble talking about anything, but he is harder to read. My younger son is different. I can read him better, and I've spent more time with him. What works with one doesn't work with the other. I know if I told the older boy earlier he would have worried.



# Same sex couples and possible pension changes

Changes to relationships recognition could bring financial strain to same sex couples on a pension.

The new Federal Government has announced it will remove remaining laws which discriminate against same sex couples. This is welcome news. However same sex couples, where one or both partners are recipients of a government pension, could find themselves financially much worse off.

Readers should note that any proposed changes to pension rules won't come into effect in the very near future, and it is expected that it will be several years before they roll out.

*Talkabout* spoke to **Joseph** about the effect possible changes could have on him and his partner.

## Q: What is your current situation?

My partner has been HIV positive for over 25 years and has had several life threatening illnesses over that time. He currently keeps in reasonable health and manages to work part-time (which he enjoys because he likes the social engagement but he certainly couldn't work full time). He receives a partial Disability Support Pension as he reports his income fortnightly.

We are both concerned about the possible impact the relationship recognition reforms will have, to both his eligibility for DSP and for his Health Care Card. While we satisfy some of the social security act requirements for determination of a marriage-like relationship we do not satisfy others. On balance we would probably be regarded as a couple.

## Q: What would be the impact, if income tests are applied to you as a couple?

It seems probable that my partner would lose his DSP and healthcare card. That means I would need to earn approximately \$12,000 - 15,000 in total a year more to maintain our current standard of living. The loss of PBS concessions would have a big impact as medications will now cost much more.

We would also lose our electricity rebate, our council rates discount, our telephone allowance, utilities allowance, travel concessions, water rates concession, as well as GPs bulk billing and would therefore incur a gap payment.

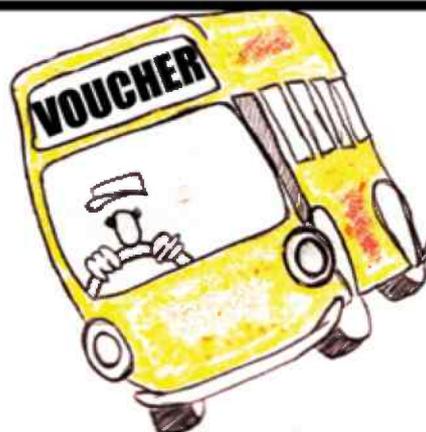
This will be a big change for us. Perhaps there could be some kind of transitional arrangements (like grandparenting people with HIV currently on the DSP). If grandparenting is not a goer, a fall back would be the possibility of at least retaining the Health Care Card.

## Q: How do you feel at the moment?

As we're approaching our 60s, we've both been planning to retire in the next five years or so. But this makes any kind of planning for the future very difficult. We knew there has to be give and take, but this makes us feel extremely uncertain. One of the worst things is the loss of independence. Sure, he's my partner, but it's hard for someone to go cap in hand even to their partner.

Positive Life, ACON, NAPWA and AFAO are meeting to discuss potential changes and the impact on both DSP and aged pensioners.

We will tell you more about progress on this in the next issue. If you have any comments please email them to [editor@positivelife.org.au](mailto:editor@positivelife.org.au) or post to *Talkabout* PO Box 831 Darlinghurst NSW 1300



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# Does art imitate life, or does life imitate art?

Garry Wotherspoon looks at how TV soaps have done HIV lately

**Does life imitate art? This isn't just the sort of question you ask when they think someone might have taken Dame Edna as their fashion role model. Nevertheless it can be a very relevant question, especially when one considers how people with HIV are portrayed in the medium of TV.**

Last year, the *Los Angeles Times* reported on a survey that showed that some 50% of the 38 million US residents who regularly watch daytime soap operas said they learned something about diseases and prevention methods. The survey also found that one-third of participants said they actually took some action based on what they had learned.

This issue of the role of entertainment media in people's lives is something that is being addressed. In the USA, health advocates are figuring out how to work with entertainment television, with the KNOW HIV/AIDS Public Education Initiative holding annual briefings during which TV writers and producers are provided with real-life stories of people living with HIV.

And the products are hitting our screens. The series *Without a Trace*, starring Australia's own Anthony La Paglia, featured an episode about a pregnant HIV positive woman who disappears in the last weeks of her pregnancy. Similarly with the *Law & Order: Special Victims Unit* series - a recent plot line was the suggestion that HIV doesn't cause AIDS - a fringe theory promoted on the Internet, and by certain African leaders. Talking of that episode, its

writer noted that "There are people who *do* believe these kinds of myths, and it can have an impact on their lives. If they don't take (HIV-fighting) meds, they're going to die." So the message here was quite deliberate: trust the results of the research that has been done in reputable labs around the world, and act on it accordingly.

And currently in Australia, there are two shows on Channel 7 that have dealt with HIV. In Episode 430 of *All Saints*, Finn, a "heroin addict" who's been bashed has been brought into the Emergency Department. He is uncooperative and abusive. When tests come back confirming PCP (Pneumocystis Carinii Pneumonia), it is clear that he is very unwell. When a doctor confronts him about his HIV status, he realises that the man has no idea how sick he is, and the doctor has to deal with a scared young man who is in denial. A range of issues - privacy, infectiousness, responsibility - are all canvassed here, and when the patient dies, what do we feel? Is there a moral tale here, about the 'wages of sin'? Or is it a lesson that early intervention might have saved a life? Different viewers might get different messages.

Far less ambiguous is a sub-plot in *Home and Away* which has an audience that is mainly the young - and very restless. Part of a current plotline revolves around Cassie's responses when she finds out that she has been made pregnant, and HIV+, by her partner Henk. And she really doesn't want anyone to know of her status. But all the characters are sympathetically portrayed.

In both these soaps, issues such as the implications of unsafe sex, disclosure - and the responses and repercussions - guilt and responsibility, are all canvassed. And both shows mirror real life situations that have taken place in Australia recently.

Attitudes to HIV positive sex workers in the mainstream media can be laced with a large serving of moral judgement, and it has not been unusual for someone who has not suspected their HIV status, and not regularly tested, to have unwittingly passed on HIV to their partner.

And what might have Australian viewers 'learnt' from these? The shows are 'real life', and their message - at least in *Home and Away* - was clear cut. But will attitudes change? Messages on the *Home and Away* blog show interesting responses: According to one viewer, "I think it is a great story line, and good for teenagers watching. They should be warned, and informed about safe sex..." And another blogger stressed the need to "read the basics on HIV and transmission, I cannot stress this enough", and gave practical advice on how to get information, including the website [www.positivewomen.org.au](http://www.positivewomen.org.au).

So for younger (and some not so young viewers), it might be that their TV role models do manage to put across some very good messages. As for another issue - will HIV ever lose its stigma? Clearly, there's a long way to go with this yet.

So in Australia this year, we have seen something on TV that mirrors real life, and something in real life that mirrors what we see on TV.



# All the leaves are brown and the sky is grey

**Jae Condon** on the ongoing battle against the Flu

**Winter is again upon us allowing us to wear this year's black (whatever that is), eat lots of stews (I always thought that Casserole would make a great drag name) and get the flu. Call me old fashioned, but I am firmly of the opinion that one virus at a time is enough for anyone to deal with.**

Flu is caused by the Influenza virus, which is highly contagious and is spread through coughing, sneezing, kissing and touching contaminated surfaces. The symptoms of the Flu can last for up to a week and include high fever, joint pain, fatigue, sore throat, headache and a dry non-productive cough. This dry cough can sometimes develop into a productive cough.

There's a lot we can do to avoid the flu and minimise the severity and duration of symptoms.

## Prevention

**Whatever you do, just don't smoke.**

Quitting smoking is the single best thing that you can do for your health. The surfaces of your lungs provide an important and specialised immune defense. Like your skin, lung tissue prevents lots of bugs from getting inside your body. Lung tissue is much more fragile, as it has to allow oxygen in and carbon dioxide out.

Smoke from yours and another person's cigarettes can and will cause damage that stops your lungs from working effectively. The lung scarring which occurs in every smoker leaves your lungs more prone to the flu and other infections – causing more damage – and so on and so on. There are many ways you can give up, talk to your doctor or pharmacist.

## *There's a lot we can do to avoid the flu*

Smoking can also cause erectile dysfunction and premature ageing of the face, so enough said.

### Consider vaccination

The Flu vaccine has been around for many years and is highly effective in preventing people from getting the flu. The vaccine contains some genetic flu information that stimulates your body into recognising the flu and having immunity. It is *not* possible to get the flu from the vaccine as the genetic material used is inactive.

There is a small chance of experiencing flu-like symptoms as the vaccine does stimulate your immune system. The vaccine offers protection against certain strains of the flu so it is also possible to become unwell with a different strain of the flu. The Flu like any other infection will deplete your CD4 count, so getting vaccinated not only helps to prevent the flu but can also preserve your CD4 count.

Until recent years the NSW Department of Health provided free flu vaccination to 'at-risk' populations including people living with HIV. For the last two years this funding has been withdrawn. Needless to say the uptake has been greatly reduced. The department had previously announced the availability of the vaccine with a campaign encouraging people to discuss it with their doctor. This campaign has also been withdrawn, which means this useful reminder is no longer around to prompt discussion.

Some workplaces like ACON pay for their staff to get the Flu vaccine for free so check with your employer. Otherwise it will cost the price of a normal prescription. The vaccine may not be for everyone, so discuss with your GP or HIV specialist.

### Rug up

Your grandmother was right! Wearing warm clothes gives protection from the flu and other bugs. If parts of your body

(especially chest and neck) get cold they can become dehydrated and allow less blood flow. This can allow the flu to take hold more easily. So it's hats, scarves and gloves this season. When choosing gloves, think wool for public and rubber for private.

### **Keep tissues handy**

Always cough and sneeze into a tissue or hanky. Make sure your home and workplace have plenty of tissues around. Hankies can be washed and tissues discarded. Keep spare tissues on you in case someone else needs one. It's a nice thing to do and it just might help stop the flu spreading to you.

### **Wash your hands**

After you sneeze or cough, remember to wash your hands as the flu virus can easily spread beyond your tissue. Encourage others to do this as well. You can make signs to put around your workplace. Many people use disinfectant hand lotions as we are not always close to a hand basin. If you do use a hand basin pump-packs are better at preventing the spread of bugs than cakes of soap.

### **Spray and wipe**

Surfaces, surfaces, surfaces. Any surface that can be touched or sneezed on is a potential place for the flu to hang out and catch a ride. Using a good quality surface cleaner and a clean cloth can rid most surfaces of the flu. Think telephones, keyboards and mice, door handles, lift buttons and hand rails.

### **Avoid hay fever**

Australia has a high rate of allergies at this time of year. This is partly because of the way that our plants pollinate. Instead of relying on insects many pollen are carried on the wind. Keeping allergy symptoms under control helps maintain your body's natural immune defenses (ears, nose and throat and airways). Talk to your doctor or pharmacist before taking allergy medication just in case it can interact with your other medication or cause side effects.

### **Taking vitamins**

There are a range of complementary therapies that are touted as being able to prevent the flu and/or reduce symptoms.

The only products that are supported by research to my knowledge are Echinacea, Vitamin C and Zinc. Other vitamin deficiencies can compromise immunity but they are rare in Australia. These deficiencies can be treated but should be formally diagnosed. Having said that taking a good quality Multivitamin can rarely do harm and can be a good source of antioxidants.

### **Treatment**

If you do get the flu there is a lot you can do to reduce symptoms and duration.

### **Rest**

Take time off from work – you have permission. Not only will you feel better sooner, but you will not give the flu to others at work, or on your way to work, or on your way home from work, or at the coffee shop etc, etc, etc. If we all did this there would be a lot less flu around.

If you think your workplace might question you, get a medical certificate. Many doctors will think it reasonable to suggest that someone living with HIV should take enough time off to fully recover, and will provide a certificate for this purpose. The certificate does not have to mention your HIV status.

When you are feeling unwell and work is busy, you might feel guilty about taking time off. Speak to others about your concerns, and similarly allow others time off without making them feel selfish. This goes double if you manage staff - remember what goes around comes around.

### **Paracetamol**

Paracetamol in its various guises helps with pain, inflammation and fever. A generic brand will be just as effective as a pricy brand. Some cold and flu preparations contain all sorts of ingredients but will usually be based on paracetamol or aspirin.

Other ingredients like pseudoephedrine can make you feel like you have more energy, but won't usually do more than buzz you up temporarily. Symptoms like a cough or blocked nose can be treated with other agents and these should be recommended by your doctor or pharmacist. There are a range of lozenges, sprays and other preparations that can help with symptoms available at retail pharmacies.

### **Many swear by a hot toddy**

Your grandmother could have been right about this one as well. Many swear by taking a brew of brandy and lemon juice in warm water or tea at bed time with Panadol. There is little research but a lot of anecdotal evidence for the effectiveness of these preparations. If the least you get is a good night's sleep when feeling awful, then why not? Darlings please remember the Australian standards for alcohol consumption, and like Mary McKillop use for medicinal purposes only.

### **See your doctor**

You should consult your doctor if your symptoms worsen after several days, or you have a noisy cough that produces green phlegm. This can be a sign of a bacterial infection that might respond to antibiotics. Other Health conditions like asthma or bronchitis can worsen if you get the flu. Talk to your doctor about a management plan just in case.

If a bacterial chest infection is left untreated, and you are spending a lot of time lying down, you can be at risk of developing pneumonia. Your doctor would rather you come in to have a check up than for your condition to worsen. If you have trouble breathing go straight to hospital.

As well as having a doctor for HIV many people also have a GP. Many HIV doctors provide GP care as well. Make sure you know whom to see for what. You can check by telephoning your clinic. You can also ask about after-hours services in case you need a doctor late at night. If your HIV team are not geared to provide GP services they can often recommend someone.

### **Cheer up**

If you do get the flu and you are feeling rotten, try to have a giggle. Watch a sitcom or phone a friend. Maybe they will offer to bring you a basket of fruit and make you a warm cup of tea.

Jae Condon is Client Liaison Officer (Positive Services and Health Promotion) at ACON

If you have any questions for Jae, he can be contacted at the Positive Living Centre on 9699 8756



Popping on an apron before serving lunch NSW Governor Marie Bashir with Carol Ann at a Luncheon Club birthday. Photo: Cameron Muir

## Luncheon Club turns to a new chapter

- And farewell to Carol Ann King, and thank you for doing such a wonderful job

Carol Ann King is retiring after 15 years coordinating the Luncheon Club. From June the charity, which provides an important food service for HIV positive people, will be run by ACON and the Bobby Goldsmith Foundation (BGF).

"I have asked ACON and BGF to take over the Luncheon Club because they have the resources and capacity to maintain essential services to very marginalised people in our community," Carol Ann said. "There are many valuable services to assist people living with HIV/AIDS and the Luncheon Club will be in good hands with BGF and ACON," King said.

The charity, founded in 1993, helps almost 50 people each week and counts over 700 registered clients. "I'm very proud to have established a service that so many people have needed. I'm also very grateful to the many volunteers, sponsors, donors and entertainers who have helped over the years."

Bev Lange, CEO of the Bobby Goldsmith Foundation, said hundreds of people had benefited from the work of King and the Luncheon Club volunteers. "BGF already works with many people at the Luncheon Club and I trust that with ACON we can continue the wonderful support that they have become accustomed to," she said.

"ACON will be drawing on the experience of the Positive Living Centre to ensure the transition is as seamless as possible, and of course we hope many of the current volunteers will continue," ACON CEO Stevie Clayton said.



## Hope for HIV Positive migrants to Australia

**HIV positive migrants who have been denied a visa to live in Australia may have a new avenue of appeal following a recent court ruling. The Federal Court of Appeal has ruled that medical reports used by the Department of Immigration must be made within a reasonable timeframe, such as 12 months.**

HIV positive people require a health waiver if they are applying for a visa that allows for such a waiver, according to Iain Brady, principal solicitor at the HIV/AIDS Legal Service, who represented the client in the recent ruling.

"All visas have health criteria and some of the visa types have a health waiver, meaning that if you haven't met the criteria it can be waived and you'll be given a visa anyway. Visas with health waivers are a temporary 457, which is a business or working visa. Permanent ones with a waiver tend to be family-type visas, so relationships, spouse, interdependent visas."

Until the ruling the Department had been relying on medical assessments that were out of date and did not reflect an applicant's current health status, Brady said. "We've had clients who've put in submissions for health waivers and they've waited five years for a decision. That's not unusual and even longer as well."

The ruling means that HIV positive migrants whose applications for a visa have been denied will now be able to appeal against the decision if their application was denied on the basis of outdated medical assessments, Brady said.

Previous rulings have ordered that a person's individual health circumstances must also be taken into account, instead of the Medical Officer of the Commonwealth supplying the same report for everyone with a particular disease.

"[They can't] just say, 'You've got cancer, all cancers are the same and you're going to fail', and the same applies to HIV," Brady said. "Bit by bit the courts are saying, 'You've got to do what the [regulations] say and look at the individual circumstances of the client and in a timely manner'"

14 May 2008

[www.sxnews.com.au](http://www.sxnews.com.au)

# The Joy of Pets



I have always enjoyed animals. To me, they fall into two groups: pets or natural.

Pets, one can often build a close connection with, and enjoy their companionship. I was able to take my dog off for leash walks, plus the intimacy of patting, hugging, and being together. I had one dog, Tiny who would steal a kiss on the lips when she saw the opportunity. I have also been a cat's person. What wonderful times we had together.

The enjoyment of hearing a bird call is a happy reminder to me of their world. Around here there are kookaburras, currawongs and lorikeets. I enjoy waking up to the sound of kookaburras laughing. It reminds me not to take life too seriously. There are others that I can hear, but have yet to see. Because I don't know them closely I can imagine them just as I want. I've replanted much of the garden and let it get a little wild to encourage them.

Then there are lizards scurrying everywhere. Piles of rock in sunny spots and the brick path are their lounges. I have put pieces of poly pipe around and there is a blue tongue in one. No feeding or minding required.

*John*

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@positivelife.org.au](mailto:editor@positivelife.org.au)



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## After Hours snax chat chill

Have you been diagnosed HIV+  
in the last few years?  
Want to meet with other newly  
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for you!

When: Thursdays,  
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Contact: Glenn on 9361 6011  
Email: [glennf@positivelife.org.au](mailto:glennf@positivelife.org.au)

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# Lucy and the lion

A short story from **Ms Max**

**Lucy Lamloin farted softly just as there was a loud knock on her office door.**

'Damn' she hissed under her breath, and began frantically waving the air around her.

'Just a moment!' she called, a pearl of sweat forming on her seashell-pink upper lip. They were extremely potent this morning, she noted with alarm. Probably those damn kidney beans she'd bought on impulse. God knows why. A quick dance to stir up the air had her looking almost graceful, like a tense Flamenco dancer. And in a camel business suit.

'Come in!' she sang out merrily, hoping by now the rich odour had dissipated slightly.

In strode Tom McGup, Finance Manager of the large Insurance Company where Lucy was presently entrapped.

'Morning Lucy' said Tom pleasantly as he approached, always smiling.

'I need a proper Tax Invoice for this purchase order'. He waved the Coke machine service bill at her.

'Oh sure, I thought that wasn't going to be enough'. Lucy grinned and walked briskly to her desk and back. She wanted him out of her office as quickly as possible.

'Yes, so many of these companies think they can get away with it, but times have changed'. Tom sniffed the air and frowned.

Lucy could see it was the beginning of the end and she rushed forward in an

effort to both distract and usher him out. The thought of being so embarrassingly caught out, especially by Tom McGup, was more than she could bear.

'I'm rather busy...'

Her attempt to rescue the situation worked and soon she was alone.

'For God's sake...?' She laughed weakly, the door firmly shut again.

'It's just ridiculous! Why should I feel so much pressure in this stupid place? It's not right'.

***For thirteen years she had worked in marketing and finance and enjoyed it, mostly***

Lucy felt quite distressed. It was a petty incident. Really of little consequence, she told herself. Yet it seemed to highlight her growing sense of despair in this job. She couldn't understand the annoying, panicky feelings she was experiencing lately.

Shaking her head, she attempted to snap out of it but instead began to tremble as the urgency of her inner anguish mounted.

'Got to keep it together' she whispered frantically, her heart thumping. A feeling of utter terror began to grip her again; it was the second time this week.

'Oh no', she gripped the desk breathlessly.

'I think I've got to go home, I can't stand this', and as she made the decision her dread subsided and an odd feeling of calm began to take its place.

For Lucy Lamloin's inner voice was screaming to be heard.

Back in her small neat unit she locked the door and almost wept with relief.

'What is happening to me?' she wondered aloud, fearful as if on the brink of something indescribable and unknown. Lucy could sense it, a horrible feeling of change, of reality shifting and the sensation petrified her. For thirteen years she had worked in marketing and finance and enjoyed it, mostly. She had even worked for two different companies.

Why now this strange sense of desperation? As if she was suffocating under the weight of all those years. Perhaps she was going mad, some sort of chemical imbalance or hormonal crisis. She was only 38 for God's sake. There was plenty of time for marriage and children, she knew that. What on earth was the matter? Just get a grip, have a drink, calm down. Ok.

She breathed deeply and walked into the kitchen, farting silently down the hallway.

Lucy Margaret Lamloin was very good, indeed expert, at talking her way

back to cool rational thought, sensible and clear. She wasted no time on fanciful imaginings and unrealistic wishes. She knew what she wanted, she knew who she was and she had no illusions.

'No, they died long ago' a voice whispered in her head.

'Stop it!' she said out loud, alarmed at the intrusion.

'Pull yourself together Lucille Lamloin! I won't tolerate it...'

No sooner were the words out of her mouth when Lucy realized it was the voice of her mother.

'Oh God' she wailed, her hand covering her mouth as she struggled to keep control.

She was angry and frightened, and at a loss to explain this new hypersensitivity.

'I'm going to call the doctor' she said firmly, and reached for her phone book. It was nothing some simple medication wouldn't fix. They had an appointment at 4.45 which she took. Lucy replaced the receiver and sighed. Everything was going to be fine.

She slipped off her shoes and lay on the couch, covering herself with the red mohair blanket purchased on sale at David Jones. Drifting off she began almost at once to dream, a very real and vivid dream.

She was in an attic, a long troubled passageway with a low ceiling and no windows, awkwardly crouching her uncomfortable body down, and trying to find her way through a mass of dusty

antique furniture. All around her were valuable ancient pieces; enormous grandfather clocks, ugly jewelry boxes and dreary wardrobes made of hard dark wood. The atmosphere was oppressive and Lucy found it hard to draw breath, as if the pervading sense of doom was sucking the very air from her lungs. She crawled past intricate cobwebs made of fine wire toward a square trapdoor

***She knew if she jumped she risked drowning, but if she stayed she would suffocate and die***

which opened far below. Peering over the edge Lucy began to breathe again as she gazed out over an enormous ocean. Sparkling bright blue, it seemed to pulsate with a lively and vibrant power, and on it there was a beautiful, golden lion dancing with an Indian woman. The lion was huge and shaggy; his mane framing a strong, joyful countenance, and the woman was wearing a blue and yellow sari, rich gold jewelry and

elaborate colours on her laughing face. Lucy felt a great longing as she stared at the strange couple. She knew that if she jumped she risked drowning, but if she stayed she would suffocate and die.

Lucy woke suddenly in confusion, the dream twisting her insides with raw emotion. Lying still and allowing it to fade she clung to the feeling of hope, the beautiful image of the lion and the girl dancing. Perhaps it meant something. It certainly didn't make sense. She laughed thinly and sat up shaking her head. 'I need help'.

A sense of conviction settled in her body as Lucy rose to change her appointment.

'I don't need a doctor, I need a bloody psychiatrist and I'm going to find out what the hell is going on here.' An image of herself traveling through India flashed into her mind. She shook her head hard. *No way!* She, Lucille Margaret Lamloin, had responsibilities, a mortgage for God's sake. She couldn't just go off dancing around the world like some crazy hippy! With as much control as she could muster she reached for the phone.

And so Lucy Lamloin took the first step towards uncovering a part of herself she had buried almost completely. She would seek help to manage it. To control it.

It, however, had other ideas.

## **Come along to women's day at the Positive Living Centre**

The third Monday of every month is a dedicated women's day at the Positive Living Centre

Informal drop in is from 10 am onwards

For more information call Vicky Coumbe at ACON on 9699 8756 or email [vcoumbe@acon.org.au](mailto:vcoumbe@acon.org.au)



# A new way to keep informed about treatments

**Bill Whittaker** on Treataware

**Growing scientific knowledge and the continuing development of better HIV antiviral treatments are allowing more people with HIV to live longer and to enjoy better health. We should of course celebrate this fact, but there are also other positive people who are doing it tough, and who are struggling with continuing health problems. The experience of living with HIV is obviously different for each HIV positive person.**

We are still learning about the long-term challenges of living with HIV. Were seeing more evidence that HIV and its treatment often complicates general health planning and management, and vice versa. And as people with HIV grow older, they're also going to also face the same health issues with ageing as the general population does.

We need to ensure that our health care system is structured and supported to effectively and efficiently provide health care to the Australian HIV population. -To keep as many people with HIV living as long – and living as well – as possible.

To have our health systems work best, the people who are going to use them need to be empowered with information and then supported to use that information. - To know the basics about HIV; to know the issues about when to consider treatment; and to know the best options for maximising their health and wellbeing.

And that's what the Treataware project is all about – encouraging people with HIV to be informed, empowered and involved in their health care decision making.

Some may ask, why should they? Why not just leave it all to your doctor and

swallow the pills? Fair question, but the evidence is that outcomes for many diseases, not just HIV alone, are markedly better when health planning and decision making are done in a partnership between doctor and patient.

So it's in the interests of all positive people to be involved and to take responsibility for your health care planning. Doctors and other health professionals very much welcome this from their clients. Treataware is also very much about supporting that partnership between doctors and people with HIV.



## Treataware infoline

- the Treataware 1800 infoline,
- the Clinical Trials Website
- and the Checklist Guide (booklet) to getting the best health care.

The Treataware infoline is a national, free, and confidential service, available 2pm – 7pm Monday on 1800 817 713.

Trained HIV treatment educators are able to provide information about treatment, health planning and related health issues to people living with HIV. We hope it will also be useful to doctors and other health professionals, for positive organisations and AIDS Councils to refer complex treatment and health questions to. We would also like people to know we are able to provide an interpreter via the national Translator and Interpreter Service (TIS). People who require an interpreter need to call 13 1450 and ask to speak with NAPWA. We have also linked in with the National Relay Service and our operators are trained in receiving calls from deaf, hearing and speech impaired people. The infoline will run as a pilot until Nov 2008.

## Clinical trials website

The second element of Treataware the Clinical Trials Website has been something we've been working on for some time. Its purpose is to provide an independent, central information

point about HIV clinical trials that positive people can go to. Here they'll find information about clinical studies in easy to understand terms. The idea is not only to promote transparency about HIV clinical studies being done in Australia, but also to actually support clinical research.

Australia's magnificent HIV research record is the product not only of all the dedicated scientists and doctors we have involved, but also the positive people themselves – Australia has one of the highest rates of research participation of any country in the world.

## The Checklist guide

The final part of Treataware is the Checklist Guide to getting the best health care. This printed booklet takes people step by step through the key issues that they should consider in health planning and decision-making. It covers issues like when to start treatment, adherence, how often various clinical checks are needed, safe sex and injecting; and steps to support general health and wellbeing.

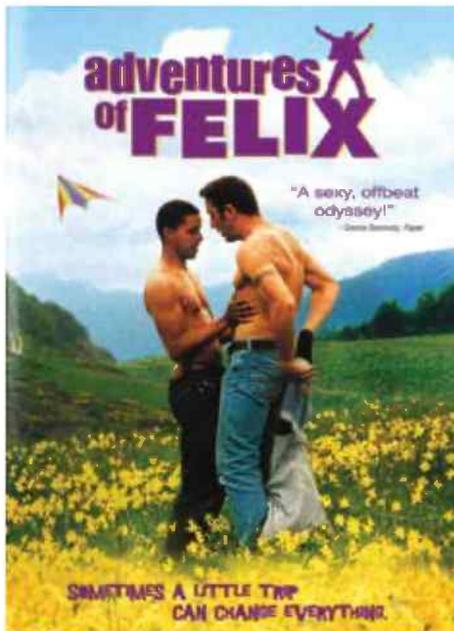
The checklist guide is very much intended to be used jointly between doctors and positive people as they work through their health planning. It will be available in hard copy through clinics and community organisations and also downloadable through the Treataware website.

To sum up, we at NAPWA believe that the Treataware project provides an important new addition to the HIV resources available to HIV positive people and we hope positive people will take advantage of it.

**The Treataware infoline 1800 817 713 is available 2pm - 7pm Monday to Friday. The clinical trials database and the Treataware checklist guide can both be found at [www.treataware.info](http://www.treataware.info)**

**Click on the link <http://au.youtube.com/user/treataware> to watch the TREATAWARE video clip promoting the new HIV treatment infoline ...where Tobin Saunders meets his alter ego Vanessa Wagner!**

Bill Whittaker is the Treatments Portfolio Co-Convenor at the National Association of People living with HIV/AIDS (NAPWA)



## Adventures of Felix: Sometimes a little trip can change everything

### DVD Review

**This HIV positive road movie is a very charming film. It made an appearance during the Mardi Gras film festival some years back, under the name *Funny Felix*, and is now available on DVD. The story is set in 1999. Felix, who lives in the north of France in Normandy with his lover Daniel, has recently been laid off from his job on the ferries. His mother has died, and he has never met his father, who is of Arabic descent and discovers through some old letters, that he lives in the south of France in Marseilles. At a loss for what to do with his life, Felix decides to undertake the journey to meet his father.**

The film is essentially about the search for family (a theme which will resonate for many gay men who for one reason or another may feel alienated from their families). Along the way, mainly hitchhiking although a car also gets stolen, he meets a number of characters or archetypes (muscled gay railroad worker, single mum of three, wise old fisherman, sweet young gay student and a sensual older woman) who come to represent his lost family, and teach him some important lessons in life. The progress in understanding about relationships is reflected in Felix's journey from chilly Dieppe on the English Channel to the warmth of the south of France.

*The Adventures of Felix* moves along with a lightness of touch (certain facts seem to be, quite nicely, taken for granted - Felix is thirty something, gay, and HIV positive), with bittersweet vignettes following on from each other, and punctuated by his undramatic routine of taking his HIV medications. At the same time it also deals with larger social issues like racism and racially motivated violence in contemporary France.

It must be said that there are a few odd things in the film. The discussion about combination therapy in the doctor's waiting room, while admirably trying to add a dash of humour to the topic, was slightly weird (bi, tri or penta therapy??). The film also has something of a dreamy quality: You've really got to suspend your disbelief to accept the improbability of some of the encounters.

*The Adventures of Felix*, starring Sami Bouajila, is directed by Olivier Ducastel and Jacques Martineau (who are also a couple) Other films by these directors include: *Jeanne* and *The Perfect Guy* (a musical about a woman who falls in love with an HIV positive man), *My Life on Ice*, a teenager's video diary and more recently *Cote d'Azur* (a very funny comedy about families, love and sex).

*The Adventures of Felix*: recommended for a feel-good night in front of the DVD.

**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@positivelife.org.au](mailto:hedimos@positivelife.org.au)

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Check out the website:  
[www.aldermanprovidore.com.au](http://www.aldermanprovidore.com.au)



# Blossoming in the Northern Rivers

Hédimo Santana reports on the Northern Rivers Retreat

**A large number of people with HIV live in and around the Northern Rivers. Many moved there to enjoy a more relaxed quality of life. However, given the large geographical area, people with HIV can also face some challenges, including lack of full time work, isolation and needing to travel long distances, as well as scarcity of transport.**

Those who have been living in the region for a while have often created satisfying support networks. These networks may not necessarily consist of other positive people, as disclosure can be difficult in rural centres. Newly-arrived residents, however, sometimes find it a challenge to set up a support network. The absence of an established commercial gay community means positive people have to rely on specific events to meet each other. This is why the annual HIV positive gay men's retreat is such an important opportunity to socialise with peers.

## What happens at the Retreat?

ACON organised the first Retreat for HIV positive gay men in the Northern Rivers in 1994. It has been running since, and continues to be as relevant as it was then.

This year's Retreat took place, once again, at the Midginbil Hill Farmstay Country Resort, located beneath the awesome escarpments of the World Heritage listed Nightcap National Park near Lismore.

About 50 men attended the Retreat, double the amount of last year's. While a majority of participants came from around the Northern Rivers, some of them travelled from as far away as Wollongong; as well as Queensland. The Retreat ran for four days, from Thursday 24 May to Sunday 27 May.

Early Friday morning some participants braved the creek for yoga and meditation, returning to the main shed as the sun warmed up, to meet the others for breakfast. Then we all gathered outside, under a tree, to agree on the rules guiding the retreat for the next two days, such as confidentiality. After that, participants headed for the first of two fitness workshops, run by exercise physiologist Ingrid Cullen.

In the early afternoon I ran my first workshop: "Hooking up: sex and connections", focusing on the experience of living in rural areas. Participants discussed

- what makes good sex
- boundaries
- disclosure of HIV
- and the role of condoms

The discussion highlighted issues such as isolation, difficulty meeting up for sex, careful consideration people give to disclosure, as well as the problems of discrimination and sexual rejection.

That evening included a camp fire, dinner and a home-made movie of

detailed photographic close-ups of plants and flowers, along with background music from Mother Nature.

The following afternoon, after the second fitness workshop, nutritionist Jenny McDonald talked about how to use diet to manage HIV treatments side effects.

## The logistics of coming together regularly

After a short break, we discussed the logistics of ACON establishing a peer support group, similar to 729 in Sydney, for gay men living longer with HIV in the Northern Rivers.

I got the impression many of those who have been around long enough have already established enduring and satisfying support networks, but would still participate in any new support group if it was offered. However, the newly-arrived residents were eager for such a group, and would be enthusiastically involved. But they would need the other guys to join in.

Distance can make regular gatherings difficult, but this can be overcome if the support group was run along with the market days. And people could share transport, as well as cook something and share their culinary skills. And then everyone would be less lonely and less isolated.

I returned home with a feeling that some seeds were planted in the Rivers. I would love to go back soon, to see it blossoming.



## Disclosure and your rights

The HIV/AIDS Legal Centre (HALC) has brought out a new booklet, **Disclosing your HIV status: A guide to some of the legal issues**. It includes sections on:

- Sex and relationships
- Employment
- Superannuation
- Insurance
- Travel and Immigration
- Medical Care and Treatment
- Centrelink
- Housing, Education and Finances
- Sport
- Police and the Courts
- Privacy Protection
- Discrimination
- Useful Contacts

For example, here is one of the questions on superannuation in the booklet:

**Do I have to disclose when I apply for super?**

**A:** When you apply to become a member of a superannuation fund

there should be no requirement to disclose any health information.

When you apply you will normally be given a choice of insurance cover. You can choose either:

No insurance cover (and no requirement for disclosure of your health information);

Standard or 'group' insurance cover offered to every member. Generally this has no requirement for disclosure of your health information;

'Top up' cover in addition to the standard cover offered to every member. This type of cover will require disclosure of your health information.

Standard cover may be the best option as all applicants are generally accepted for death and disability cover without disclosure of their health information. Be sure to read all attached health questionnaires carefully as most of these are usually optional and do not need to be completed.

**If you would like a copy call ACON on 9206 2000 or Positive Life NSW on 9361 6011 (free call 1800 245 677)**

## The 34th SPAIDS planting

**Sunday 27 July  
11am to 3pm at  
Sydney Park,  
St Peters**

(look for the old Brickwork chimneys opposite St Peters station)

**Plant a tree provided by Sydney City Council to commemorate the life of someone who has died of HIV/AIDS**

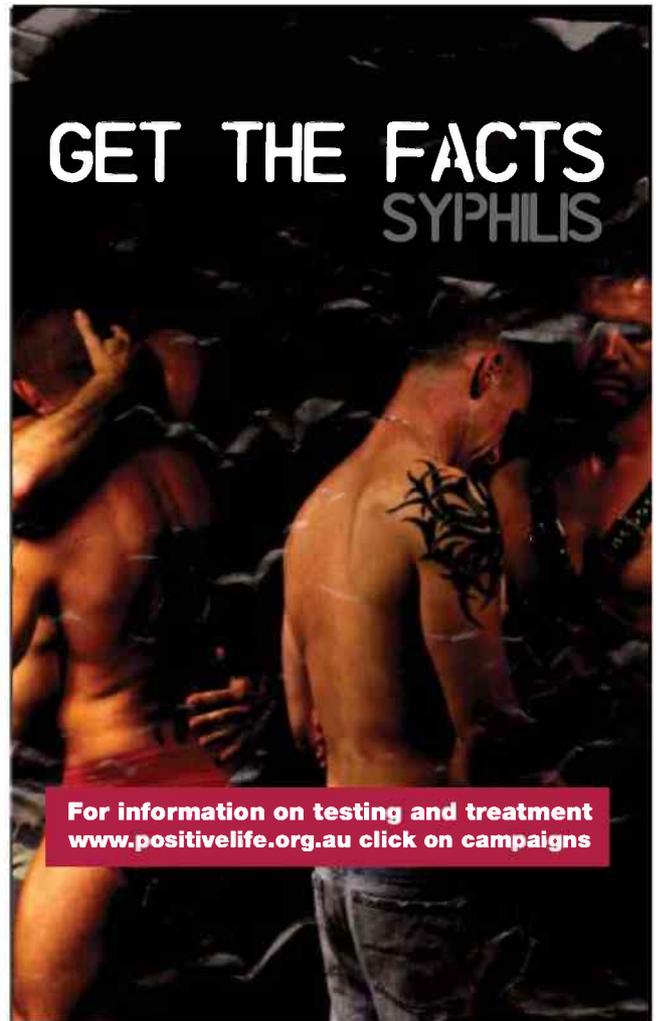
**SPAID plantings also commemorate lesbians, gay men and transgender people who have died as a result of violence**

**Picnic at midday with barbecue provided by the council**

**Come and plant more trees and enhance the beauty of the SPAIDS Groves**



The RPA Sexual Health Clinic has opened at 119-143 Missenden Road Camperdown. Phone 9515 3131.

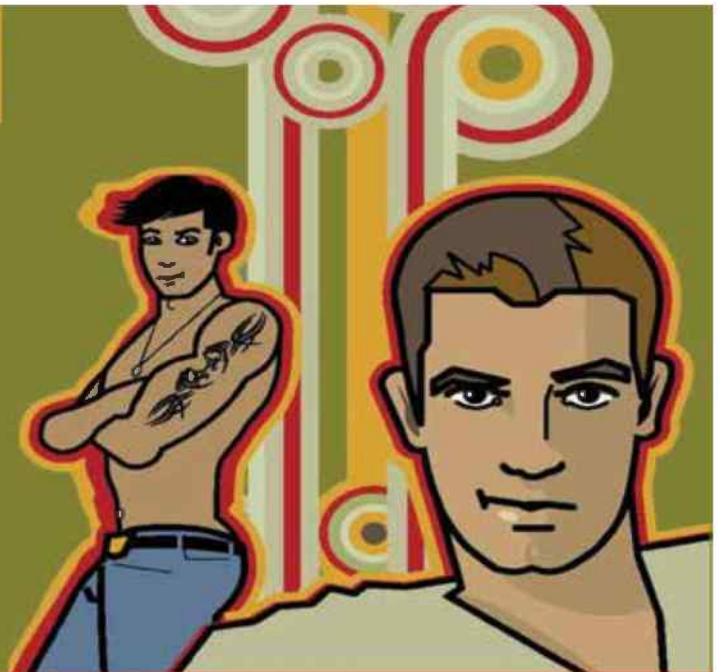


For information on testing and treatment [www.positivelife.org.au](http://www.positivelife.org.au) click on campaigns

## MEN'S SEXUAL HEALTH CLINIC

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- STI testing and treatment
- Confidential & Anonymous
- No Medicare card required



**RPA Sexual Health Clinic**  
9515 3131  
Ground Floor, Page Building, 119-143 Missenden Road,  
Camperdown

**LOOKING LOCAL?**



## The Sunday Roast

### So Can You Cook? No 30



**Tim Alderman** and some tips for the Sunday roast

**The Sunday roast was an institution when I was a kid. It was taken for granted that there *would* be a roast on Sunday, so much so that no one really ever gave it much thought. It was so ritualised that any guests visiting on Sundays would be included in the lunch, and about once a month my father would do the trek from Sylvania to Leichhardt to pick up my grandparents to participate in the meal. Because Saturday afternoons were baking times, the pie or strudel for dessert would be already made and ready to go at the end of the meal. I remember my mother having a heavy steel baking dish that always turned out the most delicious roasts and vegetables, and it had a build-up of baked-on fat on it (we used dripping back then to bake). My mother claimed was the secret to the perfect roast.**

These days I constantly hear people say that they can't cook a roast as good as their mothers, or they say they are no good at all with roasts. There are secrets to a good roast, and if you follow a few simple directions, success can pretty well be guaranteed. I cook great roasts, and have the art of perfect baked vegetables

down pat. In this column, I am keeping the recipes to a minimum, but giving you a world of hints and advice that will ensure that your family and friends will always want to visit you for your roast.

So, get out your roast, peel your veges and here we go...

#### GENERAL

Use a heavy-based baking dish for best results.

Roasts are best baked at around 220°C.

Use vegetable or canola oil for baking - olive oil really doesn't work.

Don't worry if your meat is not fully defrosted - just add an additional 30 minutes to the cooking time.

I cook my meat first, then leave it to sit while I bake the vegetables. Allow yourself at least 2-2 1/2 hours to get a baked dinner ready.

As I have stated before, as far as I'm concerned 'Gravox' is as good as home-made gravy. However, for the purists I will describe the lost art of gravy making.

#### MEATS

Allow thirty minutes cooking time per 500g of weight, irrespective of lamb, beef or poultry.

Remove from oven at least 30 minutes before serving, cover with foil and allow to stand. This allows the juices to flow back into the meat, making the roast more moist and succulent.

Test your meat by pushing a baking fork or skewer into the centre of the meat. If blood flows out, allow a little longer. It is okay to leave both lamb and beef a little pink in the middle (not raw), but poultry and pork should be cooked thoroughly.

Unfortunately - and I've said it many times before - Australian lamb is not what it used to be. Our best meat is now exported. If you can find a good butcher, stick with him, and if necessary pay a little more for your meat. The quality of supermarket meats is always in doubt, and you are never really sure what you are getting.

Always carve your meat along the grain.

If you want your roasts to be totally fat-free, place them on a trivet in your baking dish. This also tends to brown them evenly all over.

Stand meat, then carve and leave ready on plates. When the vegetables and gravy are ready, zap the meat for about 40 seconds in a 1000 watt microwave (longer in lower wattage microwaves).

## BEEF

The following cuts are best for roasting - Scotch fillet (rib eye); eye fillet and butt fillet; bolar blade, rump & sirloin; standing rib, silverside, topside & round.

Some people like to brown their roasts before cooking, though I personally wouldn't bother. If you do want to brown it, heat a mixture of oil and butter in a heavy-based frying pan, and brown on all sides before placing in your baking dish.

Beef can be flavoured in many ways, including rubbing the whole roast in mustard before baking. The following Indian Spice Paste is also a great way to add a different flavour to your beef:

**INDIAN SPICE PASTE:** 2 teaspoons coriander; 1 teaspoon cumin; 2 cardamom pods, bruised; 1 cinnamon stick; 1 star anise; 1 teaspoon ground turmeric; 1/2 teaspoon chilli powder; 1 medium brown onion, chopped; 2 cloves garlic, peeled; 4cm piece ginger, grated; 1 teaspoon salt; 2 teaspoons brown sugar; 3 tablespoons lemon juice; 1/2 cup peanut oil - combine seeds, cardamom and star anise in a heated, dry frying pan and cook, stirring, until fragrant. Add turmeric and chilli; remove from heat. Blend or process spice blend with onion, garlic, ginger, salt, sugar and juice until smooth. While motor is running, gradually add oil until well combined. Using a sharp knife, pierce beef all over with deep cuts. place beef and Indian Spice Paste into a large resealable snap-lock bag or large shallow dish. Rub beef with Indian Spice Paste to ensure an even coating; cover, refrigerate 3 hours or overnight.

For an Asian flavour, try rubbing it with a mixture of honey, ginger and soy sauce.

You can buy commercially prepared dry rubs that can either be used as dry marinades, or add some oil and turn into a paste.

## LAMB

Lamb leg or lamb shoulder are the best cuts - if you can buy good quality.

If you want to roll, or stuff and roll your lamb, get your butcher to remove the bone for you. Keep it for the hound.

Rosemary and mint go beautifully with lamb. Pierce your lamb leg all over with a sharp knife and push slices of garlic and small sprigs of rosemary

into the cuts. Mint sauce is still the best accompaniment for lamb.

Don't forget that lamb is very fatty. Supermarket rolled roasts are notorious for being nearly all fat - so don't buy them. Roll your own - that way you can trim off a good deal of the fat.

**ROLLED LAMB FILLING:** Quarter a red capsicum, remove seeds and roast in a very hot 240°C oven, skin-side up, until skin blisters and blackens. Cover capsicum in plastic wrap for 5 minutes; peel away skin; slice. Lay slices of roasted capsicum down the centre of your deboned lamb loin, and top with 20g baby spinach leaves and 1/3 cup loosely packed basil leaves. Roll tightly and secure at 2cm intervals with kitchen string. Don't use coloured string otherwise you will colour your roast - remember Bridget Jones?

## PORK

The most seductive thing about pork - apart from the sweetish meat - is the delicious, morish crunch of crackling. It is also the one thing people find difficult to do. I have tried various recipes over the years, and have found the following the best. You can score the fat yourself, or get the butcher to do it for you. The rind needs to be scored about 1cm apart, across the pork in the same direction you will carve. It needs to be scored deeply through to the fat, to ensure the fat is rendered and the crackling will be crisp. Preheat the oven to very hot 250°C. Place pork in a large baking dish. Rub the scored rind with coarse cooking salt. Roast pork, uncovered, in very hot oven 25 minutes or until the rind blisters, Drain excess fat from the dish. Reduce oven temperature to 180° and roast according to weight.

Alternatively, if you find you are still having problems, remove the rind entirely from the roast, rub with some oil and salt, and either bake on a flat tray in a 250° oven until it blisters and crisps or place under a griller on its lowest height and grill until blistered and crisp.

## POULTRY

Supermarkets often keep a range of marinated chickens, including flat-splayed, in the butchers section. If you want to save yourself the hassle of

marinating, I have found these quite convenient.

The size of a chicken will tell you its weight ie a size 16 chicken is 1.6kg in weight, a size 20 is 2kg etc.

Check your chicken doesn't contain a giblet bag, and remove the neck if tucked inside. Your dog will love you for this little treat. Rinse the chicken under cold water, and pat dry with paper towel before baking.

Stuffings are always nice with chickens - but not essential. A simple and tasty flavouring is to stuff the cavity with 12 unpeeled garlic cloves, and 10 lemon thyme sprigs. Rub the skin with a halved lemon, then brush with 2 teaspoons oil.

**CHORIZO-STUFFING:** 10g butter; 1 medium brown onion, chopped finely; 1 chorizo sausage, diced; 1 1/2 cups breadcrumbs; 1/2 cup ricotta. Melt butter in a fry pan and cook onion and chorizo until onion softens. Cool 10 minutes; combine chorizo mixture in medium bowl with breadcrumbs and ricotta. Stuff prepared chicken cavity with mixture before baking. **COUSCOUS STUFFING:** 1 teaspoon olive oil; 1 medium brown onion, chopped finely; 1 1/2 cups chicken stock; 1/4 cup olive oil; 1 tablespoon finely grated lemon rind; 1/4 cup lemon juice; 1 cup couscous; 1/3 cup toasted slivered almonds; 1 cup seeded dried dates, chopped finely; 1 teaspoon ground cinnamon; 1 teaspoon smoked paprika; 1 egg, lightly beaten. Heat oil in small frying pan. Cook onion until soft. Combine stock, extra oil, rind and juice in medium saucepan; bring to the boil. Remove from heat. Add couscous, cover, stand about 5 minutes or until stock is absorbed, fluffing with fork occasionally. Stir in onion, nuts, dates, spices and egg. Stuff prepared chicken cavity with stuffing before baking.

Use dry rubs on chicken skin to enhance flavour of both skin and breast.

**40 CLOVE CHICKEN:** Separate coves from 3 garlic bulbs, and leave unpeeled. Place half the cloves inside the cavity of the chicken, and the remaining cloves in the baking dish. This sounds like a lethal garlic overload, but quite the contrary, Baking lightens and sweetens the flavour of garlic, imparting a really delicious flavour to chicken.

## GRAVY & SAUCES

**BASIC GRAVY:** (Makes about 2 cups) Pan juices; 2 tablespoons plain flour; 2 cups chicken or beef stock. Remove roast from pan and cover. Reserve 2 tablespoons juices in baking dish. Stir in flour and cook, stirring, about 5 minutes or until browned. This is known as deglazing your pan. Stir in stock and cook over high heat, stirring, until gravy boils and thickens. Strain before serving. You can replace 1/2 cup of stock with red wine if preferred. For onion gravy add a small, finely chopped brown onion to the juices and cook until soft before adding flour. For peppercorn gravy place prepared gravy into a small saucepan and add 1 tablespoon drained canned green peppercorns. For mushroom gravy place prepared gravy into a small saucepan and add 100g finely sliced, cooked button mushrooms. Cook stirring 2 minutes.

**MINT SAUCE:** 1 cup cider vinegar; 1/4 cup boiling water; 1/4 cup finely chopped fresh mint leaves; 1 tablespoon brown sugar; 1 teaspoon salt; 1/4 teaspoon ground black pepper. Combine all ingredients in a small bowl. Stand 30 minutes before serving.

**APPLE SAUCE:** 2 small apples; 2 tablespoons sugar; 1/2 cup water; pinch ground cinnamon. Peel apples, cut into quarters; remove cores; slice apples. Combine apples, sugar, water and cinnamon in a small saucepan, cover, bring to boil. Reduce heat. Cover; simmer 5 minutes or until apple is pulpy. Whisk until sauce is smooth.

## VEGETABLES

I hear as many complaints about problems baking vegetables than anything else. 'They don't brown' is one of the commonest complaints, and I'm about to tell you the secrets to perfect baked vegetables.

All root vegetables are suitable for baking, including swedes, turnips, onions, carrots, sweet potato (white), kumera (orange), Jerusalem artichokes etc. Don't forget the pumpkin. To add some real variety to your baked vegetables, try adding some beetroot, fennel or celeriac to your mix. All root vegetables take around about the same time to cook, so put them all in together. Cut them evenly,

and not in huge pieces. Keep it smallish for quicker, more even baking.

Vegetables should be baked at around 240°C, which is why you do them separately to your meat.

You are often told to place pumpkin in later than potatoes, but I don't agree. I really love my pumpkin overcooked - as do many other people I know. It develops the most delicious sweetness, and the outside will caramelize (it is not burnt) due to the sugar in pumpkin. I could eat this and nothing else with my roasts. Use Butternut, Jap or Queensland Blue. Some of the little novelty pumpkins also bake nicely.



The following potatoes are best for baking - chat, desiree, russet burbank (Idaho), kestrel, King Edward, kipfler, nicola, royal blue, ruby lou and spunta.

My personal favourites - despite being a bit more expensive than traditional potatoes - are kipfler. They look great on the plate, bake beautifully and taste delicious.

Make sure your oven is right up to heat before adding your baking dish to the oven.

Cut potatoes into smallish pieces - if you cut a 1 - 1 1/2 cm slice from the potato, cut off the top third, then cut the remaining two-thirds in half. This makes them a perfect size for baking. Place in a microwave-safe bowl with 1/4 cup water and microwave on high for 5 minutes (alternatively, place them in a saucepan of boiling water and cook for 5-7 minutes). Drain. Toss or roll all

your vegetables in canola or other oil (not olive oil) and place in the baking dish. Do not add oil to the dish. Bake at 240°C for around 30 minutes for until vegetables are cooked and brown. Turn them over at mid-point. They may take up to 45 minutes - just keep an eye on them after the 30 minute mark.

Any green veges go with a roast, though the traditional green accompaniments are peas or beans. Buy them fresh and cook them in the microwave. Peas take 3-4 minutes, and beans 2-3 minutes. Don't under-estimate microwaves. They are really great for cooking vegetables perfectly in a very short time.

Broccoli, cauliflower and broccolini are also great roast accompaniments.

**MINI YORKSHIRE PUDDINGS:** Something for the true traditionalist. 2 eggs; 2/3 cup milk; 2/3 cup plain flour; 1 tablespoons vegetable oil; 20g butter. Preheat oven to very hot 250°C. Whisk milk, eggs and flour in a medium bowl until smooth. Heat oil and butter in a small saucepan over low heat until the butter melts. Pour the oil mixture into a small jug. Divide oil in jug among holes of 2 x 12-hole mini muffin pans. Place in very hot oven about 1 minute or until oil mixture is very hot. Working quickly, divide batter among holes of pans. Bake, uncovered, in very hot oven about 10 minutes, or until puddings rise and are browned lightly.

## COOKING TIPS

When beating egg whites, ensure your bowl and beaters are spotlessly clean. Any impurities or grease will stop your whites from becoming stiff.

The secret to great scrambled eggs is to add the eggs to the pan when the butter starts to foam fiercely. Leave to start setting, then working quickly scramble them in the pan, leaving a little bit moist. Don't overcook.

For poached eggs, add salt and 1 tablespoon white vinegar to the water. Bring to the boil, then turn off the hotplate. Quickly add your eggs to the water (egg rings are best for poached eggs) then leave for 8-10 minutes until set and cooked to your taste.



# Home workouts

## Health and Fitness

**Ingrid Cullen** is a gym instructor with many years' experience working with HIV positive people.

### Back from the retreat

This issue finds me refreshed and ready for anything after a great time away at the 2008 Gay Men living with HIV Retreat in the Northern Rivers area. (No I have not had gender reassignment; I am still happily married to my girl Sherri.) The setting was great, the bush tracks just asking to be followed to see what was around the corner. There were scenic lookouts to climb up to, suspension bridges to explore and amazing gullies full of bush regeneration plantings and other native trees.

Needless to say I was at the retreat giving a talk on HIV related exercise issues and then putting the guys through their paces. The rest of the time they quite happily put each other through their paces while I was elsewhere.

The **first session** consisted of exercise ideas to minimise muscle wasting and counteract many of the body shape changes so many positive people find daunting. By getting the most from your body's physical abilities, you will find many other problems start to resolve themselves.

- Sleep patterns seem to normalise
- energy levels increase
- and food is utilised more efficiently.

The **second session** showed the guys a variety of exercises which could be done with a minimum of equipment at home, and how to keep it interesting. At the end of each day I was available to give one-on-one sessions to any of the guys who wanted to take some of these ideas and fit it into their individual schedules.

The **most common problem** was **lack of confidence in working out with weights and not injuring themselves**. By having a session on the key posture points for safe working out and a practical session with me after the two group sessions most of the guys felt they would be able to go home and start doing more strength training at home.

The **second most common problem** was **not realising how important strength training is** in the overall equation. Many of the guys were good at walking, swimming, cycling etc, but found the resistance training less enjoyable or harder to fit into their lives.

The **third problem** that came up again and again was **disclosure at gyms**, and getting programs that were appropriate to energy levels and susceptibility to injury and over training. The second part was a problem for the guys whether

they working out at home or in gyms.

Below I show examples of home and gym workouts that I used at this years retreat. The exercises for home have been featured in previous *Talkabout* magazines with photos and descriptions and the gym exercises would be known by any instructor at any gym.

### EXERCISE PROGRAMS

**Home workout** (shows gradual overload and emphasising endurance/fat loss or muscle building/strength from exercises in *Talkabout* magazines).

For endurance/fat loss complete the exercises as a circuit of 6-20 exercises starting with 6 exercises and doing each exercise for 40 seconds before moving to the next exercise until all exercises have been completed.

Rest for 60 seconds then repeat.

You can also use any aerobic exercise combined with the circuit training for fat loss and endurance training. (See exercises below for making up your circuits)

For muscle building/strength start with 12 exercises but this time the order is more important. Complete two exercises in a row from each line then move to two exercises in a row from the next line. (see figure1)

| Beginners           | Intermediate         | Advanced                 |
|---------------------|----------------------|--------------------------|
| Dead bugs           | Bicycles             | Triple/ball crunch       |
| Floor superman      | Floor back extension | Ball/floor bridge        |
| Lunge forward       | Lunge onto step      | Ball squat/lunge         |
| Step ups (low step) | Step ups (high step) | Weights/band dead lift   |
| Pushups (table)     | One arm pushups      | Band chest press/pushups |
| One arm row         | Prone shrug          | Band/weight reverse fly  |

Figure 1

Side bends, bottle curls and side raises are examples of isolation exercises you might add after 3-4 months. They would be added as a fourth exercise in lines 5 and 6.

**Gym programs** (showing gradual overload principle). Start with core stability exercises then progress to compound exercises, then add isolation exercises.

This gym program is to be performed twice weekly with 2-3 days rest between exercise sessions. Include a light aerobic session if you are looking to lose body fat or have good energy levels.

Seated Fit ball balances (hold each balance for as long as possible, two per leg).

2-3 minutes of stretching.

Supermans on the floor/ ball, start with One set of as many as is comfortable.

Leg Press 1 set 12 reps  
Seated Row “ “  
Pullovers “ “

Floor Crunch – One set of as many as needed to feel muscles just starting to work

After one week add a second set of eight reps at a heavier weight for the leg press, row and pullover and do as many crunches as you can to feel like you are working hard

After 2-3 weeks supermans should be pushed to two sets of as many as you can. Weighted exercises increased to three sets performed as 12 reps at 70%, 10 reps at 80% and 8 reps at 100%, and crunches pushed to two sets of as many as you can. Stay with this program for as long as you can keep adding weight to the exercises (4-6 weeks as a guide). Then take a week off.

At 10-12 weeks add the three exercises (indicated with an \*) to the program, performed in the following order:

Ball balances 2 x max reps  
Ball Squat against wall 2x max reps  
Superman’s 2 x max reps  
Leg Press 12/10/8 reps

Pullovers 12/10/8 reps  
Seated Rows 12/10/8 reps  
Pull downs 12/10/8\*  
Ball crunch 2-x max\*  
Floor crunch 2 x max \*

Still do two sessions per week but push pretty hard for the next 4-6 weeks. Then take another week off.

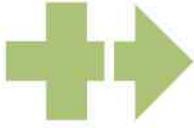
Start your new program by training 3 times per week, and depending on progress move to 4 times per week. This phase of your training will last from 6-10 weeks but only training half the body each time. Again stay with the program until progress slows. Week 1 would be A B A then Week 2 would be B A B with a day’s rest between each work-out if training 3 per week. Or A B 1 day rest A B 2 days rest, then repeat for next week if you are training 4 per week.

(See figure 2)

The time frame is a guide only. Some people will need longer to re-condition their body and others will progress more quickly.

| A                              |              | B                                     |              |
|--------------------------------|--------------|---------------------------------------|--------------|
| Warm-up with 15-20 ball squats |              | Warm-up with 10-15 pushups on a bench |              |
| 4-5 minutes of stretching      |              | 4-5 minutes of stretching             |              |
| Smith machine squat            | 12/10/8/6    | Dumbbell bench press                  | 12/10/8/6    |
| Leg curls                      | 10/8/6       | Smith 30 degree incline press         | 10/8/6       |
| Dumbbell lunges on step        | 10/8/6       | Flat bench flys                       | 10/8/6       |
| Dumbbell rows                  | 10/8/6       | Rear Delt Mach                        | 10/8/6       |
| Pull downs (front)             | 10/8/6       | Lateral raises                        | 10/8/6       |
| Dumbbell curls                 | 10/8/6       | Pushdowns                             | 10/8/6       |
| Ball crunches                  | 2 x max reps | Triple crunch                         | 2 x max reps |
| Ball back extension            | 2 x max reps | Ball side bends                       | 2 x max reps |

Figure 2



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

Updated: June 5 2008

These are the outpatient pharmacies in public hospitals and sexual health clinics in NSW which currently dispense S100 drugs.

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. If you have difficulty getting your medications, call your pharmacy to see if they have some advice.

## 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)

### Prince of Wales Hospital

High Street  
Randwick NSW 2031  
Tel: (02) 9382 2222

Pharmacy hours:

Monday-Friday from 10:00am - 1:00pm, and 2:00pm to 5:00pm.

### 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 (closed on low activity days: June 20, August 1, August 29)

Thursdays open to 7pm (cashier is now also open)

### 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

### Parramatta Community Health Service

Jeffery House, 162 Marsden Street  
PARRAMATTA,

Tel: (02) 9843 3135

Pharmacy hours:

9:00am - 12:30pm Monday and Tuesday, 9:00am

- 4:00pm Wednesday, and 4:00pm-7:30 pm Thursday

## Other NSW Pharmacies

### Blue Mountains

#### Blue Mountains Hospital

Great Western Highway  
KATOOMBA

Tel: 02 4784 6560

Pharmacy hours:

Monday, Tuesday, Wednesday, Friday 8:00am - 4.30pm

Thursday 11.30am - 4.30pm

### 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 Health Campus Pharmacy

354 Pacific Highway  
COFFS HARBOUR NSW 2450

Tel: (02) 6656 7472

Pharmacy hours:

Monday to Friday 8:30am-4:00pm

#### Port Macquarie Health Campus Pharmacy

Wright's Road  
PORT MACQUARIE

Tel: (02) 65801024

Pharmacy Hours:

8.00 am to 5.00 pm, Monday to Friday

10.00 am to 12.00 noon on Saturdays

### New England

#### Tamworth Rural Referral Hospital

Dean Street  
TAMWORTH NSW 2348

Tel: (02) 6767 7370

Pharmacy hours:

Monday to Friday from 8:00am-4:30pm

### 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

#### Tweed Heads Hospital

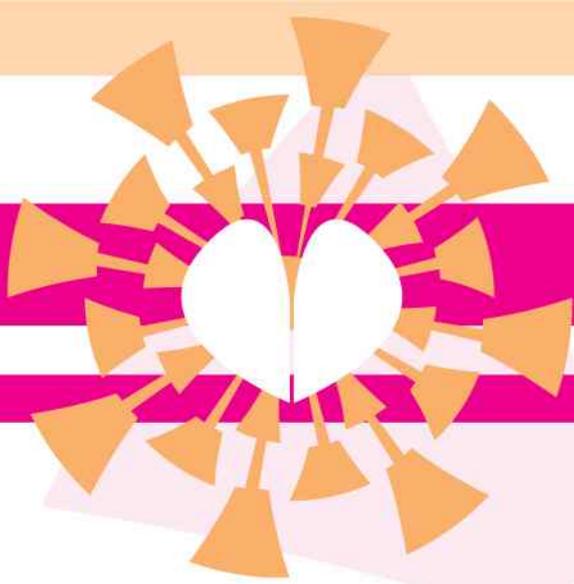
Powell Street  
TWEED HEADS NSW 2485

Tel: (07) 5506 7420

Pharmacy hours:

Monday to Friday from 10:00am-5:00pm

This information will also be available at [www.positivelife.org.au/pharmacies](http://www.positivelife.org.au/pharmacies)



# Olga's personals

## Men Seeking Men

**Attractive** and Affectionate GAM. 42/173cm/63kg. Healthy, Athletic, Toned and Versatile. Non Scene, Non Smoking. Looking for a soul mate to enjoy life with. Athletic Masc GWM most welcome. **Reply: 100108**

**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**

**Hung** young looking 40 HIV+ I'm single, discreet, live alone, healthy beach side lifestyle in Noosa. Smooth, defined, blond brown hair and eyes. Small athletic build type bloke. Adventurous versatile top seeking passive versatile HIV+ bottom boy to butt worship, love and adore. No drama, gossip or blame games, 4 a day, a lifetime, or longer. **Reply: 171207**

**Sydney Ryde Area.** Male 42 HIV pos since May 2007. 70 kg, 5 ft 9. Passive submissive seeking a dominant top guy in 30s or 40s. I like straight acting guys with good builds and cut. - Have a foot fetish and I like light bondage. **Reply: 070108**

**Country guy,** 43, poz, 183 cm, 73 kg, slim build, hairy chest, non scene and working. Interests are country life, animals, gardening and markets to name a few. Seeking someone special and LTR. Might be sincere, passive, no time wasters. Prefer someone over 30 and NS. You never know until you have a go. **Reply 190408**

Mid North Coast 50 yrs young, affectionate with magic hands and lips, healthy HIV+, 5ft 8, medium build, versatile, DTE, GSOH. Likes laughable lifestyle, looking for friendship/LTR, age open. ALA **Reply 220408**

**Nice guy** 43 HIV+ eastern European bottom like to meet nice guy with good shape for LTR for good times, quiet nights and to be happy together. **Reply 090508**

**Locked up and lonely!** 31 yr old HIV+ guy in jail, looking for mates and more. 6ft 3, brown hair and eyes, ok looking. I'm DTE with GSOH. Into music, movies. Open minded and fun to be with. Want a pen pal and whatever else happens. **Reply: 150508**

**Greek** 31 years, very fit, attractive HIV + male, accounting finance student (Parramatta area) ISO specifically to make friends and have LTR with other Greek guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE. **Reply: 150608**

## Men Seeking Women

**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**

**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

**Mid North Coast NSW.** Straight young 46yo guy non user. HIV+ unstoppable in life. GSOH. Definitely individual but like us all has moments. Genuine, sincere, wants children, seeking lady wanting the same. Kids OK. Discretion given and expected in return. Reply: 060208

### Women seeking men

**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 02110

- 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.

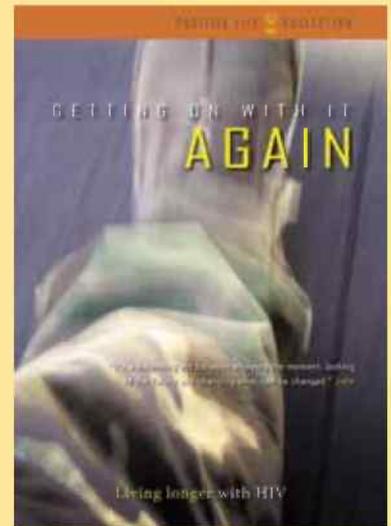
### How to respond to a personal

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.

# Living longer with HIV?



## Stories and strategies



Go to [www.positivelife.org.au](http://www.positivelife.org.au)  
Click on campaigns  
Or call 9361 6011 for a copy

## halc

HIV/AIDS Legal Centre Incorporated

### FREE LEGAL ADVICE

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

To make an appointment please call us on

**02 9206 2060**

All information is kept strictly confidential.

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

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 Positive Life NSW

### 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 Positive Life 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 Positive Life 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 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 Positive Life NSW. 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@positivelife.org.au](mailto:admin@positivelife.org.au)

## How to contact **PositiveLifeNSW** the voice of people with HIV since 1988

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst  
Mailing address: Positive Life 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.

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

Signature

# Resources Order Form

PositiveLifeNSW  
the voice of people with HIV since 1988

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) – *Available on the website only*
- 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 – *Available on the website only*
- 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

- 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**
- Getting On With It Again** *Living longer with HIV* (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.
- Get The Facts Syphilis** (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.

**All resources listed are free of charge.**

For large orders we will invoice you for postage.

**Mail, Fax or Email Order to:**

Positive Life NSW  
PO Box 831  
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011  
Email: [healthpromotion@positivelife.org.au](mailto:healthpromotion@positivelife.org.au)  
Website: [www.positivelife.org.au](http://www.positivelife.org.au)



# SPEAKERS

## Positive Speakers Bureau

**Positive Life NSW is looking for men and women with HIV to be trained as Positive Speakers.**

We are a community based organisation that represents the interests of people with HIV in NSW. Our speakers are passionate about raising awareness in the community from an HIV positive perspective.

Successful applicants will be trained to adapt their personal experiences to talk about HIV with a wide range of audiences. Regular Training updates will help further develop communication skills and maintain up-to-date knowledge.

Applications close on Friday 4 July 2008.  
For an information pack please contact Hédimo on **9361 6011** or  
email: [hedimos@positivelife.org.au](mailto:hedimos@positivelife.org.au)

**PositiveLifeNSW**  
the voice of people with HIV since 1988

**Need more information  
about HIV treatment, health  
and living well with HIV?**

**1800 817 713**

**A national community-based HIV treatment  
infoline for people living with HIV**

**FREE CALL MONDAY-FRIDAY 2-7PM EST**

ALL CALLS ARE STRICTLY CONFIDENTIAL. FREE FROM AUSTRALIAN LANDLINES AND MOBILE PHONES.

If you need an interpreter, please call the Translating and Interpreting Service (TIS National) on 131 450 and ask to speak with NAPWA.

**Callers to **treataware** can talk to trained HIV information  
educators about HIV treatment and health issues including:**

- Information about HIV and taking HIV treatments
- Steps to good health care planning
- Services and programs to support health and wellbeing.

**treataware** aims to help you make the best HIV-related health choices in partnership with your doctor.

**OTHER PROJECTS FROM **treataware****



**HIV CLINICAL TRIALS WEBSITE**

an internet-based register of Australian  
HIV clinical trials

FOLLOW THE LINKS ON [www.treataware.info](http://www.treataware.info)

**CHECKLIST GUIDE TO HIV TREATMENT**

a guide for HIV+ people researching  
treatments options with their doctor

CALL TREATAWARE FOR A COPY



A PROJECT OF **napwa**



**treataware**  
[www.treataware.info](http://www.treataware.info)