

talkabout

Where we speak for ourselves



**US travel ban
to be lifted
- but not yet**

PositiveLifeNSW
the voice of people with HIV since 1988

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

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131 450



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

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

ARABIC HIV او الايدز نستطيع ان نقدم لك الدعم والتفهم بالنسبة لفيروس اسأل في هذه العيادة عن منشورات بنفك جميع الخدمات تتم في سرية وبدون مقابل

BURMESE သိပ်ပဲ သိုဇ်ဇ်၊ ဆော့ သိုဇ်ဇ် အဆင် နီ အဆင် ကြောင်း သိ ရို နား လည် ဆေး ရန် နှင့် လို အပ် သည့် အဆောင်အယောင် ကို ပံ့ ပိုး နီ ဝဲ သည့် ဆေး ခန်း ဌာန ပြန်လှောင်သော နှင့် ပညာ ဆေး အဆောင် ဝုဒ္ဓ နှင့် ဝဲ သည့် ဆေး ကု သ ကုန် ကု စရိတ် မလွန် မလို သည့် အပြင် ကုသ နီ ဝု ဝု ကို မလက်ကြား ဆောင် လို ဝု ဆေး ဝဲ သည့်

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

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

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

KHMER យើងអាចផ្តល់ការគាំទ្រដល់អ្នកនិងយល់ពីទុក្ខពុះទាក់ទងនឹងជំងឺអេដស៍និងជំងឺអេដស៍។ យើងអាចផ្តល់ការគាំទ្រដល់អ្នកនិងយល់ពីទុក្ខពុះទាក់ទងនឹងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រុមការងារនេះដែលមានជាភាសាខ្មែរនៅកាមបូឌី។ ព័ត៌មានទាំងនេះអាចផ្តល់ជូនអ្នកនិង មិនគិតលុយទេ។

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

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

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

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

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



Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

talkabout

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In this issue

Our cover highlights the welcome news about changes in the US government's attitude to HIV positive visitors. We're not quite there yet but, as the article on page three shows, the US is getting closer to a non-discriminatory policy. In addition this issue covers a wide range of other topics: mental health, bingeing, microbicides, relationships, counselling, dental health, the UN, developments at Positive Heterosexuals and a beautiful photo essay on Argentina from John Douglas.

We're also very pleased to welcome Lance Feeney to the team as a Senior Project Officer in Systemic Advocacy. On page 18 Lance outlines the major advocacy work coming up at Positive Life. And finally from the issue: if you're interested in any aspect of HIV and employment consider coming along to our forum *Making It Work* on September 10th. More details about this are on page nine.

Thank you Scott and welcome to Jason

We would like to thank Scott Berry for his leadership as President of Positive Life NSW since 2006. During Scott's tenure we prepared and launched our second strategic plan and changed the name of the organisation to reflect changes in the epidemic. With Scott stepping back, the Board has elected Jason Appleby as our new President. Jason currently works as a Policy Analyst for AFAO (Australian Federation of AIDS Organisations) and has had several years' experience both as a Positive Speaker as well as on our Board. We also welcome Richard Kennedy as he steps into the Vice President's role. Richard has worked for several years at the Bobby Goldsmith Foundation.

Changes to the time out room

Positive Life NSW has been running the time out room at the Mardi Gras (and usually the Sleaze) Parties for about a decade and a half now. In earlier times, the Time Out Room was so popular it could be difficult to get into it. Use of the space has changed over the years, and its use ebbed and flowed, particularly as any health need lessened considerably for the vast majority of party-goers with HIV. In recent years, the numbers attending have been particularly low. For some too, the "HIV Chill out" label has been a barrier. It's always been a dilemma; how discreet should the space be as opposed to how well sign posted? In the light of the changes in need and numbers of people now accessing the space, Positive Life is reconsidering the need for a separate Time Out space for people with HIV. We will not be operating the space at Sleaze Ball this year, and have been talking with ACON and Mardi Gras about the need for, and potential users of, a more general Time Out or Chill Out space. **We would like to hear your views on this.**

We think there are also separate issues about the affordability of tickets, which includes the concession rate for Mardi Gras tickets. Of course, we will continue to work with ACON, BGF and The Luncheon Club to ensure the Mardi Gras ticket ballot is maintained, and to promote volunteering opportunities with ACON, MCC and Mardi Gras to help people on low incomes to get tickets and attend. Please write to *Talkabout* so we can air your views.

Glenn Flanagan

US ban on HIV positive travellers to be lifted - but not yet!

Lance Feeney

On Wednesday July 30, US President George Bush signed into law a multibillion dollar AIDS relief bill that also ends the twenty year ban on entry of foreign visitors and immigrants with HIV.

The \$48 billion AIDS relief bill, also known as the President's Emergency Plan for AIDS Relief (PEPFAR), was passed by a vote of 303 to 115 in the US House of Representatives on July 24th. It includes an amendment inserted by the US Senate on July 16th to remove a statutory ban on the entry of foreign visitors and immigrants with HIV.

The US is one of only 12 other countries including: Saudi Arabia, Libya, Armenia, Sudan, Russia, Brunei, Columbia, Fiji, Iraq, Moldavia, South Korea and China (not including Hong Kong and Macao) that ban travel and immigration to people with HIV. China recently announced that it plans to repeal its ban on people with HIV next year.

The HIV travel ban was adopted by the US in 1993 during a time of widespread fear and ignorance about HIV. Activists from around the globe have advocated for the ban to be lifted. A repeal of the ban does not yet clear the way for travel to the US by people with HIV.

The Department of Health and Human Services placed HIV on its list of diseases in 1987 including leprosy and tuberculosis, barring entry to the US. That prohibition is separate from the travel ban imposed by the US Congress that has just been lifted. This means that federal health officials are no longer bound by law to keep HIV on the list.

It is currently unclear whether Health and Human Services will address the ban in the near future. Reversing the federal Department of Health and Human Services (HHS) regulation, experts warn, may take months and may not happen before the new President and the next administration is in the White House.

US advocacy groups are pressing the current administration to immediately start the process to lift the travel ban on people with HIV. After the HHS regulation has been lifted, people with HIV visiting the US will no longer be required to make false statements about their HIV status on entry documentation, adopt complicated concealment measures to hide their anti-HIV medications from customs and immigration officials, and suffer associated anxiety caused by potential detection, subsequent deportation and a life-time ban from reentry.

Currently an HIV waiver (Waiver I-601) can sometimes be obtained for travel to the US for business, conference, family reunion, or pre-approved medical grounds. You need to show that you don't have HIV symptoms, don't pose a threat to public health and can pay for medical care, if necessary. The application process is bureaucratic and time consuming and can be declined by immigration. Your HIV status will also be recorded on the US immigration database, the HIV waiver will appear in your passport (unless you ask for it to be stamped on a detachable piece of paper) and a new waiver will then be required for each subsequent visit. Few people with HIV have applied for waivers.

For more information on HIV and travel:

The European AIDS treatment Group website includes details of HIV specific residency and immigration rules around the world:

www.eatg.org/hivtravel

AIDSMap website from the UK also provides basic detail on entry restrictions around the world:

www.aidsmap.com

The website of the Australian Government's travel advisory and consular assistance contains information on living and working overseas:

www.smarttraveller.gov.au/tips/working

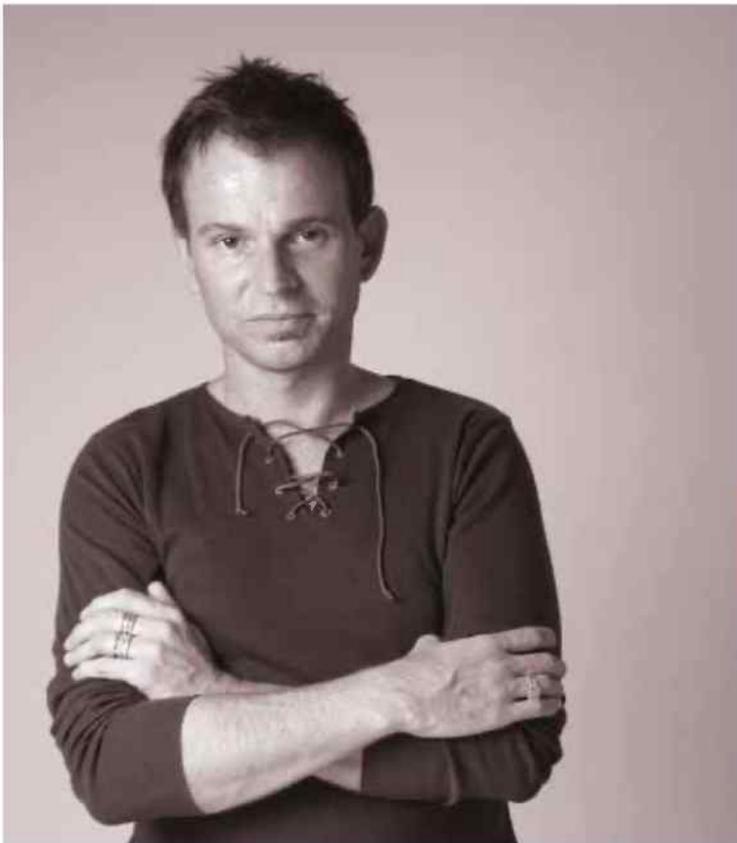


Up, Up and Away booklet, produced in 2007, includes further detail about travelling with HIV medications and other useful information for the traveller with HIV.

For a copy phone 9361 6011.

At Home - Away, the pocket sized resource produced in 2004, covers a wide range of travel tips from meeting men, finding romance and negotiating sex, through travelling with medications. www.afao.org.au

Sources: *Poz.com*; *Houston Chronicle*; *Associated Press*; *CBS News*, *Los Angeles Times*.



HAPPY BIRTHDAY HIV

Neal Drinnan

TWO YEARS: LAUGHTER & TEARS

Don't they grow up so fast! My HIV is two years old and I think I've got the little bugger toilet trained, under control and undetectable. Not seen and not heard? ... Someone said that homosexuality, 'the love that dare not speak its name has become the love that just won't shut up!' It seems now (in this neck of the woods at least) that its bastard child HIV gives me ever more cause for speculative chatter. These days I'm more concerned about early onset dementia from depression than I am about late onset HIV, but let me tell you a thing or two I've found out about both.

When I sero-converted two years ago I was shaken twice. Once by the fact that I had finally contracted it at 42 after having completely convinced myself that I could not, and would not, contract it. In hindsight this idea was clearly a delusion on my part and trust me, the reason I hadn't contracted it was more good luck than good management. The

second shock was how ill I became and how long the illness lasted. I became sick exactly two weeks after 'conception' and took over three months to get better. Even then I was functioning at about 60% of the health I had been used to previously. By the time it got to June 2007 my doctor who is a veteran of this epidemic and to whom I had been going for twelve years said I really should give medication a go. I had been holding out, hoping for a five or ten year honeymoon period like so many others I knew seemed to have had... For me it seemed a case of the later you convert, the harder you fell.

Interestingly the initial illnesses which included pneumonia, shingles and prolonged fevers had less impact on me than a condition I'd already been battling with for ten years: depression. The depression I felt was in no way linked to the HIV and didn't seem to worsen because of it. I had been on and off antidepressants for years. There are, of course, those experts who would say depression and its symptomatic lack of self esteem contributed to the situation that allowed me to contract the HIV in

the first place, but in my case I would refute that. I'd had plenty of unprotected sex with positive people long before my depression came into the equation. No, depression is an hereditary trait that runs through families like a genetic strand bypassing some and manifesting in others. It has by far proven the most formidable adversary in my life and makes HIV feel like a treat!

Within three days I felt like a new person (or the old person I used to be)

After biting the bullet and starting on Kivexa and Efavirenz in June last year, I was blown away. Within three days I felt like a new person (or the old person I used to be). The first night I was tripping

off my tits and should *not* have driven a car the next day! The second night, the most extraordinary thing happened... In my dream (and let me tell you the dreams that come with Efavirenz are both compelling and enlightening) I was treated to what I could only describe as 'a nocturnal product initiation promo' in which I found myself wandering into a vast tunnel constructed entirely out of Kivexa boxes and blister packs. If you can imagine *Alice in Wonderland* being led down the rabbit hole combined with the Monty Python scene from *The Meaning of Life* where the characters all die at a dinner party from eating salmon mousse, then drive their Volvos to Heaven (which turns out to be a Holiday Inn with topless waitresses...) then you can appreciate this dream. I awoke quite convinced that GlaxoSmithKline, the manufacturers of Kivexa® had integrated this orientation program into their pretty orange pills...And who is to say they haven't? In truth Efavirenz is the real dreamweaver and through it I had entered *The Matrix*. Keanu had nothing on me.

Efavirenz is the real dreamweaver and through it I had entered the Matrix

Together these two medications took my 'unprecedentedly high' viral load to undetectable and increased my TCells from 250 to 800 in six months. My fears of side-effects were unfounded it turns out and apart from feeling a little woozy if I get up in the middle of the night, I can't complain.

What I have learned with the Efavirenz which I take between 9.30 and 10.30 at night is that sex is better before they kick in too much. This usually means having sex before taking the drugs or shortly afterwards. They don't make sex

unpleasant or impossible but they do tend to affect erectile function a little and blur sensations to some extent. It's druggie sex but it doesn't follow the recreational model some of us have grown to favour.

Secondly I find I can't drink as much alcohol as I used to (I think the drugs might be trying to tell me something). I get drunk faster and often experience heart palpitations throughout the night and the following morning. This concerned me enough at one point that I was given an ECG and fitted with a heart monitor for an entire twenty four hours. There was nothing wrong with my heart.

Thirdly, I do get more tired. I walk two kilometres each way to and from work and spend ten hours, four days a week, at my office with an hour at the gym in the middle. This often leaves me very wilted and falling asleep at any movie or theatre show that isn't utterly enthralling.

In thirteen months I have missed three doses of my medication and on one occasion (I blame dementia for this) I accidentally double-dosed. I woke up feeling so sick and so much pain around my middle I thought I would die. I seriously don't recommend doing this! And it is hard when something becomes so habitual as these pills do, to remember if you've medicated or not. I suppose more organised people than myself use those pill boxes?

But getting back to the dementia-depression thing...I made a discovery through all of this that has been really positive, via a friend who suffered terrible depression last year. I have never been happy (ha ha) on SSRIs for depression. They help at first, but for me they send waves of nauseousness through me from time to time, they make me sweat like crazy which makes them almost unbearable in Sydney's summer, they steal all my empathy and they affect sexual function in a number of negative ways. When I discovered a US vitamin company called TrueHope who specialize in a vitamin supplement that effectively suppresses the extremes of depression, I was really stoked. They are expensive and my doctor pooh poohs them as being overpriced placebos but

after twelve months, I am a convert. Just recently I ran out for nearly two weeks and the effect was tangible within days.

I think about HIV and being on medication for the rest of my life (if that is indeed going to be the case) then remember all sorts of people are on all sorts of medication at my age. My father was on 15-20 tablets a day since he was 25 and died at 46 (not from HIV as far as I know). I think about all the healthy food I buy and cook, the vitamin supplements I've found, the availability of exercise and the access I have in Sydney to services and health professionals and then I remember people talking ten years ago about how in fifteen years treating HIV will be no more of an ordeal than Diabetes. Well I think I'll take my HIV over a number of chronic conditions thanks. With depression I'm learning that life is far too important to be taken seriously, and whatever happens, I already look set to outlive my father. For me HIV is now, as it was two years ago... the very least of my worries.

Neal Drinnan has worked in publishing and journalism and is the author of four novels - *Glove Puppet*, *Pussy's Bow*, *Quill* and *Izzy and Eve*, as well as *The Rough Guide to Gay and Lesbian Australia* and numerous short stories.



After Hours
snax chat chill

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Want to meet with other newly diagnosed gay men?
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When: Thursdays,
monthly from 7pm
Contact: Glenn on 9361 6011
Email: glennf@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988

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BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING



When less
is more

Too far gone?

Greg Page examines a culture of bingeing and what it means if you're HIV+

Rosalind: Why then, can one desire too much of a good thing?

From Shakespeare's "As You Like It", 1600

We all know excess can sometimes do you harm, although no less a mere mortal than Liberace did once exclaim "too much of a good thing is wonderful". OTT entertainer Libbers, who died of AIDS in 1987, was someone who truly knew what he was talking about, what with his lavish lifestyle, extravagant diamond-encrusted costumes and fascination with shiny baubles (one of his many nicknames was "The Glitter Man"). How many other people opened their own museum, let alone one in Las Vegas?

But hedonism, high-living, or self-indulgence can also have a less, pardon the pun, positive side – namely bingeing, greed, or what once was better known as the vice of gluttony. The question here really is – when is too much more than enough? It's something that should give everyone, especially positive people who like to push the envelope in certain areas, cause to pause and reflect.

Often today when we think of bingeing we think merely of overeating. Comfort food has become something of a kind term for how we often use food, and not good food at that, as a reward, a way to prop ourselves up, or as a crutch to get through some of life's hardships. Little wonder we've become a nation of fatties.

In June of this year it was reported

Australia had officially won itself the dubious honour of becoming "fattest nation in the world". Four million Australians — 26% of the adult population — are now obese, compared to an estimated 25% of Americans, with a further five million Australians considered overweight. The report from Melbourne's Baker IDI Heart and Diabetes Institute was given the rather unattractive title of *Australia's Future Fat Bomb*.

The report states this seemingly out-of-control "fat bomb" is likely to cause 123,000 premature deaths over the next two decades. Now that's real food for thought! Most at risk are middle-aged men, which also just happens to be the highest affected group of HIV+ people. So think first before you scoff...and scoff...and scoff!

However bingeing is by no means limited to simply stuffing too many Kit Kats into your face. It's a condition that can also be different things to different people, but where matters are simply taken too far. It could be shopping for the sake of it (the sinisterly-named "retail therapy"), collecting to the point of obsession, going out for a big night many nights in a row, gym "junkies" compulsively addicted to working out, drowning yourself in drink and/or a wallet-draining amount of drugs, as well as perhaps most pertinent of all to many HIVers, a sex fixation that borders,

or even goes over the borderline of becoming a habit.

So when is too much a bad thing? When does it become a problem? When do you realise that you've gone too far and need to pull yourself back from the brink?

Of course there are all kinds of value judgements involved here. What one person considers appropriate, another person may think is too much, or conversely too little. It's a bit like the old adage of whether you see the glass as half-full or half-empty – it's all down to your own perception.

Ultimately though when it comes to overindulging, only you yourself can say when enough is enough. That point may come where what started off as a fun pastime turns into a time-consuming passion, or perhaps most grimly, where your life appears to be spiraling out of control on its own and it's time to reassess and pull back.

A good rule of thumb at this time is to consider these four basic questions:

Do I really need this in my life (or stomach, as the case may be)?

Is this good for my general health and well-being?

Am I hurting anyone else, including myself, through my actions?

Is the likely outcome of what I am about to do going to be harmful?

Asking yourself these four simple questions may make you re-examine your motives and make you see things

Opposite page: When less is more.
www.jamespgilmour.com

more clearly. Do you really need to have a second cream bun or donut, for example? Or why are you constantly going to sex venues on weekends for drug-fuelled anonymous sex “benders” when you know it will take you the whole week to recover afterwards (and possibly longer if you unlikely contract something along the way)? Consider the basic question - why am I bingeing at all? Shouldn't the old saying that “less is more” be of consolation here?

Some steps to combat bingeing are channelling that energy, or bad behaviour, into something that will do you, or others, good. If you want to treat yourself, then do so, but keep a limit on things. Know when you've had too much, or when you've gone too far. Keep a track of your actions by writing down what you have overindulged in over a period of time. It may horrify you when you stare down at a piece (or pieces) of paper to see where and how far your actions have led you over a period of time.

Everyone needs to let off a little steam every so often. That's a given. But when you get to the point where your binge behaviour is impinging and impacting on your ability to function in a day to day situation, or appears to be the only way you can escape from your reality, clearly there is a need to change things in your life.

Find yourself a group of people who understand what you are going through and what you are experiencing. ACON offers excellent counselling services, as well as various support groups, that may help bring some life-affirming clarity.

Being HIV+ you owe it to yourself to be kind to yourself. You can't change your diagnosis, but you can live with it, and can live well with it. Don't let it be something that weighs you down and takes you down a path you'll never be able to recover from.

Focus on the good things in your life – your accomplishments, family and friends, the things that give you joy and pleasure and – good karma alert! - in doing good for others. You'll find you'll get it back twofold.

As Liberace also once said, quite rightly, “nobody will believe in you unless you believe in yourself”.

Behind the land of smiles

Rob Sutherland on HIV and men who have sex with men (MSM) in Thailand and progress at the United Nations

I'm not quite sure what it is, but something keeps drawing me back to Thailand. This is my fourth visit in as many years, and the most substantial consisting of 12 months of living and working in Bangkok. I shouldn't be surprised however, why I keep finding myself here. It is a colourful and vibrant city, full of history, rich in culture and with food that is so good that it is sure to add a few kilos to even the most avid gym goer. It is also home to a beautiful and welcoming people that are resilient in the face of significant challenges, maintain a very refreshing sense of perspective and humour (essential in a city such as Bangkok) and with a smile that is never far away. In fact, many call it the land of smiles, and whilst some Bangkok taxi drivers may at times test the validity of that statement, for the people generally it holds true.

It is also a country of many contradictions and extremes. Bangkok particularly is a city renowned for its sex trade, its go-go bars, its ping pong shows and its 'anything goes' nightlife. It is also paradoxically a place of quiet conservatism when it comes to sex, influenced by a strong and devout Buddhist population and what are often coined as 'traditional Thai values'

centering around the importance of family and social structure. Both coexist in an unusual dichotomy, complicated now by a more liberal and western approach to sex which is being fostered by a younger generation of Thais growing up in a society now heavily influenced by western-style media and advertising, and often flaunting the ideals of aesthetic beauty, status and consumerism as Thailand transitions to a middle income country.

Thai society lacks much of the overt homophobia that often flares up in Australian society

My work here in Bangkok is on a placement through AusAID's Australian Youth Ambassadors for Development (AYAD) Program. As a staff member of the AIDS Council of NSW (ACON), and with their ongoing support, I am working with the United Nations Joint



Programme on HIV/AIDS (UNAIDS), in the Regional Support Team for Asia and the Pacific. Australia generally, and particularly community organisations like ACON, have a key role in showing leadership regionally in this area and sharing the lessons we have learnt. My placement is very much a reflection of this and of ACON's expanding international work in the Asia Pacific region.

The focus of my assignment is on HIV relating to men who have sex with men (MSM). When it comes to MSM, whether gay, bisexual, transgender or straight men, Thai society is in many ways relatively more liberal than Australia. Generally society is quite accepting, at the least tolerant, and in any case lacking much of the overt homophobia that often flares up in Australian society.

There are many examples of this, one being the very fact that gay men appear to more openly express affection without a fear of violence or harassment, a situation that is not replicated even in most parts of Sydney, arguably Australia's most liberal city. It is a common sight to see same sex partners holding hands or embracing in the streets. A high school in northeastern Thailand even recently introduced toilets specifically for transgender and transvestite students after a survey found that many students didn't feel comfortable with the choice between male or female toilets. In fact the rights of sexual minorities are even protected in Thailand's constitution adopted last year.

All of this is not to say that MSM don't face many significant challenges. In fact, when one digs beneath the surface, they become glaringly obvious. Much of this acceptance is restricted to the larger cities of Thailand, with less tolerant attitudes often leading gay men to migrate to larger urban centers. HIV rates among MSM are also alarmingly high, according to a study by the Thai Ministry of Public Health around 30.7% in Bangkok with high rates in Thailand's second largest city, Chiang Mai (16.9%) and the popular tourist destination Phuket (20%). Coupled with this is a high prevalence among young MSM, where in Bangkok 22% of under 22 year olds are HIV positive. Male sex workers and transgender also often experience higher rates of HIV as they report more sexual coercion and receptive anal sex. There is also generally a relatively low level of condom use, poor rates of HIV testing and access to services. International organizations estimate that there are 10 million MSM in Asia and less than 8% have access to any HIV prevention services and interventions.

The contrast to the situation in Sydney and NSW more generally is quite stark. Where condom use, HIV and STI testing and sexual health awareness is high among gay men and HIV treatment almost universally accessible and heavily subsidised, where strong community based organizations such as ACON, Positive Life, BGF and many others exist, where a gay press can effectively highlight issues of importance

and provide access to specific information and where there is a clearly defined gay community with a number of events and venues where its members can socialize and come together.

Of course there are many issues of ongoing concern, such as violence and homophobia, the diffusion (or not) of the GLBT community, HIV rates and same sex relationship recognition to name a few, but it is clear that the GLBT community in NSW has come a long way. These are sophisticated considerations, compared to many of our regional neighbours - a region where male to male sex is still illegal in 12 countries, where gay men and people living with HIV have a weaker voice, where prejudice on the basis of HIV is still widespread and where access to treatment and health services is lacking. And while significant inroads are being made on most of these fronts, progress is often frustratingly slow. It is estimated that by 2020, 50% of all new infections in the Asia and Pacific region will be in men who have sex with men (Report on the Commission on AIDS in Asia).

Recently in June I was fortunate to be invited to be part of the Australian delegation to the High Level Meeting on HIV at the United Nations General Assembly in New York. This invite as Australia's youth representative was extended by the Australian Government largely because of my work with ACON and my AYAD placement with UNAIDS. The meeting was to review the global progress

on HIV since 2001 when the Declaration of Commitment was made to reach 'Universal Access' by 2010. This involved a target of access to treatment and prevention services for all. At the meeting all 147 member states reported on their progress in achieving these goals.

Unfortunately despite clear progress in some areas such as 3 million people being on antiretroviral treatment since 2001, the world is falling far short of its commitment. Even for this apparent step forward, we were reminded that for every 1 person who begins treatment, 2.5 become newly infected with HIV. In 2008 HIV must still be considered a crisis, with 6000 deaths due to AIDS everyday and the vast majority of the 30million people living with HIV without access to antiretroviral treatment. As has been the case for many years, the bulk of HIV infections occur in Sub-Saharan Africa with HIV playing out significantly, but slightly differently in our region. Whereas the African epidemic is a generalised one, having spread across the general population, the Asian and Pacific epidemic is largely concentrated among specific populations. Essentially these groups are sex workers and their clients, men who have sex with men (MSM) and people who inject drugs. Within these populations, HIV prevalence

can reach an alarming 50%, exacting a devastating impact on these communities. The epidemic is outpacing the response and this was widely acknowledged.

In many aspects, Australia is regarded as a world leader when it comes to its HIV response. It has established harm reduction measures such as needle exchange programs and has legalised brothel based sex work. Largely due to progressive policies, HIV infection among both people who inject drugs and sex workers has remained extremely low. It has been estimated that providing people who inject drugs with clean needles and injecting equipment in Australia has averted tens of thousands of HIV infections.

This was the focus of Australia's position at the meeting. We met with Australia's Ambassador Robert Hill and hosted a session on injecting drug use at the Australian mission which was well attended. An additional focus was to urgently resource the scale up of interventions aimed at men who have sex with men, sex workers and other at risk populations, which are based on evidence rather than ideology. The fact that Australia's delegation had half of its members from community organisations shows a commitment in itself and many other country delegations applauded this.

However even Australia has improvements to be made in its domestic response and this is particularly clear at this time of increasing rates of HIV nationally.

The Asian and Pacific epidemic is largely concentrated among specific populations

It is clear that a lack of political will is one of the key barriers to improved progress in the fight against HIV, and there was much discussion on this issue at the meeting. Even in places where we do have clear data on the need to act and which populations to target, many governments and policy makers fail to act adequately. Even when resources are made available they are not always used most effectively by targeting the most at risk populations with best practice interventions. Meanwhile, 6000 people die from AIDS every single day. We were told by leading researchers that 'the quest for a vaccine is proving more difficult than we could ever have imagined' and a cure is rarely even mentioned.

For the foreseeable future prevention is the best vaccine available to us and so we are left to promote and advocate for better resourced and scaled up prevention based interventions for all people as a basic human right.

In the meantime back in Thailand, demonstrating their inspiring perspective on life, the Thais continue to smile.

Rob Sutherland is an ACON staff member currently on placement in Bangkok with the United Nations Joint Programme on HIV (UNAIDS), Regional Support Team for Asia and the Pacific. This is with support from ACON and AusAID's Australian Youth Ambassadors for Development (AYAD) Program. sutherlandr@unaids.org



The Australian delegation to the High Level Meeting on HIV at the United Nations: Rob, John Rule Deputy Director of NAPWA (National Association of People living with HIV/AIDS), Annie Madden Executive Officer of AIVL (Australian Injecting and Illicit Drug Users' League), Kay Hull Federal National Party MP for Riverina, and Sofia Mackay from AusAID (Health and HIV/AIDS Thematic Group).

Making it work: Employment and HIV

**HIV positive and working
(full or part time)**

or returning to work

- **want to know your rights at work**
- **work and finances**
- **making changes to your career or working hours?**

Making it work: Employment and HIV
Wednesday 10 September 6pm to 8.30pm at the Y Hotel
5-11 Wentworth Avenue Sydney

Speakers and a chance to ask questions

To RSVP phone Harry on (02) 9361 6011
or email harryr@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988

Supported by a grant from South Eastern Sydney and Illawarra Area Health Service

Want to share your personal perspective of living with HIV in the media?

Positive Life NSW is looking for a range of articulate people with HIV to share their personal experience of HIV with interested media (radio, print, TV), during World AIDS Day and other events.

If you are interested in being trained and supported for this new, ongoing, and rewarding role, call Lance (02) 9361 6011 or email: lancef@positivelife.org.au

PositiveLifeNSW
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Supported by a grant from the NSW STI Programs Unit



A warm welcome

Talkabout spoke to **Kate Reakes**, the new coordinator for Poz Het (Positive Heterosexuals), about support for people living heterosexually with HIV.

What brought you to Poz Het?

I'd been living in Northern Ireland for eighteen months and the bad weather and the lack of summer was starting to get to me. I was looking at the web to see what was happening back home, found this position and here I am. My background was in mental health and drug and alcohol, and I've always had a keen interest in HIV and sexual health.

How have you found it so far?

- Really busy! There are lots of things going on. Everyone; the clients, the services, have been really welcoming. We're building on some inspiring past work, and looking towards the future and launching our new strategic plan.

What does Poz Het offer?

We have a very comprehensive peer support program, including a monthly Open House meeting at the Tree of Hope in Surry Hills. On Friday September 12 from 7pm to 9pm we'll be talking about disclosure. Then on Friday October 10 (also from 7pm to 9pm at the Tree of Hope) we'll be discussing relationships and the issues facing sero-discordant couples (including fertility).

We have an annual retreat at the end of August, when we go to the Hawkesbury River. Another great chance to get together is our Annual Workshop, and this will be on Saturday November 15. People can meet others in similar situations and have a significant time talk to about some of the issues they

face. One of the topics for the Annual Workshop is feedback from the second phase of the Straight Poz study. Soon we'll be getting involved in the next (third) phase of the study. We also cater for our Western Sydney clients, with *Shed* events, *The Shed* is on every couple of months, with a topical guest speaker. We try to keep the number of HIV workers that come along to a minimum so that the event is truly a space for our clients.

People can access our freecall telephone support from 9am to 5pm Monday to Friday (if we are ever away from the phone there is an answering machine, and we do get back to people). The number is 1800 812 404. This is completely confidential, and we can give people practical information about HIV, refer to helpful services, and offer them support and a listening ear.

We produce booklets specifically for heterosexual people with HIV/AIDS, *Sex Matters A-Z* (sexual health for heterosexual couples living with HIV/AIDS) and *Changing Lives* (a resource for heterosexual people living with HIV/AIDS). These are available on our website (www.pozhet.org.au) or give us a call for a hardcopy.

Our website will be relaunched in August, and we hope it will be another forum to connect with others, and there'll be links to other information and services.

We also provide advocacy, ensuring heterosexual issues are on the agenda for other services and in policy.

Our workforce development is about helping educate services around issues facing heterosexual HIV positive people and appropriate ways to engage with heterosexual people.

What words of encouragement would you have for a heterosexual person who has been diagnosed and doesn't know what to do next?

People might feel nervous the first time they come to an event, but that's normal. There's only one way to find out if it's helpful or not. Give us a call or come along. We're from all walks of life and we're all friendly.

How can you reassure people who might be worried about their confidentiality?

We're a small team. All our services are confidential. Our open house nights are usually at the Tree of Hope and that's a very discreet community centre. It doesn't look like an HIV or health related building. All the other clients at Poz Het also understand how important confidentiality is, so what is said in the group stays in the group. Our groups have got a casual and relaxed atmosphere, and you can just come along, but if you give us a call first it helps us with planning the catering.

What are the significant issues for heterosexual people with HIV?

Social isolation is a big issue. Not knowing other people, whether that means other positive people, or knowing partners and family members of people with HIV.

A lot of stigma is attached to being HIV positive in the straight community. People don't often have the chance to talk about what HIV means for day to day living. If people don't know whether they can approach services, it has implications for their health. Then there's the issue of finding ways to disclose, or talk about it, with partners and children. Other important issues may include having children, and fertility and conception issues.

Poz Het has a particular philosophy about including the partners of people with HIV...

We recognize that it's not just the person who's been diagnosed who's affected by HIV. Partners have questions, as do families, children, parents and carers. All those people are welcome to our activities. No one is excluded. Within activities we might offer something specific, just for partners or just for the positive person. I've had a lot of contact from the partners of positive people, who are looking for info or for support for themselves or their loved one.

Poz het has just moved, same phone line though?

We still have the same freecall number (1800 812 404), but we have moved. Just across the road from our previous address. Our new location is 155 Pitt Street Redfern and we've got a postal address (PO Box 3159 Redfern 2016). If anyone would like to pop in and say hello they'd be very welcome.

Coming up on Poz Het's calendar:

Retreat weekend 29th – 31st August (Hawksbury)

Disclosure discourse Friday Sept 12th 7pm – 9pm (Tree of Hope)

PozNeg couples (and fertility) Friday 10th October 7pm – 9pm (Tree of Hope)

Annual workshop Saturday November 15th 9.30am – 4.30pm (Tree of Hope)

Check out the Poz Het website
www.pozhet.org.au

Jobs at ACON

HIV Health Promotion Team Leader

We need a new team leader to oversee the range of programs we provide to inform, educate and support people with HIV. These programs include targeted campaigns and other resources including web content, educational and peer support groups, social events and workshops. Excellent writing skills are essential. It's a fulltime job and it's based in Sydney.

HIV Health Promotion Officer

This position is all about creating information resources for people with HIV. This means developing and producing awareness campaigns, online content, pamphlets and brochures. Good writing skills are essential. It's a part-time job (28 hrs/week) and it's based in Sydney.

HIV Men's Health Promotion Officer

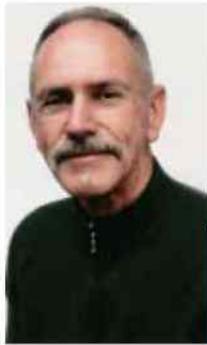
This position is all about providing peer support for people with HIV. This means running educational and support groups, providing one-on-one support, training volunteers and producing various workshops and seminars for gay men with HIV. It's a part time job (21 hrs/week) and it's based in Sydney.

Applications for all three jobs close on Friday 12 Sep 2008. For all the details, download a job pack from the ACON website (www.acon.org.au/jobs) or contact our reception after 11am between Monday and Friday on (02) 9206 2000.

ACON is the leading health promotion agency for NSW's gay, lesbian, bisexual and transgender community. ACON also provides information, support and advocacy for people living with HIV or at risk of acquiring HIV, including sex workers and people who use drugs. ACON is an EEO employer and encourages people with HIV, in particular, to apply.

www.acon.org.au

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING



Systemic Advocacy

At Positive Life NSW

Lance Feeney:

Senior Project Officer - Systemic Advocacy

Systemic Advocacy:

Ways we seek to influence the distribution of political, social and economic outcomes.

Representation of our interests as citizens.

Over a twenty year period, Positive Life has built powerful coalitions and effective partnerships between community sector agencies, government, researchers and clinicians. These partnerships collect and harness evidence. They also work to create supportive environments, enabling people with HIV to enhance their own health and quality of life, and the quality of life of their partners and communities.

The newly created Systemic Advocacy project plans to build on these relationships with NSW Health, ACON, the Bobby Goldsmith Foundation, Area Health Services, mainstream services, the clinical and research sector, NAPWA, AFAO and people with HIV – to reinvigorate and enhance our advocacy and achieve the following objectives:

- Work with the HIV sector and relevant mainstream organisations and people with HIV, to identify barriers and improve access to health and support services across NSW by annually consulting with all relevant stakeholders to identify and act upon two priority areas/issues.
- Develop and implement joint approaches that improve and ensure ongoing access to services for people with HIV by working with key HIV and other stakeholders to identify

and cooperatively progress access objectives and strategies.

- Increase recognition and understanding of the diverse needs of people with HIV: remaining informed about the current and emerging issues affecting people with HIV across metropolitan and regional NSW.
- Contribute to measures to identify and address the impact of stigma and discrimination on the quality of life and opportunities of people with HIV by implementing inclusive consultation strategies that seek input from the full range of people living with HIV throughout NSW.
- Establishing effective processes to measure and communicate the impact of our systemic advocacy work, to people with HIV, partners, stakeholders and relevant decision makers.

In the 2008-2009 financial years, we will include the following priority issues in our systemic advocacy work:

Oral health and access to Dental Services

Whether using publicly funded dental clinics or private dentists, access to good and affordable dental care is vital to the health and wellbeing of people with HIV. The EPC Medicare Dental Scheme, introduced in November 2007, was a welcome treatment initiative and provided improved access and treatment options. The Federal Labour Government has announced it will replace this scheme with a Commonwealth Dental Health Program. We will be working with NSW Health, Sydney Dental Hospital,

St. Vincent's Dental Department and relevant Area Health Services, to advocate for improved and speedier access to preventive and restorative dental treatment for people with HIV in both metropolitan and regional NSW.

HIV and the media

The availability of people with HIV who are willing to provide a personal perspective about living with HIV in public forums and through mainstream media is currently limited. We will recruit, train and support people with HIV to develop their media skills and to provide a diverse range of personal perspectives about the issues that impact on our health and wellbeing.

We will also resource the media with up to date information about HIV issues in Australia, including: epidemiology, the background to stigma, sensitivities of disclosure, discrimination, emerging issues in prevention, the impact of long term HIV treatments and the issues facing people living long term with HIV.

Insurance, discrimination and HIV

Access to insurance for people with HIV varies. Attitudes to HIV as a pre-existing condition, and the long term prognosis impact on how insurance providers view the risk of insuring people with HIV. This impacts across the spectrum of insurance products including: travel, health and life insurance in particular. People with HIV - after less favourable treatment, or from fear of less favourable treatment – may decide not to take out insurance or not to disclose. This may

affect their ability to plan for a secure financial future and contribute to financial hardship in their later life.

We will collect and publish information on available insurance cover in Australia and assist people with HIV to have a better understanding of their rights and obligations when applying for insurance. We will also work with the Australian insurance industry to bring them up to date with the improving prognosis and life expectancy for people with HIV.

Employment and HIV

Employment continues to present challenges for people with HIV. Dealing with side effects, intermittent illness and time away from work for doctor's appointments and pharmacy visits, requires flexibility on the part of employers. The management of disclosure, the impact of breaches of privacy, and potential discrimination within the workplace, can make getting and keeping a job more difficult.

We will assist people with HIV to continue to develop skills around returning to full-time or part-time work, study or volunteering. We will also assist working people with HIV to understand their employment rights and responsibilities, manage career change, financial planning, disclosure and privacy issues, and to advocate for the flexibility to maintain health and life balance while also working. We will also use this work to consider ways to work with employers and unions regarding these issues.

Facial Lipoatrophy and access to affordable treatment

Facial Lipo can impact negatively on mental health, socialisation and quality of life. A range of cosmetic procedures have been successfully used to rectify facial Lipo. These procedures however are expensive and some need to be regularly repeated.

The recent NSW Sculptra Special Access Scheme, provided a course of free treatment for people on low incomes with facial Lipo and was a highly successful collaboration of Government, community based organisations and Aventis, makers of the Sculptra product. Participants overwhelmingly reported a positive experience.

Positive Life will now review the evidence and make recommendations about what measures could assist people with HIV experiencing facial Lipo in the medium to long term.

Access to Mainstream services

A key role for this project is to identify and act on barriers to services for people with HIV. As HIV treatments and experience changes, and as people with HIV age, we will need to engage more with mainstream health and community care and support services. In doing this, organisations like Positive Life need to be able to raise awareness about the needs of people with HIV and be ready to provide training and awareness to support services providers and ensure access for people with HIV. We will continue to work with health services to ensure that wherever we need to access health services, the care is high quality, clinicians understand any specific HIV interactions and needs, and that privacy and disclosure (and their impacts) are understood and respected.

Relationship recognition and the impacts for people with HIV on pensions.

The financial impacts of the proposed federal relationship recognition legislation, in particular, how a working partner's income will affect the income and health concession eligibility of the partner on an age or Disability Support Pension will be important issues for many people with HIV. We will advocate for ways which ensure that people affected by the legislation are properly informed, able to plan to ease the impact and that measures to limit hardship are put in place.

Improved access to dispensing of HIV medication

Taking HIV treatment as directed is the most important factor in the success of anti-HIV treatment. Easy access to pharmacy dispensing services is crucial to maintaining treatment success. At present, HIV medications are only available in NSW through hospital pharmacies and specific services like the Albion Street Centre Pharmacy. These services generally operate Monday to Friday during business hours and require prior planning,

employer flexibility, time away from work and in some cases, long travel times during work hours, to pick up medications.

Positive Life will work with hospital and other pharmacy services and NSW Health to improve access for people with HIV.

The UN Convention on the Rights of Persons with Disabilities

Positive Life gave evidence to the Joint Standing Committee on Treaties in response to the proposed ratification of the UN Convention on the Rights of Persons with Disabilities.

We support the Convention and the ratification by Australia. We however question the health requirement related to immigration and called for a more balanced consideration of both the costs and benefits to Australia of immigrants and their families with HIV.

We highlighted the continuing exemption given to insurance providers in the Disability Discrimination Act and highlighted the lack of consideration given to people with HIV by the insurance industry and the need for a more constructive, inclusive and balanced approach.

Finally, we supported an increased priority for accountability under the Disability Discrimination Act and called for independent public annual reporting on outcomes as well as mechanisms to plan and improve access to human services for people with disabilities including HIV.

For more information on the UN Convention on the Rights of Persons with Disabilities, read our submission: www.positivelife.org.au/advocacy/submissions

Positive Life NSW values your feedback. If you require further information or would like to discuss our systemic advocacy work, please contact:

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Coming from the space of true love

Sam describes how he dealt with HIV as a negative man and then as a positive man, and the relationships he has had along the way.

I came from a strict Lebanese Catholic background, and wasn't familiar with the gay lifestyle or gay sex. When I did explore my sexuality and went out to nightclubs, I met a man and fell in love at first sight.

He told me he was HIV positive. I was naïve and came from a very sheltered world, but I realised if I protected myself with condoms I would be safe. This was still new and scary. It was 1999.

He was my first boyfriend, my very first lover. I had no sexual partners before that, and I felt thrown into a relationship already shrouded in danger. It lasted two years, and it turned out to be destructive in some ways, because he had a chip on his shoulder, feeling like the world had abandoned him. But I felt very loyal to him, and even when we broke up on a few occasions, I wanted nothing more than to be with him.

I got tested throughout that time. And every time I did, I would cry myself to sleep thinking I definitely had something. After a while, I grew in the knowledge that it was difficult to get HIV if you practise safe sex.

My next partner was negative and he, like my first partner, was ten years older than me. He had more sexual experience and I freaked when he suggested we have unprotected sex. I didn't know what it was like. I'd only ever known condoms, and it was a big thing to let go of that protection. Even though we went to

his doctor and both tested negative, it was like trusting somebody with your life. But once I did, it was fantastic and liberating. We were monogamous and it worked well.

After we split up, I dated another man and he told me he was positive. By then I felt more educated and said: "I've been in a relationship and there's no problem." And he was so, so overwhelmed with my response because he'd had other men who had rejected him. I just said to him, "We'll just protect ourselves. It's all good."

The whole time we were together we had safe sex, and we started off on a great note, but after the third month, the honeymoon was over and things went sour. Although he was no longer in love with me, his therapist said he needed to work at the relationship.

I was on steroids at the time. Sometimes I couldn't sustain an erection, and putting on a condom aggravated the problem. I had a lot of psychological distress trying to fulfil him and sustain a sexual relationship, along with the stress of HIV. I felt my masculinity was questioned because I had to be dominant and impress him. When I became more of a bottom, I could sense he wasn't fulfilled, or he was reserving himself in some ways.

He didn't do any drugs because he had been addicted, and wouldn't do anything that would cause him to relapse. I also

stopped steroids and drugs, because I knew it affected him. Drugs weren't a big thing in my life anyway, and I would just do them twice a year at a major dance party.

After six or seven months of the relationship, I just wanted to go out and have some fun, and not feel so suffocated. We went out to a leather party and I told him I was going to do drugs. He eventually went home, and I stayed out the rest of the night with my friends.

The following morning he called and asked me over to have sex. I went over to his place and we did, all protected, maybe three times. It was the most sex I'd ever had with him in one short period. I was so happy because I was thinking: "Wow this is great." I was on a high.

A few days later, I did a two hour photo-shoot on a really cold night in the nude. I came back from the photo-shoot shivering so bad I thought I had caught pneumonia. The whole night I just couldn't stop shaking, and a couple of days later I got the flu in a bad way. My life is always geared towards health, but I hadn't been so sick in my life. My partner was worried because he knew I was never sick. I had a sore throat and thought I should get it checked, and also had a blood test done. A few days later the doctor called and asked me to come in. I knew something was wrong because this particular doctor is well known as an HIV specialist.

The test came back positive for HIV. It was the middle of last year. We went and got the results together, and he fell apart. I just didn't know what had happened. I had protected myself completely with him. Never did the condom break. Never did he even ejaculate with the condom on, never. They put it down to my having a strep infection around the time of going to these parties, taking drugs, having sex, and that he wasn't on medication and his viral load was high.

How could this be possible? What did I do to deserve this? I don't know anybody personally who's had this experience. I know guys who practise unsafe sex, and still haven't become positive. I felt like I had the raw end of the stick. The doctor said he probably gets two cases a year of people who don't know how they got it, and it's not common.

I didn't cope with it at all. My doctor sent me to a counsellor, who I still see to this day. Had it not been for her support, I wouldn't have got through this. It was like when I first came out, and the shame of being gay, and now there was another secret to hide. I felt like nobody knew about what had happened, and wondered how I was going to approach the subject.

When I was diagnosed and the doctor spoke to me, I could hear him talk, but I just didn't know what he was talking about. Looking back, he was telling me about my viral load, and my t cells and how I should go on medication straight away. And I normally don't even take medication for anything. I don't even take Panadol.

I just couldn't believe what was happening to me. I remember going

back home that night and taking this medication and feeling violently ill from it. And feeling even more down and crying desperately about the state that I was in now.

Becoming positive put a huge strain on our relationship. The sex declined and it just added another weight he couldn't bear, although I came to him from the space of true love. He used the excuse that, sexually, we weren't compatible now, and it got to the point where communication just ended.

It was like trusting someone with your life

I wondered who would take me and who would have me. I didn't feel like I could share what had happened with other men. I did tell a few friends and they were very supportive. I would never disclose with casual partners, and they would never disclose. I would just protect myself and protect them. But eventually a few guys did tell me they were positive, and I disclosed to them, and we had unprotected sex. I started to think I should just look for positive men, because we're both on the same plane, and there's more pleasure.

Through this time I just had to wear the brunt of the storm because I was

losing weight, and was scared of things like lipodystrophy. I was trying to keep the secret of HIV as well as hold my life together, and my career. My counsellor described it as "like trying to keep five basketballs afloat under water."

After six months, my doctor told me I could stop medication. I've been off them now for a month and my life has gone back to normal. I don't feel the pressures of remembering I have HIV.

I met my current partner four months ago. He told me early on he was positive, and I said: "Oh my God so am I." I felt so relieved. We have an amazing sexual experience together, uninhibited, and monogamous.

Being with him has been a real blessing, because it's exactly what I want. I've become more liberated with sex. I can take medication, talk to him freely, and be open about being sexual. Emotionally, physically and psychologically, we're on the same plane. We're both the same age and we want the same things. Having him as a partner at the moment has helped me with the stigma attached to HIV. It's not confronting me wherever I turn.

The more educated I become, the stronger I become. I realised I wasn't going to die from this, and if I looked after myself, I was going to have a long and healthy life. I also realised I can share that knowledge as well. I've since met a lot of positive guys and there's comfort and solace in knowing them.

Sam was interviewed by Kathy Triffitt for the forthcoming Positive Life campaign on serodiscordant relationships *Disco Nights*



These beautiful photos of the Northern Rivers which appeared in the last issue of *Talkabout* were taken by Dorien Karam



Need to talk to someone?

Talkabout spoke to **Kerry Saloner** about counselling services at ACON

What brought you to ACON?

I was working in South Africa, and developed a counselling program for health care workers and medical students. The high number of people diagnosed with HIV meant workers needed basic counselling skills. There was a huge wave of volunteerism, which led to many people being trained up as lay counsellors, and a very different energy about HIV in South Africa from 1999 to 2005.

HIV and sexuality were two areas of passionate interest to me. We didn't know where the epidemic was going to take us in South Africa, and sexuality was also in some ways unresearched and unexplained. I wanted to continue my work in HIV, and so I came to ACON in 2005.

What kinds of counselling does ACON offer?

Short term counselling (six to nine sessions) takes place in the daytime, and focuses on current needs. This program is well established and has been running for many years. This is a free service and its priority has been people living with HIV, and people from the GLBT community who are financially disadvantaged and cannot afford a private service.

We now also offer medium term counselling (up to 26 sessions) in the evenings, because six sessions may

not be enough for some people to explore deeper issues. This operates four evenings a week (Monday to Thursday), and works on a donation basis. We ask people to contribute \$10 for each \$10,000 they earn annually, and suggest \$5 per session if people are on Centrelink benefits, but we won't refuse to see anyone.

Daytime counselling is by qualified and experienced counselling staff. Our evening counselling is a volunteer program, but there are stringent selection criteria for the evening counsellors. They're either in their final year of study, or they're newly qualified or substantially experienced. All of our counsellors receive clinical supervision.

Do people need a referral or just turn up at reception and say they'd like to see a counsellor?

You don't need a referral to see one of our counsellors. In fact, if someone has come to ask for counselling themselves, it means they have really decided they want to deal with an issue. We have an intake officer who does a comprehensive assessment to look at what's the best way forward and the most suitable course of action for the person who's requesting help.

Is there a waiting period?

If counsellors are available we'll allocate them as soon as possible, but generally

there's a short waiting time, from one to three weeks. If people can't wait because their situation is more urgent, we will refer them to partner organisations. Intake officers will follow up regularly with clients to see how they're progressing.

What kinds of issues do people see you about?

People come to us with a broad range of issues, including drugs and alcohol, housing, same sex domestic violence, and relationships. The most common issue (42% of our clients) is mental health and this includes anxiety, depression, stress or a diagnosable mental health condition. The second most common issue is relationships, and third is HIV.

HIV may not always be the priority issue they're coming to us with, but might come up later. For example, their relationship could be the reason for contact, but then that could be partly because they might be in a serodiscordant relationship.

So, we also do couple counselling. It can be important to open up communication in relationships. We encourage people to have those conversations here, whether it's about open or closed relationships, using protection outside the relationship etc.

It takes courage to come to the point of saying I need counselling. All the counsellors are client centred in their

work, and come from the perspective that it's not up to us to tell the client what to do. We try our best to work unconditionally with clients.

What about confidentiality?

We're *very* aware of the need for confidentiality. We work in an organisation with its roots in HIV and AIDS, a disease that can be extremely stigmatized. Our record keeping procedures and protocols for maintaining confidentiality are very strict. The counselling team is a small team and we always get consent from the client to talk to other team members about their issues on occasions where it might be necessary to do so. In some instances we have a professional responsibility to find out all options for the client. This information is not shared outside the counselling team or with the wider ACON staff.

What else do you offer?

Just over a year ago, we started up a New HIV Diagnosis Priority Service. If someone has recently been diagnosed (and what 'recent' means is up to the client), we will provide telephone or face-to-face counselling within one working day of them making contact with us.

We also run four different therapeutic groups. They include: exploring the blues (for people living with depression and anxiety), exploring anger, and exploring intimacy (one for women and one for men). The groups are free flowing, and the discussions are guided by experienced facilitators.

What kind of feedback have you had?

We're seeing more of a need for counselling. Evaluations of counselling and groups have shown clients report an improved sense of emotional and social well being, with 90% rating the service as "excellent". Anecdotally counsellors also report seeing real change. For some clients it's the first time they can talk freely about same-sex relationships, or living with HIV. A lot of people also come back, and get a boost to keep them going.

Kerry Saloner is the Manager of the Counselling and Enhanced Care Service at ACON

Living with HIV?

Work hassles?

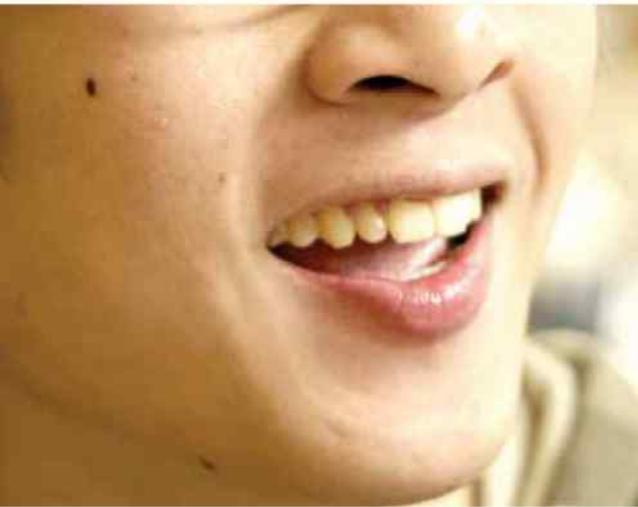
Not coping with life?

Relationship drama?

Counselling @ ACON

A service for the gay, lesbian, bisexual and transgendered communities, and anyone affected by an HIV diagnosis

To make an appointment please phone:
(02) 9206 2000 or 1800 063 060



Dry mouth and HIV

Dentist **Dr Trevor Morris** talks with **Lance Feeney** about: Dry mouth and how to prevent it.

Dr Trevor Morris has established a reputation over a twenty four year period for high quality dental treatment and care among people with HIV. He practises from his Holdsworth House Dental Practice in Oxford Street Darlington.

Recently we discussed the improvements in peoples' oral health after the introduction of combination therapy. The bad old days of KS lesions, fungal infections and hairy Leucoplakia – to name just a few - have thankfully receded into history, but are there new environmental factors influencing our oral health in the time of effective anti-viral treatments and HIV?

Before and after combination anti-viral therapy

Combination therapy produced significant improvement in health for people with HIV. Opportunistic oral conditions abated as viral replication was controlled and immune function returned. Serious conditions such as Kaposi's sarcoma resolved spontaneously and fungal infections occurred less frequently, and with less severity. Between 1996 and 2000, many of the symptoms and signs associated with poor immune function began to disappear as the uptake of anti-HIV treatment increased. From around 2000 to 2005, people with HIV were presenting at dental surgeries in much the same way as those who were HIV negative.

Before antiviral therapy as CD4 T cells crept below about 300, there was a predictable and increasing deterioration

in people's health. Oral conditions were often the first sign that all was not well. Hairy Leukoplakia and painful red fungal infections were most common.

In 2008 the situation is quite different. If you have a CD4 T-cell count of 300, it is likely you won't be experiencing any of these symptoms. Management of HIV is much more sophisticated and while some of the numbers may be low, immune function is generally better protected and consequently more effective.

During the early 1990s big parties were in their hey-day and many party goers would go for days with little rest. In the weeks that followed it was not uncommon to see quite an increase in severe mouth infections - once again fungal and also ulcerative gingivitis. Unprotected and vulnerable immune systems were overwhelmed by exhaustion. It can still happen but we seemed to have learned few lessons along the way.

Saliva: the lubricant of the mouth

Our mouths are probably the part of our body that encounters the greatest attack to our immune systems and the important protection in the mouth comes from saliva. Generally, the more saliva one has the better. Saliva quality is also important. If it is particularly thick and slimy, then it doesn't wet the surfaces of the mouth as well and acids as well as organisms are left undiluted.

HIV-positive people with lower T-cells - especially not taking anti-viral treatment - will often report some alteration to their saliva. They become more likely to

report either dry or slimy feeling mouth. We are now able to test saliva quality and flow with simple test kits costing about \$60. We can then be more scientific and work out whether we need to introduce mouth-washes or other aids to improve the performance of saliva.

If someone is having trouble eating because their mouth is very dry, then the simple solution is to drink while they are eating to wet the mouth and help digestion. There are also saliva replacement products. These tend to be quickly swallowed and are very helpful when saliva levels are very low and they help soothe the skin lining in the mouth. People however, need to be strongly motivated, because you have to keep using them throughout the day.

Many people are unaware of dry mouth – presumably because they are too busy, or not so body conscious. Where saliva levels are diminished we commonly see raised decay rates involving unusual tooth surfaces. The cost of repair soon adds up and our ability to maintain teeth once they are repaired is also diminished if the problem of dry mouth is not resolved.

You can also help control the negative effects of dry mouth by reducing your intake of sugar. Sugar is one of the principal contributing factors of decay especially where its consumption is frequent. Making changes here is dependent on the individuals' motivation. It is not easy for some to change their diet but where sugar levels are reduced the results are always worthwhile.

The causes of dry mouth

Dry mouth can be caused by a range of factors; however there are some general trends that are worth noting.

It could be argued that we are living in a faster more stressful world with more constant pressures. Stress hormones tend to dry our mouths. Most of us are familiar with a dry mouth at times when we are nervous. That's why a glass of water is always provided for public speakers. We all get stressed at times, but for some of us being stressed has become the norm.

Then when we are busy we often forget to drink enough water. You might begin the day well hydrated but with business and distraction, forget to keep drinking water as the day progresses. Well hydrated in the morning dry in the afternoon! Saliva flow rates fall and ones breath may also deteriorate as bacteria proliferate.

We are also increasingly accessing prescription medications for a range of health conditions both HIV related and non-HIV related. A very large number of drugs list dry mouth as a potential side-effect. This can vary from person to person and it may or may not be significant. Certainly some anti-viral medications fall into this category. It is not a reason to stop taking them, but we do need to modify our oral health care to compensate. If you are unsure ask your dentist.

Each year new products enter the market. Lifestyle drinks; new concoctions to help us through exercise or hopefully to energize us through a hard day or maybe during a long night. What we don't know is that they often contain mild stimulants that dry our mouths, and to make matters worse, still are frequently both sweet and acidic. If you wanted to make the perfect food to breakdown teeth you couldn't do much better. Moderation is one thing but some people report using these drinks every day.

Street drugs are also used in some parts of the gay community. Amphetamines are more popular than ever. Academically they are linked to the syndrome of "Meth Mouth". Essentially they help us to push our bodies beyond normal limits. They cause dry mouth directly and many who use them are drawn to sugary or acidic drinks which exacerbate the saliva

problem. Surface enamel is softened by the acid and then quickly worn away from clenching and grinding; another side effect of the drugs. Teeth age more quickly than ever. Now and then we see 20 year olds with teeth that look twice their age. Another scenario involves the older person who has gum recession leading to exposed soft root surfaces. Decay on root surfaces is harder to treat and more often leads to the loss of teeth.

Alcohol if drink frequently also dries our mouth. If it is mixed with sugar the effect is once again compounded.

Cigarette smoking also dries the mouth with similar possible effects. More noteworthy smoking has a strong association with gum disease. A general guideline is that if you smoke more than ten cigarettes per day, and if you have any tendency to gum disease, it is likely to be accelerated many times. Nicotine reduces blood flow to our gums and thus the interface between our gums and the plaque that resides on our teeth is altered, making it harder to control the bacteria that make up plaque. Our body begins to lose the battle as the bone and gums that support our teeth breakdown leading to loose teeth. Three cigarettes a day should not cause any problem. Once you reach ten a day we begin to see rapid progression of untreated gum disease.

There is a clear relationship between oral health and self-esteem. People, who have problems with their teeth, lose social confidence. When people have poor self-esteem they are less likely to care about themselves. They tend to give up. They tend to neglect themselves. These factors then snowball, and make the situation worse.

Individuals may not be able to change all or some of the above circumstances, however it is no reason to take a head in the sand approach. The cost is too great. Instead, cooperation with an understanding dentist can make a world of difference. We are not there to judge you, but to help you experience better health for longer, whatever that may require.

Preventing dry mouth

We know that brushing your teeth every day with fluoride toothpaste makes a significant difference in controlling

plaque and thus controlling decay and gum disease. If you brush your teeth twice a day, the incidence of decay is demonstrably further reduced. So we can say that brushing twice a day is a way of saving quite a lot of decay and expensive treatment. We have no doubt that if people are able to, flossing will further reduce disease in the mouth. Drinking adequate water throughout the day and avoiding excessive use of high acid, high sugar drinks and foods can also tip the scales in your own favor

There are also products on the market – like mouthwashes, and mineralizing crèmes which can help. You need dialogue with a dental professional. We can work out what products are best for you in terms of cost and effectiveness. Each mouth is just a little different. Early intervention is far better than allowing problems to develop. We like to think that our professional experience can assist in this way.

Some of us are just lucky and some have to work harder to keep things under control. Feedback from a professional about what is happening and what you may need to do is invaluable. It is not uncommon to tell people that they don't need some of the products they are using.

You won't know if you don't ask.

If you have HIV in 2008, the news is better than ten years ago. It's not so much a battle with HIV as keeping yourself in a better state of health. There are two principal factors challenging your oral health. Here we have focused on dry mouth and how it has a strong association with lifestyle, medications; prescription and non-prescription drugs. The other factor is gum disease and that, for the majority of people, can be quite well managed with the help of a good dental team. Early intervention is best. It's cheaper easier and the outcomes are better.

Lance Feeney is the Senior Project Officer – Systemic Advocacy – Positive Life NSW. For more information you can contact Lance:

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Fax: (02) 9360 3504

Email: lancef@positivelife.org.au

Website: www.positivelife.org.au



It's all in the mind?

Garry Wotherspoon on some possible impacts of HIV on mental health

Mental health has had a bad press – images of lunatic asylums like Bedlam or Callan Park, and movies about ‘crazies’ with knives and hatchets, have, for so long, been fed to the public.

In recent years, increasing numbers of public figures have raised the issue of mental health. Former Premier of Victoria Jeff Kennett has championed mental health issues, and the current NSW Treasurer Michael Costa has ‘come out’ and talked about his own mental health concerns. And two recent Australian movies - *Ten Empty* and *The Black Balloon* - have treated mental health issues factually and sympathetically. So stigma is lessening and attitudes are gradually changing

The World Health Organisation (WHO) has projected that depression will only increase as a global issue. The WHO reports that it is currently the highest medical cause of disability worldwide, and predicts it will be the second highest medical cause of death and disability worldwide by 2020. According to the Mental Health Association of NSW, depression is a common mental health problem here. It is a long-lasting, often recurring illness, as real and debilitating as heart disease. About 800,000 Australians experience depression each year, and one in five

people are likely to experience depression or anxiety in their lifetime. People who are depressed may feel symptoms like oppressive sadness, fatigue and guilt. They may report feeling lonely, isolated, helpless, worthless and lost. And many people with HIV experience not only unhappiness or sadness, but also depression.

Fear of the impact of HIV can be a source of anxiety

For most of us with HIV, there are a range of circumstances which might cause a shock to our usual mental state. The moment when our doctor tells us that we are HIV+ is often stressful, and for some, it can generate anything from anxiety to acute depression, depending on the situation. Then, when we have come to terms with diagnosis, the next hurdle might well be disclosure – who should we tell? Or can we avoid telling

people? But if we are ‘careful’ not to tell people, how do we get support?

Fighting prejudice was a key theme at the recent 17th International AIDS Conference in Mexico City. The 20,000 delegates heard stories that indicated that there is still widespread concern about the stigma attached to HIV.

Stigma, or the fear of stigma, might be especially fraught for people from different language or cultural backgrounds. This can be because of their communities’ different beliefs about health, illness and medicines. And since Australia has cultural communities from all corners of the globe, these fears might be an ‘iceberg’ - we only see the tip of it, with a massive burden hidden below the surface. Similarly, some positive Asian gay men may be particularly hesitant to disclose their status, given that their communities can be quite interconnected. It happens. Someone you meet knows someone you know, and talks about someone they know. Other cultural groups often have similar experiences.

But some causes of mental health stress are common. Many of us may worry about the impact of HIV, whether actual or feared, on our health. While this can be a source of anxiety, there are strategies for looking after our physical health: eating well, getting

enough exercise, compliance if you are on medications, cutting down on those pleasures that might have a negative impact - too many big nights out, too much pill popping, etc. I don't have to spell them all out, you know what I mean. But there is one strategy to take particular note of - cut out smoking - it helps in all health issues.

Strategies can include treatment and prevention

We might also worry about the impact HIV might have on our lives in general. Will we be able to do the things we'd planned or hoped to do in the future? What impact will it have on our sex lives? Will it affect our relationships? And if we're not in a relationship, will forming a relationship be more difficult?

Talking to someone can be a strategy for dealing with the impact on mental health. A friend, counsellor, or peer support group could diminish that sense

of dealing with worries in isolation. Here, groups like *Genesis* or *After Hours* (for newly diagnosed gay men), and *729* (for men living longer with HIV), are invaluable. Organisations like ACON provide one-to-one counselling (see the interview on page 20). And there is also *beyondblue*, an organisation that has been recently established in Australia, to provide support for people with depression.

If one still feels that one's world has collapsed, then we may need a different approach. The first step might be to acknowledge we are not coping, and look for other strategies. These could be anything from treatment to 'prevention'. There are many treatments, but most of them fall into two main groups: antidepressant medications or psychological treatments. There are a range of anti-depressants on the market, but you should take your doctor's advice when considering if you need these. And a range of 'preventative strategies' can also help people manage their condition: everything from getting enough rest to gentle exercise or using relaxation techniques, to moderate use of alcohol or recreational drugs, to trying to maintain supportive friendships. Every little thing helps.

And finally, we should accept the fact that we can go easy on ourselves, treat

ourselves kindly (taking some time out if needed), and here, the benefits flow to both our mental health and our HIV situation. Some people have called it 'the power of **positive** thinking'!

Services mentioned in this article:

ACON Counselling (02) 9206 2000 or Freecall: 1800 063 060 www.acon.org.au

Multicultural HIV/AIDS and Hep C Service (bilingual/ bicultural co-workers provide emotional support, advocacy and information to people with HIV from diverse cultural backgrounds) www.multiculturalhivhepc.net.au Freecall: 1800 108 098

beyondblue (an organisation established to create a community response to depression) www.beyondblue.org.au

Peer support: For information about *Genesis* phone Positive Living Centre on 9699 8756. For information about *After Hours*, 729 or other peer support groups phone 9361 6011. www.positivelife.org.au/peersupport



IS YOUR HIV THERAPY BECOMING A REAL DRAG?

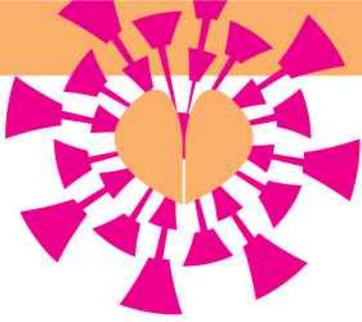
Speak to your doctor today about any problems you have taking your medications. There are advances in HIV combination therapy that have the potential to improve your quality of life. So if you are feeling tired or suffering from low energy these new therapies may be able to help you.

To find out if new HIV treatments can help you to Thrive instead of just survive, speak to your doctor. Visit www.youcanthrive.com.au









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**

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 yo

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: 160608**

46, HIV pos guy SW Sydney would like to meet pos guys to 55 for fun times and with a view to a relationship. **Reply: 100708**

31 yo Kiwi guy living in Rooty Hill, NSW. I'm affectionate, passionate,



GROW OLD TOGETHER

Advances in HIV combination therapy have resulted in people living longer and with improvements in their quality of life. It's worth taking the time to discuss your future treatment options and health with your doctor.

Find out whether advances in HIV combination therapy can help you Thrive instead of just survive.

Visit www.youcanthrive.com.au



good looks. HIV+ 5 years. Looking for a guy(s) to share good times with and life. Into honesty, easy going, sensual and sexually uninhibited people. Age, nationality and beliefs no barrier. I'm very open, strong and happy. ALA Reply: 150708

Men Seeking Women

Seeking free spirited, loving soul mate. I am a youthful male in his 40s, from Melbourne, who would like to spend some quality time with a lady who accepts my HIV positive status. I travel interstate occasionally. I do not consider that I am compromised by this status. Reply: 190808

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

HIV+ undetectable and well, young looking, 48 looking for a woman under 40, healthy like me, non-smoker, non-drinker, for company and sharing experiences. Sydney. Reply 210808

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 021107

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

other person for transport.

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

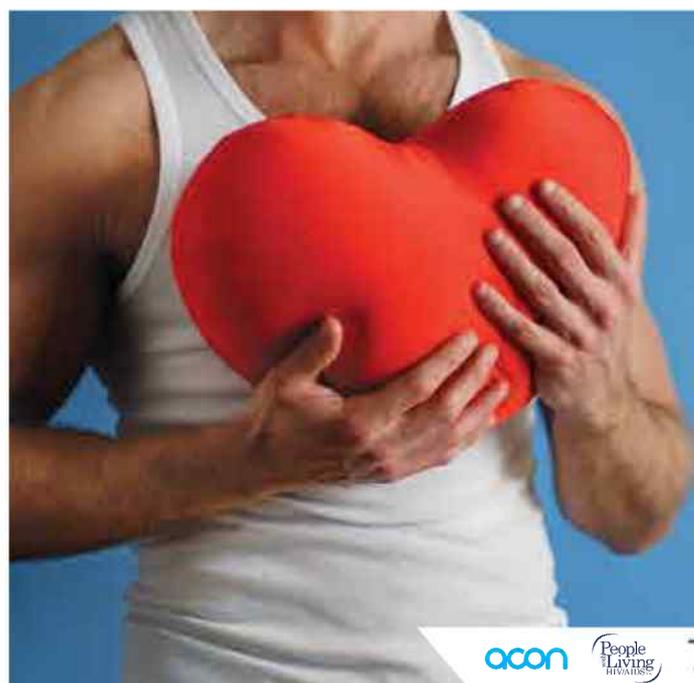
Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

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

How to place a personal

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



GET TO THE HEART OF HIV THERAPY

You might not know it, but heart disease is a leading cause of death in people living with HIV. If you want to know more about maintaining a healthy cholesterol level and reducing the risk of heart disease, start talking about your future HIV treatment options with your doctor.

Find out whether advances in HIV combination therapy can help you Thrive instead of just survive. Visit www.youcanthrive.com.au





Keeping on being Positive

Looking back on a year of friendships through 729

Crickey, I had a similar feeling, starting to write this article, to attending the first 729 group meeting. 729 meets the last Thursday of every month and provides support for long-term survivors of HIV. "HIV does not discriminate", thank God. It was very important and *definitely positive* for me not to be discriminated against by this group, because I would not have qualified as a long term survivor from the last century. I was only diagnosed this millennium.

Before I continue- "long term survivor"? Somehow that name does not ring well. I feel inclined to use the term "the fun of living life as a positive gay man".

August 28th 2008 will mark the group's first anniversary since it was launched at the Sanctuary in Newtown. That meeting had a mighty healthy turnout I must add.

Meeting new people, we all had different expectations, fears, questions. Some of us brought past baggage. Thankfully the group, though reluctant to hear the same old records, was gracious and patient. That patience has paid off, and we hope to celebrate the anniversary with aplomb and flair. The group has maintained its kind and considerate attitude to one another (other than the occasional sarcasm and queen bitch). This positive outlook, along with everyone's effort (yes, effort, for nothing good happens without effort) to be friendly and accommodating, has made this one of few GLBT groups that has not been clicky and drab.

Members of this group are free to attend or not, without any pressure. The only pressure was knowing whether the meetings would be at the Sanctuary in

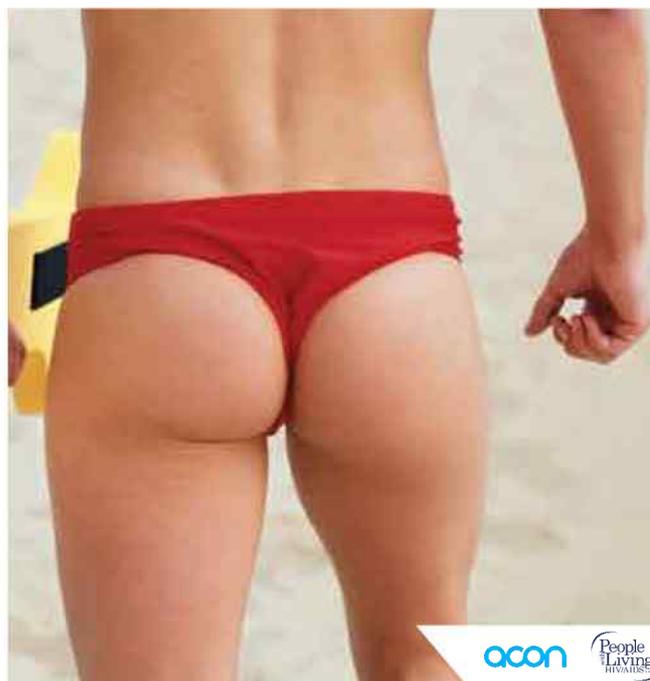
Newtown or the Albion Street Centre in Surry Hills. (Venues and dates for 729 can be found at www.positivelife.org.au/peersupport/seventonine)

As the year has ticked by, conversations and friendships extended beyond these meetings and flowed into homes, cinemas, restaurants, social gatherings, BBQs, theatre, movies, walks etc. A recent gathering said farewell to one of our dear group members, moving to greener pastures in Melbourne. The times, they are a-changing. *We who used to be quiet have come out of our tortoise shells and are displaying the hare within.*

We are free in our conversations and share, and shed, our past more easily. And so - where to from here?

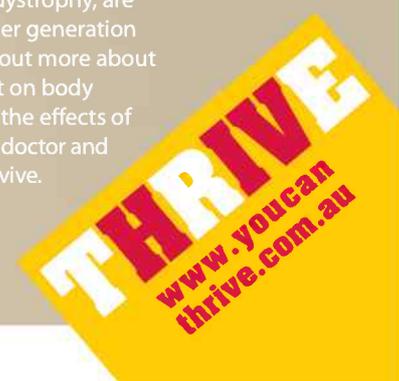
On approximately 28.8. 2009 I will let you know.

Leslie



LOOK OUT FOR YOUR BEST ASSET

Body shape changes, including lipodystrophy, are an unwanted side effect of some older generation HIV medications. If you want to find out more about the potential to minimise the impact on body shape changes and perhaps reverse the effects of lipodystrophy over time talk to your doctor and learn how to Thrive instead of just survive. Visit www.youcanthrive.com.au



Fear is high, trust is low

What are the experiences and needs of HIV positive sex workers? **Scarlet Alliance** has been finding out.

For the last twelve months, Kane Matthews has been interviewing HIV positive sex workers about their needs. Scarlet Alliance, the Australian Sex Workers Association, commissioned the National Needs Assessment of sex workers living with HIV, the first since 1992, and thirteen sex workers, twelve of whom were men, were interviewed for the project.

At the launch of the final report, Kane remarked that “Fear is high, and trust is low”, and an important part of the process has been taking the time to build trust and relationships. Many sex workers with HIV are understandably reluctant to disclose their status or their occupation because of stigma (and this includes the dual stigma of sex work and HIV). Scarlet Alliance believes it to be an important principle that sex work is work, which means that sex work is a valid form of work for people to choose.

Information and peer support

Because trust is difficult for HIV positive sex workers, they are forced to rely on close friends and peers rather than professional organisations, even those organisations who claim to be supportive. Information for positive sex workers should be provided by supportive people and organisations, in consultation with HIV positive sex workers as peers.

Accessible and risk free information

Health departments, HIV and sex worker organisations need to provide accurate and easy to understand legal and health information for sex workers with HIV. Information targeting this group needs

to be accessible, but not in a way which identifies them.

An inclusive environment from peer organisations

All the participants felt apprehensive in disclosing their dual status to peer organisations, whether HIV or sex worker organisations. Being both HIV positive and a sex worker can mean an individual experiences being treated as an “outsider”.

“You tell them you’re positive, you live with your partner, you have been positive for so many years... but sex work is a dark side and you don’t tell many people because you get judged pretty quickly.”

Legal information

Misinformation about laws relating to sex work, and widely varying state laws, have meant that many sex workers with HIV assume laws relevant to commercial sex and HIV are the same for non-commercial sex. The report recommends decriminalising commercial sex for people with HIV in ACT, Victoria, Western Australia and Queensland. It also recommends developing nationally consistent state-based legislation for HIV positive sex workers, and the laws around sex work for people with HIV should reflect the laws relating to private sex.

“If I go to Melbourne for a dance party and I want to do some work while I’m there to pay for my holiday, how am I supposed to know? These sorts of things should be advertised and easily accessible for everyone to know.”

Trustworthy and confidential health services

There was a trend for positive sex workers not to trust health services with a fear that these services take on more of a law

enforcement role, and are quick to report behaviour they personally don’t like. A number of participants, however, did report being confident with their GP, and having an open and honest relationship where full disclosure was possible.

Campaigns for shared responsibility and the reduction of stigma

All participants felt the weight of stigma. The report recommends that HIV and sex worker organisations need to increase education campaigns to promote self care in casual and commercial sex, and that strategies to reduce stigma are continued and are inclusive of sex workers with HIV.

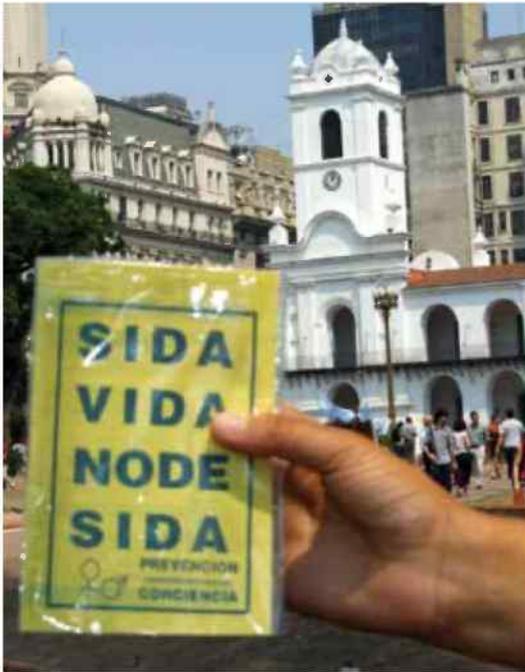
The full report is available on the Scarlet Alliance website (www.scarletalliance.org.au)

In summary sex workers with HIV need:

- legal information, health information and peer support
- accessible and risk free information
- an inclusive environment from peer organisations (both HIV and sex worker organisations)
- trustworthy and confidential services
- decriminalised sex industry laws
- protection from adverse reactions based on stigma
- reliable and accessible free condoms and lubricant
- support when dealing with Government agencies
- Campaigns for shared responsibility and to reduce stigma
- Recognition of the value of sex work

Beauty and passion: Buenos Aires

John Douglas shares his photos from his recent trip to Argentina (and the Antarctic peninsula)



There's increasing acknowledgement that HIV in Latin American countries demands more attention than received so far. When Mexico hosts the XVII International AIDS Conference 3rd – 8th August, it was the first Latin American country to do so. The highest levels of HIV infection are found amongst men who have sex with men. The volunteer I talked with in the Plaza de Mayo was happy to discuss information and resources, but would only consent to having the information booklet in the photograph.



A medical clinic offering HIV testing and counselling. It's estimated that of the approximately 42 000 HIV Positive people in Argentina, 79% access antiretroviral therapy.



An anti-homophobia poster. The speech bubble says "My dad has a boyfriend". Buenos Aires has large and developed gay community and laws allowing civil unions between same-sex couples. Gays and lesbians in Argentina enjoy the same legal and social rights as heterosexuals



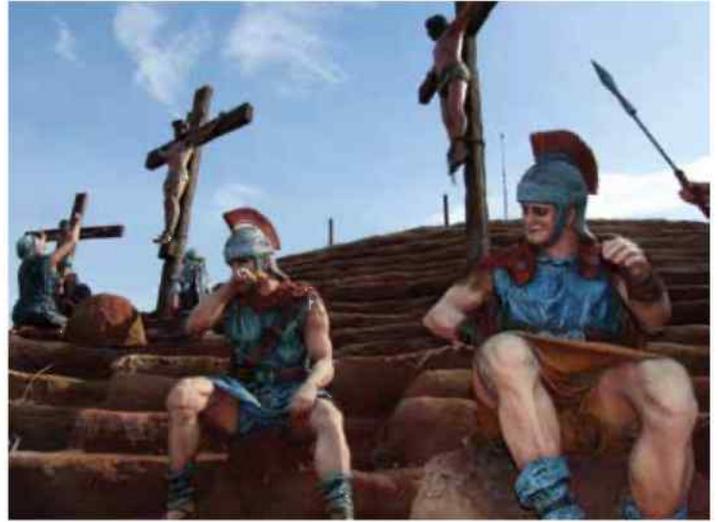
Old world charm, beautiful sculptures and architecture.



It won't be easy, you'll think it strange... The Casa Rosada. The arched balcony is where Eva Peron gave speeches to her masses, and where Madonna unsuccessfully begged off-key for an Oscar nomination.



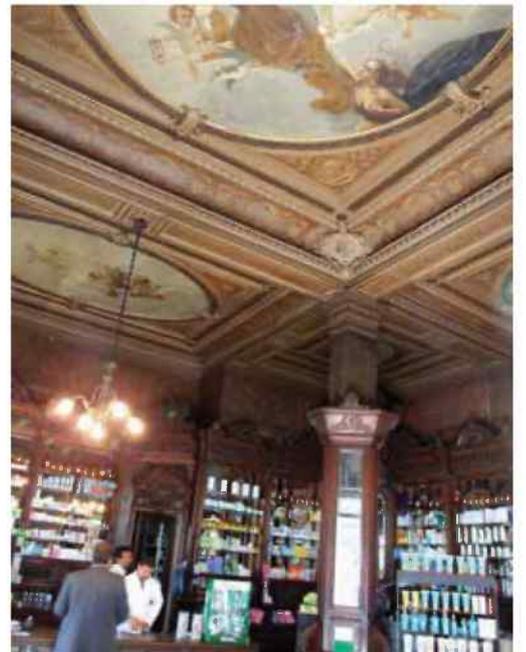
Recoleta cemetery, where many of Buenos Aires' illustrious are entombed. Eva Peron caused controversy even in death when she was interred in the family crypt. Many disapproved of allowing a "whore" amongst the rich and well-connected dead. Eva's crypt is the most visited in the cemetery, crowded by tourists and those wishing to pay respects. Rest in peace? Not yet.



Feeling a bit cross? Tierra Santa, Christian theme-park has to be one of the tackiest places in the world. A gaudy animatronic Last Supper; a 13 metre high Jesus that rises up out the ground and rolls his eyes and waves his arms; life-sized plastic figures from many bible stories. If you go on Good Friday as I did, you can even help the actor portraying Jesus carry the cross on his way to crucifixion. Heaven!



Floris Generica sculpture. Designed and funded entirely by architect Eduardo Catalano. The aluminium and steel petals are 20 metres high and close from dusk to dawn.



Pharmacy. My kind of place for picking up prescriptions.

Buenos Aires is a good departure place for those wanting to experience Antarctica and the peri-Antarctic islands. The Antarctic peninsula has 90% of all the wildlife living on Antarctica within 10% of the continent's area.



King penguins.



Port Circumcision. A Christian reference, apparently. The red building in the background is a refuge hut, not a storage shed for foreskins.



Sleepy seal, South Georgia Island.

www.JohnDouglasArt.com



Ask Ingrid

Health and Fitness

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

Working out at home and making the most of expensive gym visits

Can you tell me three basic exercises I could do at home?

To get you started, I will go one better and give you four exercises you can do at home, with photos. You will then be able to add other exercises from *Talkabout* or other sources.

The first exercise is for the lower body and works the bum, quads, hamstrings and calves.

Step-ups

Start by setting up a step that is at least five centimetres, and up to sixty centimetres, high. The stronger you feel, and the better your knees work, the higher you can make the step. Increase the height of the step gradually as you build up strength and fitness. You can also wear a back pack with something in it to make you heavier as you get stronger.

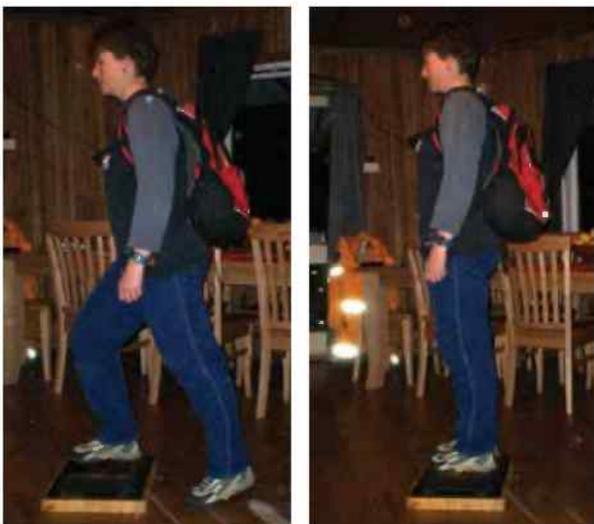
Now that you have set up the step, stand in front of it. Step up onto the step with your left foot, bring your right foot up onto the step so you are standing on the step, then step down with your left foot then bring your right foot down onto the floor beside your left foot. You have now completed one step-up. Start your workout by doing one minute of these, leading with your left foot then swap to your right foot for another minute.

Let's move on to the second exercise which works your chest, shoulders and triceps.

Side push-ups

As you get stronger, increase the depth of the push-up by lowering your body closer to the floor and putting more of your weight on the back arm.

Start this one sitting on the floor, lean to the left and place your left hand slightly back and about thirty centimetres from your left shoulder. Now put your right hand in front of you, about thirty centimetres in front of your chest. Bend and straighten your left arm. You have now completed one push-up. Complete six to ten push-ups with your left arm, then swap to the other side and repeat.



Step ups: for lower body



Side push ups: for chest, shoulders and triceps

The third exercise works the back and biceps:

One arm rows

As you get stronger increase the weight by placing heavier items in your green shopping bag. Start with something like a two kilo bag of flour or sugar.

Start this one by leaning on a table or back of the lounge with your right forearm. Lean forward with a flat back and grab the bag with your left hand. Raise and lower the bag by pulling your elbow back past your back. You have now completed one row. Bend and straighten your left arm six to ten times then swap to the other side and repeat.

And now on to the fourth exercise which works the core stability muscles, the abdominals and lower back.

Dead bugs

As you get stronger, lower your legs down closer to the floor to make the exercise harder.

Start this one by lying on your back on the floor. Place your hands under your lower back, palms down on the floor, lift your legs in the air and push your legs back and forward like a dead fly. Bend and straighten each leg. This counts as one dead bug. As you do this movement use your deeper stomach muscles to keep your lower back pushed firmly against your hands. Finish off your workout by doing one to two minutes of this exercise.

The second question is:

I find it hard to afford to go to gym. What would you advise I do?

Workout at home with exercises from previous *Talkabout* issues, as well as this one, and add some aerobic exercise that you like, such as going for a cycle, swim, run or walk.

Then buy a ten-visit gym pass for around \$140 that you could use once a week for ten weeks, or for an intensive change of pace two hard gym sessions each week for five weeks.

You could join in with a few friends, and hire a personal trainer to come to your home to set up a home circuit that you could do together. Then get them back every month or so to check on progress and change things around. Each person could bring a new piece of exercise gear to the session each month. These could be things like an exercise ball, dumbbells, kick board for the pool, water bottles that can be used as dumbbells, short handled green shopping bags that work like weights or a new walk or fitness trail that you can try.

Another cheaper option is if you have a friend who lives in an apartment complex with a gym, hire a trainer to come there and show you what to do and then get them back every now and then to check you are doing things correctly and give you new ideas.

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



One arm rows: for back and biceps



Dead bugs: for abs and lower back



Check out *Talkabout*
online at
[www.positivelife.org.au/
talkabout](http://www.positivelife.org.au/talkabout)

So Can You Cook? No 31



Tim Alderman on Comfort Food

“Food, like a loving touch or a glimpse of divine power, has that ability to comfort.”

Norman Kolpas

So what is comfort food? Basically, they are foods that invoke memories of purer and simpler times, are evocative of childhood and all things ‘home made’. They are also foods that bring you comfort seasonally (images of winter in front of a roaring fire in your old ‘Onkaparinga’ dressing gown - with one tassel missing from the cord - with a bowl of steaming soup and a plate of hot buttery toast to dunk in it, a hot chocolate to come, thick and foamy with a marshmallow melting on top of it); or bring you comfort through difficult times either at work, socially or in your family life as when someone dies or gets ill.

Comfort foods will vary from one person to another, and can tend to change as we get older. To me, comfort foods consist of soups, roasts, casseroles and stews, toasted sandwiches, macaroni cheese, rissoles, spag bol, pan-fried sandwiches and schnitzels. Anything with chocolate, rhubarb, hot steaming puddings, self-saucing puds, mousses, pies and tarts sum up the sweet side of things.

My mother used to make this Sunday night dish she called Mock Fish. How it got its name I have no idea (though strangely it did taste slightly of fish), as it was basically just grated potato, squeezed, bound with an egg, then flat cakes were fried to a golden crispness. Today it is called a rosti and is served even in high class eateries. I loved them, and requested

them probably more often than my mother was willing to grate all the potatoes. She was ahead of her time after all. I can still bring to mind images of them during winter, almost setting ourselves on fire in front of our open fire in the lounge room toasting slices of bread held on a carving fork in front of the flames. I don’t know why, but the toast done in front of the fire always tasted better than that made in the toaster. Modern additions to my comfort food catalogue would be salt and pepper prawns, Caesar salads, risotto, and just about anything with cheese.

In a world where I often hear sports-minded (read boof-headed) people declare that food is only fuel and they don’t care what they eat as long as it is healthy and uncomplicated; and having lived in a HIV world of nutritionists who basically declare the same thing, decrying the enjoyment and celebration of food, it is good to see that people are *still* doing food for enjoyment, to bring them comfort and to celebrate the sheer exuberance of friendship and love. We could spend all day debating the healthy/unhealthy aspects of comfort foods, but it doesn’t alter the fact that a good number of us baby-boomers were raised on these diets, and there weren’t the childhood obesity problems and allergy proliferation that seems to be around these days, especially since the advent of fast-food in its many guises. The last time I had KFC- and it was a hell of a long time ago, I can tell you - it not only came out of a bain-marie but was dripping so much oil that I threw it out, and vowed ‘never again!’

So it is time to celebrate comfort food. If

you are health conscious or a nutritionist don’t read on. It will only lead you to despair. For all my other readers, get out your doona, turn up your heater and prepare to snuggle up in front of the tele with a steamy plate of memories.

LAMB SHANKS with PARSNIP LEMON & HERBS

4 red onions, quartered
6 garlic cloves, thinly sliced
4 sprigs thyme
4 lamb shanks (about 1.2 kgs)
1 large parsnip, peeled
8 sage leaves
250ml veal stock (use beef or vegetable if veal not available)

GREMOLATA

1 tablespoon small capers, rinsed and drained
1 garlic clove, crushed
1 lemon, zested
3 handfuls flat-leaf (Italian) parsley leaves

Preheat the oven to 200°C. Make a bed of the red onions, garlic and thyme in a deep casserole dish. Put the shanks on top, then arrange the parsnip and sage leaves over them and season well. Pour over the veal stock, and cover with a lid or foil. Bake for one hour, then uncover and bake for a further 30 minutes, or until the meat is pulling away from the bones.

To make the gremolata, put the capers, garlic, lemon zest and parsley leaves on a chopping board and chop them together finely with a sharp knife. Serve sprinkled over the lambshanks.

Serves 4

BARBEQUE GLAZED MEATLOAF

1 small red capsicum
400g beef mince
150g sausage mince
1 medium brown onion, chopped finely
2 cloves garlic, crushed
¼ cup packaged breadcrumbs
1 egg, beaten lightly
½ cup coarsely chopped seeded green olives
¼ cup coarsely chopped fresh basil
1 tablespoon coarsely chopped fresh oregano
8 bacon rashers, rind removed, sliced lengthways
200g green beans, trimmed

BARBEQUE GLAZE

¼ cup water
1 tablespoon tomato paste
1 tablespoon red wine vinegar
2 tablespoons brown sugar
Quarter capsicum; remove and discard seeds and membrane. Roast under grill or in very hot oven until skin blisters and blackens. Cover in plastic or paper for 5 minutes. Peel skin away; cut capsicum into thin strips.

Preheat oven to 180°C. Line a 8cm x 25cm bar tin with plastic wrap. Oil a 25cm x 30cm swiss roll pan.

Combine mince, onions, garlic, breadcrumbs, egg, olives, basil and oregano in a large bowl. Press half the meat mixture into the bar tin. Lay capsicum strips over the top, leaving a 1cm border; press remaining meatloaf mixture over capsicums.

Turn bar tin onto prepared swiss roll tray; remove plastic wrap from meatloaf. Cover top and sides of meatloaf with bacon, overlapping bacon. Bake, uncovered, in moderate oven 15 minutes.

Meanwhile, make barbeque glaze; Combine ingredients in a small saucepan; bring to the boil. Reduce heat; simmer, uncovered, 5 minutes.

Pour off any excess fat from meatloaf, brush with glaze; bake uncovered about 25 minutes or until meatloaf is cooked through. Stand 10 minutes before slicing.

Serve beans with meatloaf.

Serves 4

PEPPERY PROSCIUTTO & MOZZARELLA FRENCH TOAST

2 brioche rolls, halved (or other soft rolls)

2 tablespoons store-bought caramelised onion or chutney

4 slices prosciutto

60g mozzarella cheese, sliced

2 eggs

¼ cup milk

Cracked black pepper

20g butter

Spread the bases of the rolls with the caramelised onion, top with the prosciutto and mozzarella and sandwich with the tops.

Whisk together the eggs, milk and pepper in a bowl. Heat the butter in a large non-stick frying pan over medium heat. Dip the rolls in the egg mixture, drain briefly, and cook for 2-3 minutes on each side or until golden and the cheese is melted.

Serves 2

SELF-SAUCING CHOCOLATE PUDDINGS

½ cup plain flour

1½ tablespoons hazelnut meal

¼ cup brown sugar

1½ teaspoons baking powder

3½ tablespoons cocoa, sifted

½ cup milk

35g butter, melted

1 egg, lightly beaten

1 teaspoon vanilla extract

½ cup brown sugar, extra

1 cup boiling water

Preheat oven to 180°C. Sift the flour, hazelnut meal, sugar, baking powder and 2 tablespoons cocoa into a bowl. Add the milk, butter egg and vanilla and mix well to combine. Spoon into 4 x 1 cup ramekins and place on a baking tray. Place the extra sugar and remaining cocoa in a small bowl and mix to combine. Sprinkle over the puddings and pour ¼ cup of water over each. Bake 12-15 minutes or until the tops are firm.

Serves 4

COOKING TIPS

When using beans and vegetables (eg cannellini, borlotti beans, capers, peppercorns, potatoes etc) from a tin, always rinse thoroughly under water before using. This removes the taste of the brine, and stops beans being 'farty'.

Keep unused grated mozzarella cheese in a plastic bag in the freezer. Comes in handy for pizzas.

Keep cut cheese blocks wrapped in foil in the fridge. This stops the cheese drying out and going mouldy. The same applies to cold meats, though for no longer than 5 days.

Keep bottles of lemon and lime juice in the fridge. It is always a shame to waste a lemon by only using a teaspoon of juice.

Keep unused cut avocado from going brown by replacing the stone in the fruit and wrapping tightly in glad-wrap. To stop going brown when cooking, rub with lemon juice.

ALDERMAN 
providore

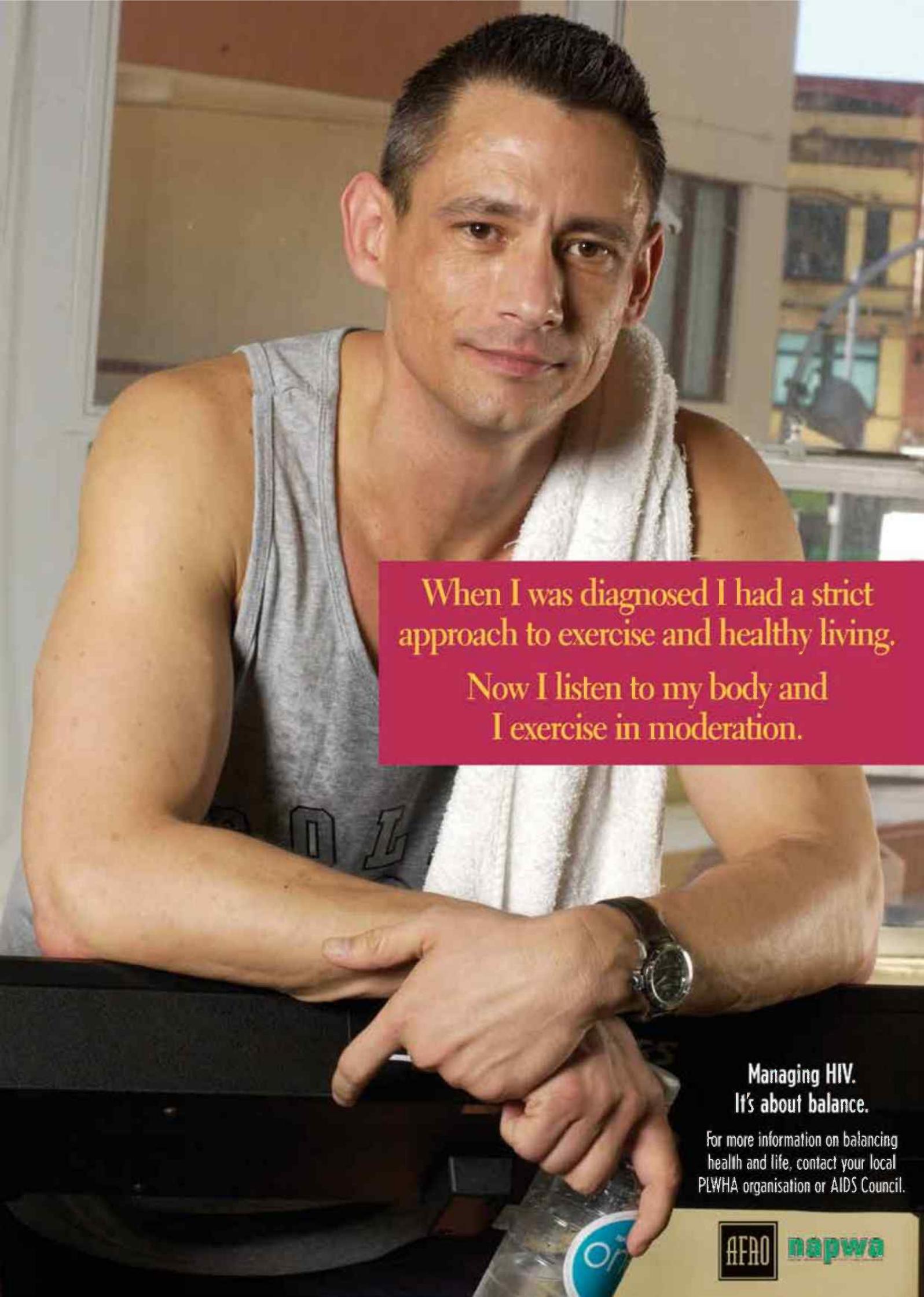
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Alderman Providore run product sampling parties for our stocked lines. If you are interested in hosting a party please contact us on 02 9569 6537 / 0421 415 454 or email us at info@aldermanprovidore.com.au

(Sydney metropolitan and suburban only)

Check out the website:

www.aldermanprovidore.com.au



When I was diagnosed I had a strict approach to exercise and healthy living.
Now I listen to my body and I exercise in moderation.

**Managing HIV.
It's about balance.**

For more information on balancing health and life, contact your local PLWHA organisation or AIDS Council.



napwa

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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

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

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I would like to make a donation of \$

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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
- 18 Disclosing to your child

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
Website: www.positivelife.org.au

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

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

Showing your support is a walk in the park

Join our

Walk for AIDS

event on

Sunday 23rd November, 2008

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

You can walk the two kilometres at your own pace anytime between 11am and 2pm on Sunday 23rd November. Get a team together and walk with friends, family or workmates.

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

A short walk will go a long way.

Register for the Walk for AIDS at
www.walkforaids.org.au

For more information call 1800 651 011

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