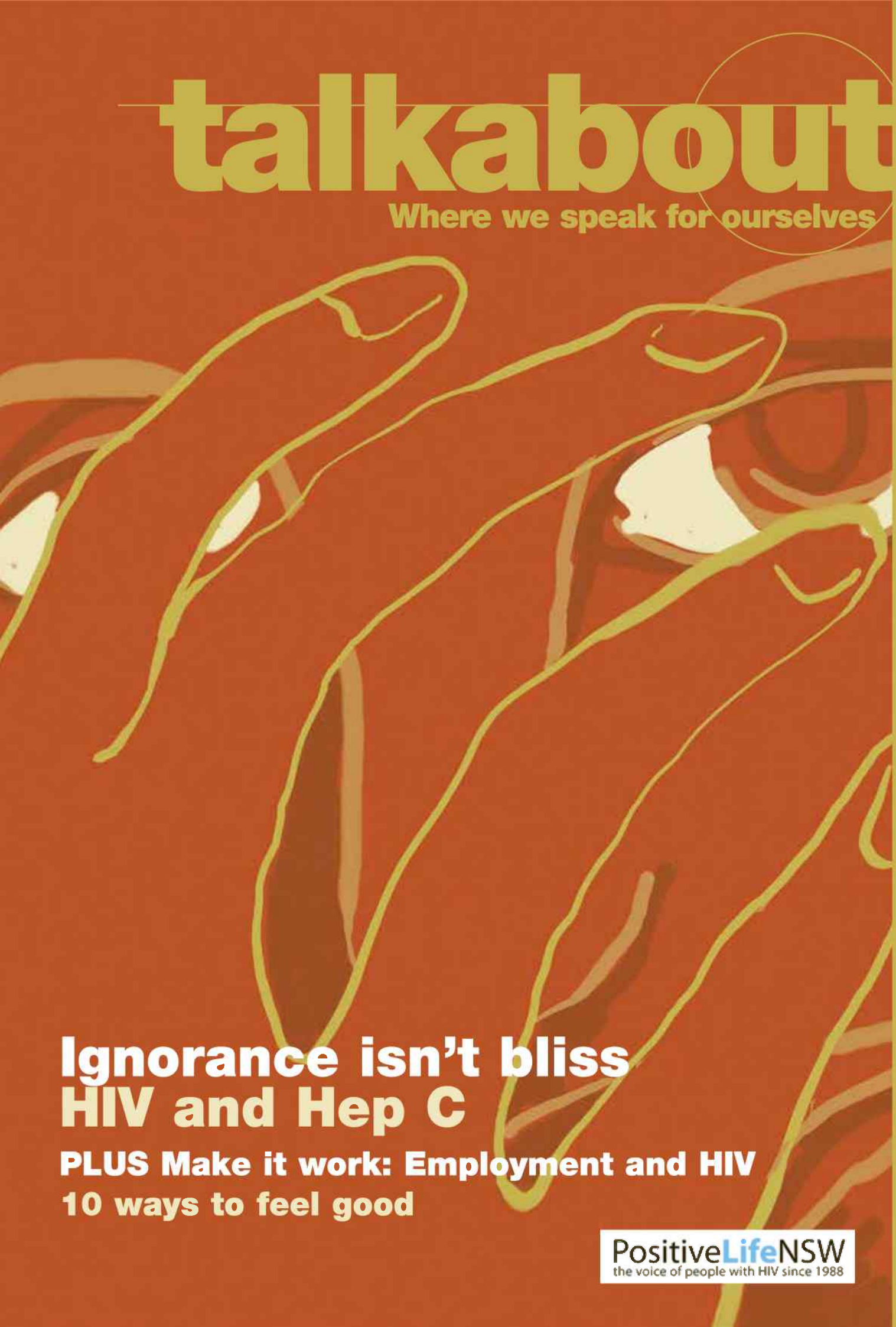
#159 | October – November 2008 | Positive Life NSW the voice of people with HIV since 1988

talkabout

Where we speak for ourselves



Ignorance isn't bliss
HIV and Hep C

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PositiveLifeNSW
the voice of people with HIV since 1988

Annual Workshop 2008

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talkabout

features

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TALKABOUT

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When ignorance isn't bliss

Ben

I was diagnosed with HIV in 2006 at the age of twenty four. I went back to my doctor for a routine health check and found out I had Hep C. I felt further and further away from my community or what I perceived to be normality. For me, there was a different stigma attached to Hep C than HIV. I think HIV is a lot more public or visible in the gay community than Hep C. There's also more support with HIV.

Hep C is more stigmatised in the general gay community, and especially in the HIV community. With positive guys it's like: "You've got Hep C - I won't touch you". My straight friends are much more comfortable talking about it because someone they know had it, like an uncle. With HIV I'm finding a lot of guys my age are a bit more shocked because they don't know anybody else who has it.

The stigma of Hep C is mainly based around intravenous drug using. I'm completely needle phobic, so that was not my story at all. My doctor told me I got Hep C through sexual contact, which was quite a surprise because I didn't know sex was a risk for Hep C. I've heard of a few other guys who caught it through sexual transmission. Like me, they were into fisting, drugs and lots of unprotected sex with guys. At that stage I was taking a lot of drugs and my inhibitions changed – my boundaries changed. On crystal I did things I wouldn't normally have done.

I'm quite knowledgeable of how I got myself into this situation. I was a very depressed person during a lot of that period and put myself in a lot of risky situations. A lot of my young friends are into that kind of thing. Since my diagnosis, they have fired a lot of questions at me about HIV. Before this they didn't want to know. I remember before my HIV diagnosis I'd get to the section in the *Sydney Star Observer* where they had the *Positive Living* insert and flick through it quickly. Ignorance is bliss especially with people my age.

Jumping straight in

I didn't know what it was going to be like to have Hep C while I knew a little bit about HIV. The second thing my doctor told me was there're a lot of guys who've had HIV for a long time - long term survivors. So he was giving me a bit of hope. However, when he gave me the Hep C diagnosis the first things he talked about were treatments, liver biopsies and the harmful impact it could have on my body.

I didn't tell anybody for a long time and kept my diagnosis to myself. I tried to find information on the Internet, however the information I got from my doctor, social worker and places like ACON was more useful and less negative.

I realised I needed to pay more attention to my body and soul. I needed to become knowledgeable about what was going to happen with regard to my health and well-being. My doctor suggested I look at treatment for Hep C within six months of my diagnosis.

All around this period I was working nine to five, five days a week in a corporate job. I didn't have time to prepare for treatment at all and jumped straight in. I didn't start HIV treatment because my doctor's idea was to try and treat the Hep C first.

It's not me, it's the treatment!

The six months on treatment was the worst six months I've had in my life. It didn't work and that's when I had an emotional breakdown. They never gave me any guarantees because of the type of Hep C I have – genotype 1a, which has a 25% success rate. I really pushed myself a lot further than what I should have. I had financial commitments, and that was a priority, rather than my health. It's taken me a couple of months of counselling to feel comfortable expressing any of this to my friends even.

I withdrew from everybody, my friends and my family. There were very few people who knew what was going on until I lost it. At that point I needed to tell my folks because I needed their support. I needed to tell some of my friends so they could understand why I had been distant for the last twelve months. They were all fine and have all been really supportive.

I started questioning why I was acting so different towards people that I love, people I didn't know and people at work. Because I didn't understand what was going on I got even more depressed and suicidal. My doctor said that it was possible that I would experience side effects, but I thought I was strong enough to overcome them. I went into counselling and my social worker and I got to the root of the problem. It wasn't me. It was the side effects of the treatment. I wasn't giving enough thought to the fact they were causing my personality to change.

Preparation is important. It's important to talk to somebody who has been on treatments and to get access to information on what to expect. I also needed to express how I felt and get more help especially with what was going on inside my head. Finding a good social worker really helped. I was able to get a bit of perspective on the situation rather than internalising it all.

Lethargy was another thing I had to deal with. I went from getting up in the morning, going to work, coming home, taking my dog for a run around the block a couple of times, to not being able to get out of bed. For a twenty four year old man to go from being physical to feeling like an eighty six year old was a shock.

Time to make changes

I've quit smoking; I've become a light social drinker and no recreational drugs. These have been the three major lifestyle changes.

I used to be a bar tender and went out socialising and drinking a lot, so that was definitely a problem at the beginning. I realised I could go out and have one beer and still have a good time. Every now and then you can plan a good night. If you say you're never going to do any of those things ever again then you end up doing it ten times harder.

I quit my full-time job and went on government benefits - Newstart - which I found out I could get because I was on treatment for Hep C. I could have helped my situation earlier on if I had have known about Newstart and found support and information. Newstart doesn't cover everything so I had to work out a way of getting out of my situation and to survive. I was working in a job that I enjoyed, but it wasn't my life or passion. I really wanted to do something creative. Since then I've started up my own company. It ended up being a really positive time to reassess my life and my outlook on everything.

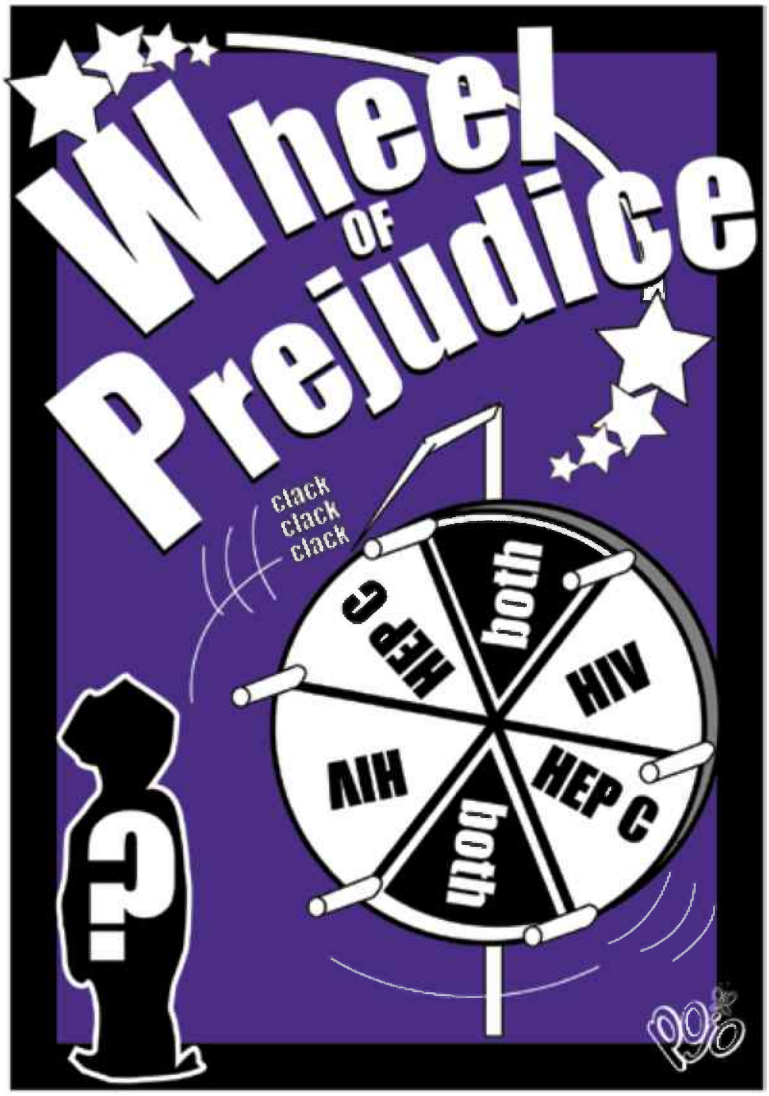
Don't do it alone

Counselling is important and talking with people helps when you're overwhelmed with everything that's going on and you can't see a way out. The fact is a lot of people going through treatment are successful and clear it from their systems. Talk to your doctor and get access to current and accurate information. I mean there's a new drug in the US they're trialling for Hep C. I've been told to wait about five years and there should be something else.

I had no idea about treatment and counselling options. I had no idea about government support options. I was surprised at how many other people are coinfected with HIV and Hep C. Before I found out that I had Hep C, I'd met people with HIV and I'd met people who had Hep C, but I'd never met anybody who was co-infected. Meeting other guys in the same situation really helped me to reassess everything.

I'm going to continue with my business. Getting a Hep C and HIV diagnosis has changed my life in such a dramatic way. I'm not going to be able to run a marathon however; I've learned to take things as they come and to readjust my life to do the best I can.

Ben was interviewed by Kathy Triffitt for the forthcoming fact sheet on HIV and Hepatitis C



Kings Cross to Parklea - a change of scene

Kim

Change in lifestyle, new diet and getting off drugs were important for me.

I've been a drug addict for 15 years and over the last 18 months I've stopped everything. It's going well, but you think of it everyday. It's a fight everyday, but it's a better life not using.

I started using drugs from the age of 24. I was sharing a flat with somebody who had Hep C and the equipment could have been dirty or contaminated. Then, I never shared a syringe or used a dirty fit. All it takes is for someone to touch the spoon with blood on their finger and Hep C is alive in that spoon.

I found out I had Hep C ten years ago during a routine HIV check up. My doctor did a Hep C test as well. The impact of finding out didn't faze me at all. I didn't get upset because I didn't know much about it. All you were told was not to share fits or other injecting equipment.

I was diagnosed with HIV in 1985. Back then it was portrayed as a death sentence by the media and that scared me the most. I still haven't overcome the fear. It's the first thing I think of when I wake up and the last thing I think of at night. I don't really think about Hep C.

I only experienced stigma because of HIV when I was in gaol for twelve months in 2007. I got into trouble because I was honest and open about it. If you had Hep C it was okay with the inmates.

It was my decision to tell inmates. When I used with guys I didn't know I always told them about my HIV and Hep C. They thought I was telling them so they didn't hassle me for any sexual favours. They made me feel bad about having HIV because in the gaol population not many guys have it- well, not many that they know of. A lot of guys have Hep C though, that's why it isn't really looked down upon. With HIV it's a different story, especially if you're gay or changed gender like me.

They were educated on using, however they would share. On the outside, I never shared all the time I used. In gaol there's one syringe and ten people using it. We would be in a hurry and wouldn't go through any preparation because we were worried about getting busted by an officer. We'd have one cup of bleach and one of water, which everyone dipped the only fit into. I'd say to them: "the water's infected; you may as well stick the needle straight in your arm".

Changing my lifestyle meant giving up drugs

My doctor said it's better to get rid of Hep C if you've got HIV. You know, I've had HIV for 23 years and I've never been sick. Now I'm on methadone, I've got to make a decision about going on Hep C treatment. But, there's so many side effects like your hair falling out, temporary loss of sight and hearing and sores in your mouth and other things. It's a hard core treatment. Its success depends on what strain (genotype) you have. I'm okay because I'm genotype 3, which has a 50% success rate.

The biggest thing I had to do was to move away from my social circle. I had to change my scene and get away from the influences.

To prepare for treatment I had to change my lifestyle and that meant giving up drugs. You've got to be ready to make the changes. I tried to get off drugs when I was in my twenties, but I wasn't ready. Now I'm 37 I want to make changes to my way of life. To do that I had to give up the circle of people I was hanging around – like, I've abandoned the Cross and all of my friends. I had to change my scene and get away from the influences.

My partner is my support along with Kirketon Road Centre. They have case officers and doctors who are very good. There are also opportunities for people with co-infection to come together and talk.

I've changed my diet as well; however the major change was getting out of the Cross and moving somewhere quiet. Before I moved to the suburbs I was living on the main street in a flat, which was very handy.

When sex work and drugs have been your lifestyle for fifteen years it's hard to change.

Each day as it comes

Everybody is different. You can live with it and there are treatments (peg-interferon and ribavirin), that work for some and there are new drugs in the pipeline. A change of lifestyle – new diet and getting off the drugs were important for me. Mindset is important – be strong and keep healthy. You need support. I have close friends and a good counsellor. I recommend Kirketon Road Centre if you want face-to-face counselling and Hep Connect for telephone counselling. It helps with isolation and questions around treatment. You can talk to other people who have been through similar experiences, especially with treatments.

I want to take each day as it comes. I'm seriously thinking about going on peg-interferon, but not at the moment because I could relapse into using at any time. I just want to get stronger. When sex work and drugs have been your lifestyle for fifteen years it's hard to change. It means changing your lifestyle. If I can give up drugs anybody can.

Kim was interviewed by Kathy Triffitt for the forthcoming fact sheet on HIV and Hepatitis C

What is Hep Connect?

Hep Connect is an initiative of the Hepatitis C Council of NSW (www.hepatitisc.org.au/). It aims to reduce isolation and ease treatment difficulties often associated with Hep C. Hep Connect is a phone based peer support service for people living with Hep C, their partners and carers, and particularly for people who are considering or currently undergoing Hep C treatment.

To organise a time to speak to a volunteer just phone the Hep C Helpline on 9332 1599 (Sydney) or 1800 803 990 (regional NSW) and mention Hep Connect.

What is Kirketon Road Centre (KRC)?

KRC operates a medical, counselling and social welfare service including methadone access and needle syringe programs from K1 above the Darlinghurst Fire Station.

K1 is open from 10am - 6pm Monday - Friday (Thursdays 10am - 3pm) for clinical services and 10am - 1.45pm on weekends and public holidays for the Needle Syringe Program only.

KRC also has a satellite facility known as K2, which provides a needle syringe service, health and social welfare advice, and assessment and referral to drug treatment and other relevant services.

K2 is open from 1.30pm - 10pm, 7 days a week.

Contact details

K1 is located above the fire station on the corner of Darlinghurst Road and Victoria Street, Kings Cross.

K2 is located at 38 Darlinghurst Road, Kings Cross.

The contact phone number for the KRC switchboard is 02 9360 2766.

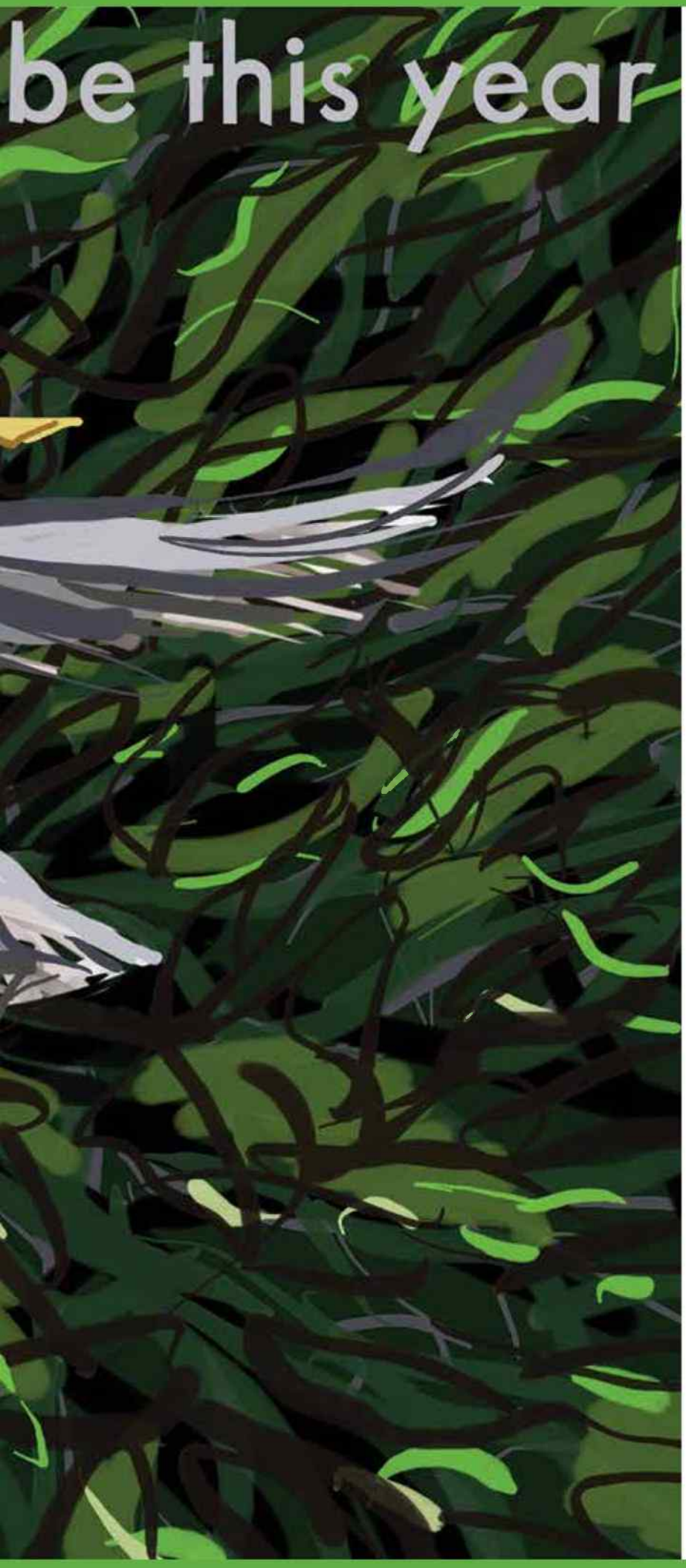
Hepatitis C Clinic

KRC conducts a hepatitis clinic every second Tuesday of the month. Clients who are hepatitis C positive are assessed by a medical specialist. Services such as PCR testing, hepatitis C information, monitoring of liver function and follow-up are available. Phone: (02) 93602766

Newstart

For more information on Newstart contact Centrelink - http://www.centrelink.gov.au/ click on a-z or call 13 2850


may



Karma Chameleon

10 ways to do good for others and feel good about yourself at the same time

"Instant Karma's gonna get you/Gonna knock you right on the head

You better get yourself together/Pretty soon you're gonna be dead"

"Instant Karma!"
- John Lennon

Everyone knows what goes around, comes around... or, to put it in slightly more cosmic terms, we're all aware how bad karma will likely come and bite you on the bum at some stage if you're not careful. That's why good karma – doing something for someone else without being asked to, but simply because you want to help – should be as much a part of your daily diet as taking your meds.

Greg Page serves up ten top tips for how to make a difference and get plenty of good karma in return.

Artwork (left): James Gilmour
www.jamespgilmour.com

Be involved

Don't squander your time simply perched at home on the sofa eyeballing endless re-runs of Bondi Rescue hoping to catch some gratuitous eyecandy. Think of something you've always wanted to do – climb Mt Everest, run a half-marathon, or popping by The Dalai Lama's hut for afternoon tea – and join the corresponding group. Now!

Become a mentor

Kids, tweens and teens all need positive role models, and we mean that in more ways than just the obvious for a magazine like this. Why not find out which organisations or groups near you run mentoring programs, where you give up a little of your time and help out kids a whole lot. And think of all the lollies you can eat together.

Enter politics

Not happy with the way the world is being run? Always complaining you could do better than Kevin, Malcolm, Bob and, er, whoever's running the National Party? Then go google the local division of the political party whose colours fit you best and start doorknocking, handshaking and making unpaid YouTube political statements.

Forget you're HIV+

Yes, it's a drag, sometimes a burden and it can sometimes rule your life, but you don't need to let being poz become "da boz"! Take a deep breath, remember you're still alive and kicking, and make the effort to forget about your sero-status. Don't let the fact that you're a "+" mean that you have "-" to live for. Now spread the news.

Volunteer

We all have skills that we've learnt through our lives and now is the time to do something constructive, not destructive, with them. If you've trained as a massage therapist, done acupuncture, reiki, or psychology, know how to knit, do macramé, scrapbooking or needlepoint, or pottery or the like, go share the joy. Nicely.

Get green thumbs

A great way of getting back in touch with your roots is to get your hands dirty in them – literally! Dig into a spot of gardening – perhaps help someone organise their backyard, do some landscaping for a needy neighbour, repot an elderly person's patio, or simply go bush and reconnect with a scrub turkey. Just don't forget the Aeroguard.

Cook up a storm

Soup kitchens. Yes, some people don't always have the benefit of getting a hot meal every day. So why not go and get dishy at one of the various charity organisations on a day when you can offer your time, your soup-ladling arm and a bit of good cheer to those who could definitely benefit most from it. Chicken or beef?

Help others in the same boat

Yes, you've been through a lot. But you saw, coped and conquered. Why not pass on those invaluable life lessons, hard-won experiences and shortcuts to those who could learn from what you've been through. Try Ankali, CSN or the Walk for AIDS - give time to someone who might feel more isolated than you. Every little bit helps, right?

Focus

Not wanting to put all of your volunteering time into some long-term commitment? Positive Life, ACON and other orgs often hold focus groups where they test out new marketing campaigns, material or even products. Here's your chance to let your voice be heard and be counted.

Do it now

Don't delay, do it today. Here's just some of the benefits – all of these things help bring you out of yourself and your own worries, you meet great people, learn new skills, have more confidence, you help people, help yourself and – kazam! – that instant good karma is gonna getcha! That's the best good news of all, right?

VOLUNTEER A-Z

Here's ten starting points…

ACON
02 9206 2000

Ankali
02 9332 9742

Bobby Goldsmith Foundation
02 9283 8666

City of Sydney
Go to: www.cityofsydney.nsw.gov.au

Community Support Network (CSN) Go to www.acon.org.au/living_with_hiv/index.cfm?cat_id=36

Lifeline
1800 880 681 or email volunteer@lifeline.org.au

Mission Australia
email: volunteering@missionaustralia.com.au

Positive Life NSW
1800 245 677 or email admin@positivelife.org.au

Positive Living Centre (PLC)
02 9699 8756

St Vincent de Paul Society
02 9560 8666 or email volunteer@vinnies.org.au

YWCA's Big Brothers Big Sisters
Go to www.ywcansw.com.au

Please contact *Talkabout* if you've had any experiences in relation to volunteer or charity work that you'd like to recommend which may be of use to others.

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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PositiveLifeNSW
the voice of people with HIV since 1988

Botanic Gardens Trust
SYDNEY

Positive heterosexuals and doctors

Asha Persson on findings from the second phase of the Straightpoz study

This article explores the Straightpoz participants' relationship with HIV doctors, as well as their rather different experiences of interacting with the general health sector.

Most study participants were greatly invested in HIV medicine. Faced with the stigma and ignorance surrounding HIV in heterosexual society, treatments provided a kind of refuge and tangible solution to managing HIV and creating a sense of normality in their lives. However, the study findings do not support the emphasis in recent HIV literature on a supposed shift from a traditional doctor-patient model to a partnership model based on joint-decisions and shared expertise.

The partnership model was virtually absent in the participants' interviews, as was the idea of themselves as 'expert patients'. Only a quarter of the participants thought it was important to keep up with medical developments in HIV, but only half of those considered themselves well-informed and actively sought out information. *'I like to know what's going on, yeah'*, Antonio, aged 71, said. *'I just don't like to be just a guinea pig'.*

Medical information tended to be more important to the participants when first

When asked what they most valued in their relationship with their HIV doctor, their answers centred on a sense of common humanity, rather than on authority and expertise

diagnosed, but typically lessened with time. Some found the information too vast and complex, while some wanted to curb the prominence of HIV and move on with their lives. Dean, aged 49, said: *'I have enough HIV in my life as it is … I tried to tangle with all that stuff initially and … it was like watching a race I wasn't interested in … I'm not a doctor'.*

Many explicitly rejected the 'expert patient' model. Tobias, aged 53, explained: *'I don't feel I need to read the paper every day and look for HIV treatments … I really can't see the point. I'm probably getting the best medical care. Why buy a dog and bark yourself?'* Like Tobias, most relied on their HIV doctors to keep up with the latest medical developments, to inform them when necessary, and to act in their best interest. Lydia, aged 44, said:

> *She's the expert. You know, so I have trust in her that she's giving me the right combinations. And I kind of don't really look into what it is [the drugs] do, because I don't really need to know. I don't want to know what the hell all these cells are doing in my body. As long as I'm healthy … I just know that the drugs stop the virus from mutating. They kind of keep it at bay. That's about as much as I know about it. You know, as long as it does what it's got to do, yeah, I'll stick with what [my doctor] says.*

The participants overwhelmingly viewed their doctor as the authority on HIV and treatments. In addition, many expressed considerable respect for and trust in their doctor. This comment by Carlos, aged 37, was typical: *'I really trust my doctor. She knows what's best for me. She's shown over time, I've experienced that with her. I trust her 110%'.*

At first glance, participants seemed to describe a fairly traditional doctor-patient relationship in which expertise was firmly located in their HIV doctor. But closer analysis suggests that this relationship was also different from a traditional model in some important ways. Largely disconnected from the HIV sector and from other people with HIV, most participants had compartmentalised their HIV-positivity to the clinical relationship. Given that their HIV doctor or clinic was often their primary or only contact with anything HIV-related, and given that it was often one of few contexts in which they had actually disclosed their HIV status, the participants tended to place considerable importance on this relationship.

All but one expressed significant satisfaction with their HIV doctors and many spoke very highly and affectionately about them. When asked what they most valued in their relationship with their HIV doctor, their answers centred on a sense of common humanity, rather than on authority and expertise. They referred to qualities such as being friendly, warm, caring, supportive and approachable. The same qualities were valued in allied health workers, such as clinical nurse consultants, dieticians, and social workers. In any clinical interactions, being made to feel welcome, safe and accepted was seen as highly important, and several used words such as 'home' and 'family' to describe their HIV clinic:

> *Oh, over the moon mate … It's like a little family, you know. They're like my family sort of thing, you know. Yeah, they're very good … the way they speak to people and — because it's, well they go out of their way to make people feel welcome and feel at home … They don't just like come and throw you the medication and say, "See you later. Take it and when you're finished, come back", or something* (Ratu, aged 43).

> *They've just been worth their weight in gold to me … just the confidence they've instilled in me … It gives me so much more peace of mind and helps me deal with this virus. So, yeah, I'm over the moon* (Victor, aged 34).

> *I get that sense of warmth and care there … If it wasn't for them I wouldn't be here. I wouldn't have my health the way that I have … So that's improved my quality of life very much … [T]he most important thing that I've always had is my doctor, there at [the clinic]. She's always been there for me; encouraging me to live a quality life* (Carlos, aged 37).

Given the isolation experienced by many positive heterosexuals, and the related emphasis on medicine and everyday normality as a way to manage HIV, the clinical relationship provided a safe and segregated space in which they could engage with their HIV-positivity. *'I pretend that I don't have nothing. I'm just living normal'*, Mahmoud, aged 32, explained.

> *Only when I go to the doctor's for that appointment every three months, that's when I do everything. And after that, I forget about HIV. I walk out. I haven't got HIV. That's it.*

Because of the importance of the clinical relationship as one of few social spaces in which their HIV-positivity was attended to and cared for, any dissatisfaction commonly centred on interpersonal dynamics and accessibility. Several participants, who incidentally all went to the same hospital HIV clinic, commented on the clinic's reception staff:

> *[T]hey're just like not very empathetic or sort of quite rude. Like any old receptionist can be. But, you know, I have this expectation that in a place like that when you're dealing with people who, you know, maybe have this disease, that you should be a little bit gentle and so on.* (Ellen, aged 45)

The clinical relationship provided a safe and segregated space in which they could engage with their HIV-positivity

HIV is not only stigmatised in heterosexual society, there is also curiosity and assumptions about positive heterosexuals and how they became infected. It is not surprising that many participants placed great value on being treated with respect and dignity by HIV doctors and clinical staff. Antonio, aged 71, praised his HIV specialist because *'she treats her patients all equal … she treats you as a human being'.* Several explained that it was this kind of non-judgmental care that had helped them come to terms with their HIV status:

Other said they would like more time with their HIV doctor, or would prefer to see him or her more frequently. Being seen by different doctors in the clinic, rather than by the specialist, was also raised as a concern, partly because they had to contend with 'too many different opinions' and partly because it made them feel de-prioritised.

But most were extremely complimentary of their HIV doctor or clinic. The strength and supportiveness of the relationship between positive heterosexuals and their HIV doctors is heartening. But it also makes positive heterosexuals highly reliant on and therefore vulnerable to any changes in primary care. Also, outside of this clinical model, their interactions with non-HIV health services and health workers tended to be more complicated.

Disclosure of HIV to GPs was a vexed issue for most

Most participants accessed hospital HIV clinics and sexual health clinics for their HIV care. Hardly anyone saw an S100 prescribing GP for both HIV-specific and general health care and therefore had to access a GP for any non-HIV related health issues. The task of establishing a satisfactory relationship with a GP was not seen as easy:

> *I'd like to find a doctor that I could confide in. But it's very difficult because my [HIV] doctor, you know, has set a very high standard for the other doctors. So it's very hard for me* (Carlos, aged 37).

Several qualities were considered important in a GP. A good GP was described as someone who was non-judgmental, accepting, open and interested, or as Grace, aged 66, put it, had *'no inhibitions about the HIV'*. Basic medical knowledge of HIV was seen as another desirable but rare quality in a GP, with many participants saying that GPs 'know nothing about it' and tended to 'blame everything on HIV'. Gavin, aged 48, joked: '"*You broke your toe? Oh that must be HIV-related*"'. Those who had found a GP with at least some of these qualities were keen to maintain this relationship:

> *I've chased him around through a few medical centres … I don't like disclosing to a new doctor every time I go to the doctor's. [Doctors] have to know this. You know, he's the doctor. So that's why I try and chase my doctor around … I've had him since before diagnosis* (Dean, aged 49).

Disclosure of HIV to GPs was a vexed issue for most, partly due to privacy concerns and partly due to past interactions with GPs and other health workers. Many participants felt there was widespread ignorance about HIV in the general health sector. All but three said they had experienced negative or discriminatory treatment by a GP or health worker. Gavin, aged 48, said: '*When I got told I had HIV, I got told that no health care professional was supposed to treat you any different. That's a load of rubbish*'. Similarly, Lydia, aged 44, observed:

> *Sometimes I find if you* do *disclose … it's amazing, even in the medical profession, how the change happens. It's just, you know, it just blows me away. I mean these are doctors for God's sake … So yeah, there's still a lot of ignorance and fear. But I can understand the fear. I can understand that kind of fear. But I would have thought that doctors might have known more.*

Several described what they perceived as 'discriminatory', 'uninformed' and 'unprofessional' treatment by GPs or hospital staff, including breaches of confidentiality, being treated differently from other patients, or being told they had to be put last on the surgery list to protect other patients, as recently happened to Sabrina, aged 46:

> *I said, "What do you mean?" I said, "I'm the one with the low immune system"… I want to know why in 2006 this has happened. Why are they, you know, why are they treating me like a leper when I should be the one that's protected?*

Others described 'frosty', 'judgmental' or 'moralistic' attitudes on the part of GPs and health workers. Victor, aged 34, said:

> *I've seen a few, you know, that definitely haven't really got a good attitude … Just, yeah, sort of the way they look at me. The standoffish sort of attitude. I definitely know there's something there inside their mind when they see the HIV bit.*

Others mentioned being treated with suspicion or curiosity by GPs or hospital staff, or having assumptions made about how they became infected. Antonio, aged 71, who had a long history of medical encounters with various specialists, objected to 'nosy questions':

> *They want to ask you how long you've had it, how did you get it, have you been with men or have you been with prostitutes. It's irrelevant. I've got it, I've got it. It's one way or the other. I don't have to be asked those questions. So when I go to a doctor I want him to treat me, from what the referral my GP gave him. I don't feel like I have to be interrogated.*

While nearly all said they had encountered judgmental treatment by GPs or health workers, those who had been positive for a long time were also keen to point out that things had changed for the better. Meagan, aged 47, noted the recent clinical change from using rubber gloves with some patients to hand washing after each patient: 'I'm delighted with that. It makes me feel a little less like a leper'. But the study findings also suggest that this process is incomplete and that more or better education about HIV among health workers is still needed.

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

All personal names have been changed. The Straightpoz study is a qualitative longitudinal study exploring the experiences of people who live heterosexually with HIV in NSW, including HIV-negative partners. The study is conducted by the National Centre in HIV Social Research, UNSW, in collaboration with the Heterosexual HIV/AIDS Service NSW (Pozhet). The Straightpoz study report, Volume 1, is available for download on: http://nchsr.arts.unsw.edu.au/pdf%20reports/Straightpoz.pdf

The Straightpoz study, Volume 2 will be available for download from January 2009 on: http://nchsr.arts.unsw.edu.au/pdf%20reports/Straightpoz2.pdf

Yoga:
the benefits of regular practice

David Mansfield is a qualified Yoga Instructor who has been volunteering his time at the Positive Living Centre and ACON. David has just started teaching in Darlinghurst and is pursuing further studies in related fields. We asked David to reflect on his time working with PLC clients, and to describe the benefits of Yoga for people living with HIV.

When I reflect on the past year of teaching yoga to men and women living with HIV, the best part has been to hear students relate the benefits of weekly yoga practice. Most experience improvements in many aspects of their lives.

Most students come along to the class without ever having stepped onto a yoga mat before. Their nervous faces quickly turn to smiles and often laughter as we work through postures.

When I meet with new students we spend time identifying and forming physical goals as well as discussing the importance of honouring personal boundaries. After the first few weeks many students relate improvements in sleeping patterns and notice calmer reactions to difficult situations, lower anxiety levels and increasing feeling of wellbeing.

As a teacher there is no bigger gift than to hear students speak about these results. Regardless of HIV status the benefits of yoga can be much more than physical. Regular practice of yoga helps to boost the immune system and also assists with the detoxification process. Let's face it; anyone who enjoys an occasional night out can do with that kind of support.

I can guarantee that if you have never done yoga before, the hardest things you will have to do is find enough courage to come along to a class and try it for yourself. There is always an easier variation to every posture and a good teacher will talk you through each stage of a pose.

My style of teaching aims to help people to a level that is a balance between the challenging and the comfortable. If someone is considering Yoga they should aim to find a teacher and style of yoga that they can relate to and, above all, go with an open mind, as even the most self-judging have been known to surprise themselves on a yoga mat.

Namaste
David Mansfield

Hatha Yoga Classes with David

Every Thursday night from 6.30pm (classes are 1.5 hours)
Darlinghurst Public School Hall Womerah Ave (enter through Barcom Ave Gates)
Contact David 0402 154 444

David has an introductory offer for *Talkabout* readers and their friends. A voucher for 10 classes can be purchased for $150 saving people $30.

Magistrate's ruling undermines public health

Kane Matthews on how criminalisation of people with HIV is counterproductive

An HIV positive male sex worker in Canberra has been jailed for more than two months after a high profile public prosecution, including naming him, even after the magistrate admitted that it is impossible to know if unprotected sex had ever taken place.

This year at AIDS 2008, the international HIV conference in Mexico, a large number of delegates challenged the criminalisation of HIV around the world, claiming that criminalisation forces people with HIV underground. It discourages testing which, in turn, plays a part in increases in the rates of HIV transmission.

In the ACT, as a direct result of this year's high profile prosecution, the local outreach clinic has seen sex workers' fear of testing increase, with the regular monthly figures dropping from 40 per month to two per month. This was reported to the Attorney-General, Simon Corbell, a week prior to the sentencing. At that time Corbell admitted, "We know that with appropriate safe sex measures in place, the risk of transmission is negligible."

There has also been much written about best practice for public health policy in relation to the management of HIV, with the ACT only recently signing up to the national guidelines on the management of people with HIV who place others at risk. This document also recommends using criminal prosecutions as a last resort and only for cases of serious intentional transmission.

The rationale behind this approach is the understanding that HIV is here to stay and we all need to learn to live with it. This means that for casual sex, including sex work, all people involved need to assume that everybody is, or could be, HIV positive. This is true whether they know their status or not, as some people do not yet know they have HIV.

It is far more dangerous to give the impression that a certain section of society is HIV free, which only increases the incentives to forego safe sex. Couple this with harsh penalties for people who have taken steps to learn their status, and it creates a dangerous situation where HIV can thrive, and transmission rates can significantly increase.

Magistrate Burns claimed his judgement was in the interest of public health. However his evidence for this claim is completely out of date. The best public health outcome would have been to drop all charges and remind ACT residents that people with HIV exist everywhere, and the only effective strategy for Australians to protect themselves is to use condoms and water based lube.

I know people are sick to death of hearing the safe sex message, but the alternatives are far scarier: having untested, undiagnosed and unchecked HIV infections in people too scared to get tested, claiming they have never tested positive to HIV.

Kane Matthews is the author of *The National Needs Assessment of Sex Workers who live with HIV,* commissioned by Scarlet Alliance, the Australian Sex Workers Association. The full report is available on the Scarlet Alliance website (www.scarletalliance.org.au). This is an edited version of Kane's article was first published on the ABC site (www.abc.net.au)

Gathering from across the Pacific

The Pan Pacific Gathering for HIV+ People occurred in Auckland in September with delegates from across the Pacific, including Papua New Guinea, Fiji, Cook Islands, Samoa, Australia and New Zealand. Presentations included stigma and discrimination, HIV and the workplace, women with HIV, everyday lives of men who have sex with men, transgender in PNG and more.

A Declaration from HIV+ People of the Pacific was presented to Hon. Chris Carter, NZ Minister of Ethnic Affairs and Education and to Hon. Dame Carol Kidu, PNG Minister of Development. The declaration called on all governments to remove all barriers to, and ensure full implementation of these laws, including:

- the protection of HIV+ people against all forms of discrimination
- free movement without restriction for work, education and recreational travel to all countries
- decriminalising of sex work
- decriminalising of sex between men

The Declaration is available on the website: www.panpacifichiv.com

A traditional welcome for delegates.

Hon Luamanuvao Winnie Laban (MP) welcomed delegates on the first night.

Dame Carol Kidu Minister for Community Development in Papua New Guinea attended the conference with a strong delegation form PNG.

Photos: Patric Seng

Make it work

Glenn Flanagan

You can navigate employment and HIV

Have you ever wanted to make changes at work – for instance take time out or reduce your hours – but felt you needed more information about how to do it? Do you know about your rights at work? Or wondered about the health or financial implications of your decisions about employment? Positive Life recently organised *Making it work: A forum on employment and HIV* at the Y Hotel in Sydney to better inform people about issues like these. The following are some highlights:

The right to make a living affects our ability to exercise all our other rights

"Fundamental human rights should be available to all without discrimination for everyone, every day, everywhere. This includes the right to make a living, and the right to dignified working conditions." These opening remarks by Graeme Innes, Human Rights Commissioner, Australian Human Rights Commission set the tone for the forum. As the keynote speaker he was unequivocal: "It is unlawful to discriminate at all stages of employment".

Indicating how significant this issue is, 40 percent of complaints that came before the Human Rights Commission in 2006 -2007 were about employment, and two percent of these involved HIV (21 out of 1179). While it does take courage to stand up for your rights, fear of discrimination can erode quality of life for people with HIV, and the Human Rights Commission is one important body that can help.

The next talk, a personal perspective from Douglas Barry, fleshed out what it is like to make difficult decisions, move from retirement, to study, and then to full time work. He pointed to some of the costs and benefits of a journey like this. His reflection on the value of short term goals, medium term goals and dreams was an inspiring one we hope to publish in a future issue of *Talkabout*.

Getting better at flexibility

Fifteen percent of the labour force has a disability, and yet many people with a disability are still underemployed, and not working as much as they would like. Mark Lazaroo from Australian Employers Network on Disability (AEND), an organisation advancing the inclusion of people with disability in all aspects of the work force, reported that a number of businesses, organisations and government departments, including Positive Life NSW, have joined the Network, indicating their commitment to these principles of inclusion. You can see the list of member organisations and businesses on the AEND website: www.employersnetworkondisability.com.au.Even so, while some may already be doing best practice, others join because they're aiming to move in the right direction.

Not all people with HIV see themselves as having a disability but it can be useful to remember that disability is not a static thing. HIV is like that too. It can change. So you might need to adjust your work patterns accordingly. We need to get better at understanding flexibility, and asking for the adjustments we need. So do employers. This may mean you need to disclose your disability, although often you won't need to be specific about your condition. AEND works to assist employers to respond better to disclosure and maintaining confidentiality.

Are there barriers to making a complaint?

Narelle Henessey from the NSW Anti Discrimination Board suggested that the ADB has had only one complaint about HIV. Does this mean people think it's too hard to get a complaint through?

Complaints can take a long time to be resolved, but in recent years, this has been reduced.

One audience member suggested one barrier to people with HIV coming forward is the fear that their status could become public: "If the Supreme Court and the Family Court can make complaints anonymous why can't the ADB?"

Take into account all medical issues

Brian Baker, Centrelink Customer Service Advisor, outlined Centrelink's role in assisting people to return to work. Since September 8 2008 there has been significant policy change. Previously, if someone applied to an employment service provider for assistance, they risked triggering a pension review by indicating they wanted to look for work. From August this year, this is no longer the case.

Brian gave some useful advice for those undergoing a Job Capacity Assessment. Take all medical evidence to determine your support needs. It is important to detail all your medical conditions, including mental health etc. The quality of the medical information you take with you into the review is important. You need to work with your GP to ensure the information is clear.

As always, you need to notify Centrelink within 14 days of commencing work, and Centrelink benefits can be suspended for up to two years, while you settle into work and decide whether you can manage it.

Practical advice on finding work

Laraine Jones from Job Futures (135 Crown St Surry Hills) assists people to get back into paid work. The majority of them are on Newstart. Job Futures is a small team, whose members give practical advice on how to find and remain in work. They are also happy to have an initial chat if you're just thinking about going into the workforce and want to weigh up your options.

Job Futures can help prepare resumes, and cover letters, and show you how to search websites for work, and can give you free access to computers, fax, and phone for job seeking purposes. You will need to sign up with Job Futures to access these services.

Getting together we can achieve change

Ending discrimination is not only about acting when things go wrong to you personally. It's about bringing about changes to the system so discrimination doesn't happen in the first place. Daniel Scaysbrook, an organiser from the Australian Services Union which covers among other things, the community sector, airlines, shipping, IT, rail, and water employees made this point.

Of course, if you are a member of a union, and you experience discrimination, your union will represent you and advocate on your behalf.

He reminded the audience that the only way to achieve something is to come together to do it. Rather than an individual sticking his or her neck out, a collective of workers has more chance of achieving change. You need to be a member of a union to be represented, so Daniel's message is: get involved

It's about money – and health, and self esteem

Craig Doyle (BGF Financial Counselling) gave lots of practical advice on finances, study options and ways to manage some of the challenges involved in employment. If you're thinking of returning to work, it might be best to consider increasing your hours over time, rather than rushing straight into full time work. If you're currently on the pension, try to capitalise on your situation and clear up your debt. Talk to BGF on how to do this. Declaring bankruptcy may seem like an answer to some financial difficulties, but it can be unhelpful for certain jobs you might be thinking about (real estate for example).

Budgeting is important, whether you are working or on a pension. One of Craig's tips is to keep a record of what you spend for a month, and then you will be better informed to make decisions about your spending. This can be empowering. Try to save ten percent of what you earn, even on the DSP. Debit cards are a good discipline. BGF offers assistance with a range of day to day living expenses, including utility bills, cost of medications and No Interest Loans

BGF's Positive Futures program and Phoenix workshops are another way of talking through return to work issues. The organisation's Positive Futures and Financial Counselling are not income tested, so any person with HIV can access these services.

On the advocacy front, BGF can negotiate with an employer if you're returning to work, and with creditors. It also has money available for interview clothing (as does Job Network) for people who qualify - and possibly clothing for first six months of work

We'll keep you updated

We plan to continue to support people with HIV make the best decisions about their employment. Future issues of *Talkabout* will focus on other questions relating to work and study. If you have issues you'd like to ask about or stories to tell email editor@positivelife.org.au

Contacts

Australian Human Rights Commission
Ph: 02 9284 9600
Complaints: 1300 656 419
www.humanrights.gov.au

Australian Employers Network on Disability
Ph: 02 9261 3922 1300 363 645
www.employersnetworkondisability.com.au

NSW Anti Discrimination Board
Ph: 02 9268 5555 (freecall) 1800 670 812 www.lawlink.nsw.gov.au/ADB

Centrelink
Ph: (employment) 13 28 50, (retirement) 13 23 00, (disability) 13 27 17 www.centrelink.gov.au

Job Futures Ph: 8281 2400 (freecall) 1800 078 233 www.jobfutures.com.au

Australian Services Union
www.asu.asn.au (02) 9283 9280

Bobby Goldsmith Foundation
www.bgf.org.au 02 9283 8666 (freecall) 1800 651 011

Highlights from Mexico

Jae Condon on the International AIDS Conference

The XVIIth International AIDS Conference was held in Mexico during August. The conference gathered international experts, researchers and community advocates to share their challenges and experiences of the epidemic. This year's conference opened amid calls for universal access to treatment and improved funding for vaccination and microbicide trials. There were also calls to end international HIV travel restrictions. See www.kaisernetwork.org and www.aidsmap.com for comprehensive coverage. The following are some highlights from Positive Services and Health Promotion at ACON.

The global perspective

HIV continues to spread at disturbing rates around the world. US experts sounded the alarm reporting new cases of HIV in the US have greatly outnumbered even the worst predictions. Experts agree that HIV will soon be the most common and burdensome health issue internationally. This is also the case for Latin America and other parts of the world. Issues named at the conference as fueling the epidemic internationally are poverty, non-availability of condoms and NSPs (Needle and Syringe Programs) as well as the younger age of MSM (men who have sex with men) born after, and unfamiliar with, the height of the epidemic. Developments in treatments can also foster notions that HIV is readily and easily treatable, and with the absence of visible illness, and fewer leaders in HIV advocacy, safe sex messages are no longer as powerful. The rise and rise of crystal and other new patterns in recreational drug use including medication used in erectile dysfunction continue to fuel transmission. Legislative factors contributing to the epidemic include the criminalisation of sex work, homosexuality and HIV transmission.

Discrimination

On the first day of the conference a presenter asked whether religion was a barrier to HIV prevention. Consider the recent papal visit with cries against condoms and calls for all Catholics to reproduce. Australia is a tolerant and secular society so these issues don't greatly affect health promotion, but in other parts of the world influences like these can, and do, result in death. Religion continues to facilitate stigma, discrimination and legal persecution of people with HIV. Discrimination against gay men and MSM continues to fuel the epidemic.

Biomedical prevention

Treatment used in prevention (PrEP or Pre-Exposure Prophylaxis) was widely discussed as the next big thing in HIV prevention. PrEP involves the use of one or more recognised HIV drugs taken by a negative person who is having sex or plans to have sex with a positive person(s). This model is already used locally for serodiscordant heterosexual couples who want or need to conceive naturally. The negative partner is given medication during the conception period - the positive partner takes medication as well. Once conception is achieved the couple return to their usual methods of protection.

Conference sessions discussed prevention strategies such as microbicides and vaccines. It had been looking like research into vaccines had hit a dead end; however experts have identified another 'vector' for investigation. In this context a vector is a recognised and understood pathway that another virus progresses along through the human body. Researchers attempt to 'hitchhike' inactive genetic components of HIV onto this pathway with the idea that

this could enable the immune system to become immune to HIV without becoming HIV positive. Some predict that a reliable and affordable vaccine will be available within ten years.

Research into rectal and vaginal microbicides continues to show promise. Lube is 'fortified' with one or more anti-HIV drugs. Historically this has proven difficult as these medicated lubes have perished condoms and irritated vaginal and rectal tissues. Any irritation to these tissues provides an open gateway for HIV to pass through. Newer agents being put into rectal and vaginal Microbicides are looking good, but couldn't someone come up with a better name?

Treatments

Treatment developments discussed at the conference include:

- Isentress (Raltegravir) is the first in a new class called integrase inhibitors. Studies show this class of drug has few, if any, side effects and reduces viral load in a period of days rather then weeks. Research discussed at the conference further demonstrates potency and few, if any, side effects. This drug is available in Australia for people with certain resistance and side effect profiles. It has just been PBS listed in Australia and hopefully will be available soon as first line therapy.
- Selzentry (Maraviroc) is the first in a new class of oral entry inhibitors. This drug is approved in Australia but is waiting for PBS listing. It is available through Special Access Schemes for those with multiple resistance and/or side effect issues. This drug is also being trialed as a vaginal and rectal microbicide with promising results. People who have resistance and/or side effect issues with their current combination should speak to their doctor about this special supply program.
- Etravirine is a new drug in an existing class (NNRTI). People who have resistance in this class are resistant to the entire class. People can become resistant to this class because of adherence problems or the HIV that someone has may already have this resistance at transmission. This new agent is effective even for those with 'Class Resistance' so could create new options for many.
- Presizta (Darunavir) is the first real 'Resistance Proof' medication. This drug belongs to the protease inhibitor (PI) group and is highly resilient against resistant virus. Many people taking other agents in this class of drug who experience chronic diarrhoea experience a full resolution of side effects when they switch to Prezista.
- Bevirimat – an entirely new class of drug called Maturation Inhibitors. This drug promises fewer side effects and an entire new set of options for the treatment experienced and/or those fatigued by chronic side effects. Clinical centres are currently enrolling for trials around the world including Sydney.
- Ritonavir - this drug has until now required refrigeration. This is a problem for those who need to maintain anonymity at home and/or work, or for those who travel regularly. A new formulation of this drug is under trial that does not need refrigerating. Looks promising and will make things easier for many who take this drug as part of their combination.
- Abacavir - results from research suggested that this drug might be associated with an increased risk of cardiovascular disease. The findings were not conclusive and other research is under way to answer the questions raised. To date the evidence is conflicting and there is nothing concrete to suggest anyone taking this drug should stop. People taking this drug who have concerns should consult their HIV prescriber. It is widely accepted that treatments that suppress HIV to undetectable levels provide protection against the cardiovascular damaging effects of HIV itself - so it seems the benefits out way the risks.

Hep C

Finally the elephant in the room is named. It is now widely recognised that Hepatitis C (HCV) is more readily transmitted through sex than previously thought. Until now it was thought that only esoteric practices carried high risk of HCV transmission (fisting, toys etc). Experts now believe the presence of another STI, the non-use of condoms, multiple partners and illicit drug use during sex are putting people living with HIV at high risk of contracting HCV.

It is estimated that 10-13% of people living with HIV in Australia are also HCV positive. Most people living with HIV who become HCV positive do not know they are living with HCV for some time. This is alarming as most liver damage occurs early in HCV infection. All HIV treatments can potentially cause liver damage so people living with both viruses are at extremely high risk of permanent and irreversible liver damage. Treatment for HCV involves side effects that usually prevent people from being able to work including extreme fatigue, depression, and weight loss.

Recent research out of the UK found that a significant number of gay men living with HIV who 'cleared' HCV were becoming reinfected with HCV despite being made aware of the potential permanent long term risks to their health. This is also the case in other major gay cities in the Northern Hemisphere.

Law

The conference might well be remembered for admonishing the proliferation of laws around the world criminalising the transmission of HIV. There were several presentations devoted to this topic that argued that such legislation is a gross breach of human rights. Susan Timberlake related the UNAIDS declaration of the role of the law in HIV. She said that the role of the law is one of promoting a social and legal environment that is supportive of the rights of people with HIV. Her presentation quoted The Hon. Justice Michael Kirby's famous Bulletin article of 1991 when he said:

"There will be calls for 'law and order' and a 'war on AIDS'. Beware of those who cry out for simple solutions,for in combating HIV/AIDS there are none. In particular, do not put faith in the enlargement of the criminal law."

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

Prevention beyond condoms

What's news in Microbicides and Biomedical HIV Prevention?

Neil McKellar-Stewart reports on the recent *Microbicides, Gender and Vulnerability and HIV Biomedical Prevention Symposium* organised by The National Centre in HIV Epidemiology & Clinical Research (NCHECR) and the Australian Federation of AIDS Organisations (AFAO).

In Australia we are familiar with new developments in treating HIV. We generally hear much less about new ways of preventing transmission of HIV.

Biomedical prevention is a process of interfering with 'normal' biological interactions between an infected host, an infectious pathogen and a possible new host for that pathogen. In the case of HIV: between a person infected with HIV and a person at risk of being infected.

A prevention technology we all know about would be the humble male condom. Access to condoms and clean injecting drug equipment, along with behavioural change (safe sex and injecting behaviours), have been the main reasons for the low number of new HIV infections in Australia.

The Condom is highly **efficacious** (probably around 98% **efficient**) and highly effective in stopping transmission of HIV, when used consistently and correctly. "**Efficacious** (or **efficient**)" means it actually achieves what it is designed to do: contain seminal fluid, preventing it from entering the vagina or rectum. It also stops infection in the other direction: preventing vaginal or rectal secretions from infecting the tissues of the penis. The condom is an "effective" technology because it is simple to use, rarely fails, and is acceptable to many people (at least in our culture).

In Australia using condoms works. This is not the case elsewhere in the world where access to condoms is poor, condoms are not acceptable to many people, and they are not consistently used. "Only 9% of risky sex acts worldwide are undertaken while using a condom, and the global supply of condoms is millions short of what is needed". (2007 report from the WHO/UNAIDS Global HIV Prevention Working Group) They go on to report: "To ensure a sufficient condom supply to halt the AIDS epidemic by 2015, the level of funding for condom procurement and distribution must increase threefold." Useful to remember next time you or your partner slip on a condom, which you may have got free from your friendly sexual health provider, community agency like ACON, or even a sex on premises venue.

New prevention technologies in other parts of the world could complement and extend people's choices beyond the humble condom. More choices could also empower women and put them firmly in control of protecting themselves against HIV.

There are other types of biomedical prevention technologies currently under investigation, these are listed below however none of these have yet proved to be effective but research continues on all.

- Microbicides
- Vaccines
- Pre-Exposure Prophylaxis (PrEP) using HIV antiretroviral drugs
- Male Circumcision
- Suppression of viruses which make HIV infection more likely (eg STIs and Herpes Simplex Virus-Type 2)
- Other Barriers (female condom, 'invisible' condom)

Treatment with HIV antiretroviral drugs which reduce an HIV positive partner's viral load

The sobering news is that all the other biomedical technologies (apart from the condom) have a way to go yet. Here's some recent news on the first of these (we may address the others in a future article):

Microbicides

In the future, if it proves effective, using a gel or similar agent to prevent HIV transmission in the vagina or rectum would be a useful alternative to the condom in many parts of the world. Women in particular would be able to protect themselves when forced to engage in risky sex with men who refuse to use a condom, or where condoms are not available.

Microbicides are designed to make HIV inactive in the vagina or rectum of people using them. A microbicide could take the form of a gel, cream, film, tablet or sponge, or be contained in a vaginal ring that releases the active ingredient gradually.

One of the first microbicide trials was of the spermicide Nonoxynol-9 in women in sub-Saharan Africa and Thailand in 2000. Unfortunately it showed no benefit in preventing HIV infection. Similar results came out of a further eight N-9 trials, which included over 5000 women, predominantly commercial sex workers. Overall, it showed an increased risk of acquiring HIV. An international board considered these results and concluded in 2001 that N-9 should not be used or promoted for the prevention of HIV or STIs.

This was followed in 2004-6 by the trial of SAVVY (C31G) gel for prevention of HIV infection in women. This was a Phase 3 trial of about 2100 women in Ghana. Trial results showed higher reporting of vaginal irritation. The trial data were insufficient to conclude whether SAVVY is effective in preventing HIV infection.

Two trials of Cellulose sulphate (the CONRAD and Family Health International trials) were stopped prematurely in 2007 because more women became infected with HIV on the microbicide arm of the trial than on the placebo arm. Further investigation in 2008 showed that it caused loss of tissue integrity by destroying proteins that bind cells together. This allows HIV to leak into the underlying tissues and increase HIV transmission.

Further trials of other agents have had similar disappointing results: Carraguard is made of carrageenan, a seaweed derivative which in laboratory studies is shown to be effective in blocking cells from becoming infected by HIV and in protecting mice from other STIs. Phase 3 clinical trials by the Population Council in over 6,000 women in sub-Saharan Africa found Carraguard to be safe for vaginal use, but not effective in preventing male-to-female HIV transmission during vaginal sex.

Though disappointing, these trials have contributed significantly to the field's body of knowledge regarding product development, trial design, and women's and their partners' willingness to use a microbicidal gel consistently.

Other microbicides still under investigation include 0.5% PRO 2000 in two studies, one of which adds BufferGel (a vaginal defence enhancer). A stronger dose (2%) PRO 2000 trial was stopped in February because of futility (meaning it would produce no meaningful results). The trial, which is comparing both PRO 2000 and BufferGel with a control, is expected to produce preliminary results later this year. PRO 2000 is an agent that prevents entry and attachment of HIV and others STIs to cells in the vaginal mucosa.

All the agents discussed above are first generation microbicides which don't act against HIV's replication processes. The second generation of microbicides, about to start major trials, will attempt to deliver antiretroviral drugs into the vaginal tissues and fluids. Although this approach, called topical PrEP, may be potent, it could have drawbacks too: drug toxicity, and leakage of the drug into the bloodstream, with a potential risk of drug resistance if the user becomes infected.

There are three major programmes which will lead up to efficacy trials of antiretroviral-containing microbicides for vaginal use:

First to report (probably in early 2010) will be CAPRISA 004 (Centre for the AIDS Programme of Research of South Africa) study of 1% tenofovir gel in nearly 1000 women in South Africa. This is the only study looking at 'coitally-dependent' use, in which women are told only to use the gel when they think they will have sex.

The Microbicides Trials Network (MTN) is co-ordinating the VOICE (Vaginal and Oral Interventions to Control the Epidemic) study, which will directly compare a tenofovir gel with oral tenofovir PrEP in 4200 women in sub-Saharan Africa. Early studies suggest that tenofovir will be absorbed to a sufficient depth in the vagina wall to defend against HIV infection. The trial proper is due to start in late 2008 and may report by 2011.

The International Partnership for Microbicides (IPM) is co-ordinating a series of studies using the new HIV treatment, dapivirine (TMC120) both as a gel and as drug infused into a silicone vaginal ring which can be left in place for a month. These studies are expected to report in 2012, if they pass early safety trials.

If these microbicides prove to be effective in preventing male-to-female HIV infections vaginally, they may have flow on effects for microbicides which might work in the rectum. Delivering an effective agent will be very difficult. Unlike the vagina, the rectum has only a thin layer of surface cells, and an involuted columnar structure, with lots of surface area, and the molecules to which HIV can attach are much more accessible.

In addition to these vaginal studies, a possible rectal microbicide using UC-781 (a new HIV antiretroviral drug) is undergoing safety trials. These will precede actual trials to test its efficacy, that is, whether it works and does no harm. Preliminary data presented at the Microbicides 2008 conference in February hint that it may be safe and perhaps efficacious; however, much work stills needs to be done.

The take home message from this short overview is that more research is needed. While microbicides have a long way to go in terms of clinical trials and understanding issues around safety, modes of operation and efficacy, they still represent a possible future prevention option. In the meantime condoms (and lube) continue to be the most effective safe sex strategy.

For further reading:

http://www.microbicide.org/ The Alliance for Microbicide Development

http://www.rectalmicrobicides.org/ International Rectal Microbicide Advocates (IRMA)

http://www.avac.org/ AIDS Vaccine Advocacy Coalition (AVAC)

Neil McKellar-Stewart is the HIV Health Maintenance Officer at ACON Northern Rivers

Glossary

PrEP

Pre-exposure prophylaxis (PREP) involves the use of oral antiretroviral treatment to prevent HIV infection

Microbicides

Microbicides are compounds (formulated as gels, creams, films, or suppositories) that can be applied inside the vagina or rectum to protect against sexually transmitted infections (STIs) including HIV. At present, an effective microbicide is not available.

Pathogen

A pathogen is a biological or infectious agent, or germ, which causes disease or illness to its host.

Phase 1 trial

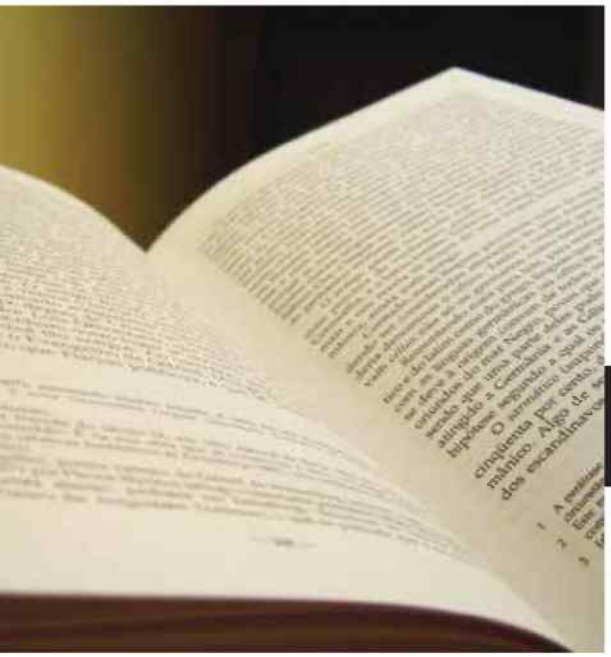
A phase 1 trial is first step in testing a new treatment in humans. These studies test the best way to give a new treatment (for example, by mouth or injection) and the best dose

Phase 2 trial

A Phase 2 trial is a study to test whether a new treatment has an effect, whether it works and improves results.

Phase 3 trial

A Phase 3 study compares the results of people taking a new treatment with the results of people taking the standard treatment, and is designed to prove the safety and efficacy of a new treatment.



Swings and roundabouts

Lance Feeney on whether much needed recognition of same-sex relationships may cause hardship

On Thursday 4th September 2008, Attorney–General, Robert McClelland, moved the Same-Sex Relationships (Equal Treatment in Commonwealth Laws – General Law Reform) Bill 2008 in the Parliament of Australia.*

The bill amends 68 Commonwealth laws that discriminate against same-sex couples and their children. Nineteen government departments were involved in drafting the bill.

A milestone for gay and lesbian couples

This Act marks yet another step in a hard fought political process going back decades – the first achievement being 20 years ago, when the Human Rights and Equal Opportunity Commission (HREOC) added discrimination on the grounds of 'sexual preference' to its regulations. In 2004, the United Nations Human Rights Committee, found that Australia was in breach of the International Covenant on Civil and Political Rights, and more recently, HREOC released its report 'Same-sex: same entitlements'. This report identified many examples of discrimination and the impact of discriminatory laws on same-sex Australians including:

- Same-sex couples experience daily systemic discrimination
- Same-sex couples and their families are denied basic financial and work entitlements which opposite-sex couples and their families take for granted
- Same-sex couples are not guaranteed the right to take carer's leave to look after a sick partner
- Same-sex couples have to spend more money on medical expenses than opposite-sex couples to enjoy the Medicare and PBS safety nets
- Same-sex couples are denied a wide range of tax concessions available to opposite-sex couples
- The same-sex partner of a Defence Force veteran is denied a range of pensions and concessions available to an opposite-sex partner.

At every step along the way, community organisations including Positive Life, ACON, the Gay and Lesbian Right Lobby, Human Rights Commission (formally HREOC) and others, have lobbied, written submissions to government and appeared before Senate Committees to plead our collective case for equality before the law and an end to discriminatory treatment.

This bill aims to remove discrimination against same-sex couples and their children in many of the ways identified by the Human Rights Commission and the federal government audit. The bill includes a new definition of de facto partnerships and will apply whether the parties are of the same or different sex. The definition will also recognise relationships registered under prescribed state and territory relationship registration schemes. The bill does not recognise interdependent relationships (and Positive Life NSW agrees).

The Senate Legal and Constitutional Affairs Committee are inquiring into the provisions of the bill and Positive Life NSW has been working with ACON, AFAO and the gay and Lesbian Rights Lobby, to present a unified and coordinated approach, when responding to the enquiry.

In our written submission to the Senate Committee, Positive Life unequivocally supports the intent of the Same-Sex Relationships – General Law Reform Bill 2008 and the Same-Sex Relationships – Superannuation Bill 2008. We believe that the benefits to gay men and lesbians of recognition of relationships, and the removal of financial and other penalties will be significant. Hopefully, young gay men and lesbians will be some of the early beneficiaries of these legislative changes and their mental health and suicide risks will improve. For older gay people, the impact may take longer to flow through. It will be balanced by more immediate concerns about changing income, and possible loss of eligibility for health care and other concessions due to their partners' income and assets.

Our concerns with the legislation

Our principle concern is to minimise the impact of any financial hardship experienced with the implementation of these changes. For older gay men who live with a partner, this will be activated by the application and impact of rules relating to cohabitation. Additionally, older gay couples may have limited ability to change their financial situation.

We contend that there will be a number of gay men living with HIV in relationships who will be negatively impacted by the changes. This is particularly true for people with HIV who rely on the Aged, Disability or Carer's Pension and other concessional benefits such as the Health Care Concession Card.

Where both partners are receiving a Disability Support Pension, the payment will be adjusted from the rate paid to singles, to the rate paid for a couple - a loss of over $160 per fortnight in couple income.

Where one partner is receiving the DSP and the other partner is working, eligibility for a number of pensions under the Social Security Act are subject to incomer and asset testing,

The income and assists of the working partner may significantly impact on the eligibility and rate of pension and entitlements payable to the non-working partner.

We have drawn attention to these issues and asked for any negative impacts to be addressed by relevant Government Departments during the implementation process.

What we propose

Positive Life NSW made the following recommendations to the enquiry in our written submission:

- Commission a social impact study to assess any financial hardship as a result of the legislative changes and to help government departments implement policy sensitively.
- Delay implementation of changes with negative financial impact to July 2010, allowing couples to better prepare their personal situation.
- Inform people (via a communication strategy) about the changes resulting from relationship recognition, including support to couples negatively impacted.
- Provide an amnesty period for people negatively impacted by the changes to allow them to report on their personal situation to Government departments (such as Centrelink) without fear of punitive actions and/or debt accrual.
- Ensure that any implementation of the changes by government allows discretion to be applied where evidence of hardship can be established.

Same-sex relationship recognition has brought many benefits including recognition for our demand for equality, and with it access to the legal and economic benefits afforded to opposite-sex couples. Equality however may have its costs for some, particularly in relation to people with HIV where one or both people receive a Centrelink benefit and rely on the assistance provided by a Health Care Concession Card. By advocating on behalf of same-sex couples living with HIV, we hope to ensure welcome changes to legislation don't cause undue hardship to those most vulnerable to a change in or loss of income.

If you would like to discuss this issue or any aspect of our advocacy work, please contact:
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Positive Life NSW
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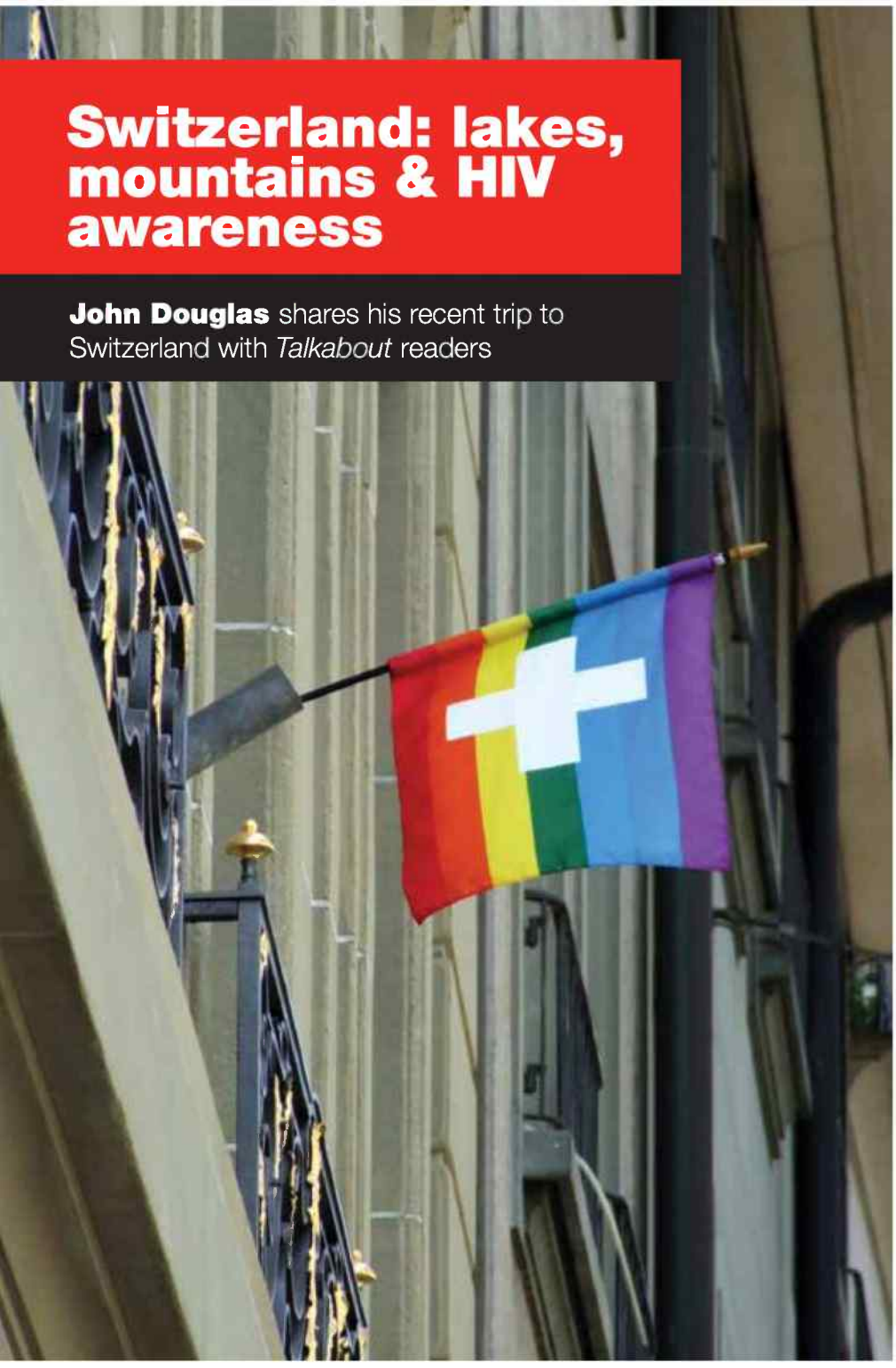
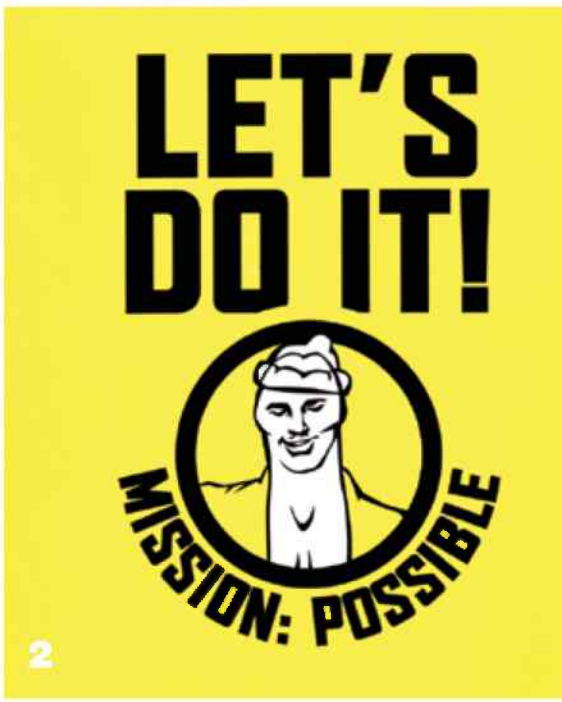
To read our submission go to www.positivelife.org.au/advocacy and click on submissions.

* Read the Attorney Generals' full speech to Parliament - http://www.openaustralia.org/debates/?id=2008-09-04.10.2

Switzerland: lakes, mountains & HIV awareness

John Douglas shares his recent trip to Switzerland with *Talkabout* readers





1. Attitudes towards homosexuality in Switzerland are progressive. Same-sex relationships are recognised, and the legal age of consent for gay sex is the same as for heterosexuals, 16 years. All major cities have gay and lesbian social clubs. Pride marches are held in Geneva and Zurich. **2.** Safe Sex Promotion. There are four official federal languages in use in Switzerland – German, French, Italian and Romanasch. Day to day language use mainly consists of German or English, so many promotions such as this safe sex campaign use English to ensure the message is understood in all districts/cantons. **3**. The Staubbach Falls at Lauterbrunnen have inspired artists for centuries. Goethe composed poems to their beauty. **4.** Building, Interlaken. Be careful where you're throwing your cows. **5.** A landmark of Bern is the set of eleven fountains around the city centre. Built in the mid 1500s, my favourite is the Kindlifresserbrunnen – the Ogre Fountain. An ogre eating children is always a good subject. **6.** Freddie Mercury, Montreux. Freddie Mercury died of bronchopneumonia induced by AIDS on November 24, 1991, only one day after publicly acknowledging he had the disease. This statue by sculptor Irena Sedlecka was erected as a tribute to Mercury. Beginning in 2003, fans from around the world gather in Switzerland annually to pay tribute to the singer as part of the "Freddie Mercury Montreux Memorial Day" on the first weekend of September. The statue overlooks Lake Geneva and was unveiled on November 25, 1996 by Freddie's father and Montserrat Caballé. **7.** Public Noticeboard, Zürich. Nice to be in a society where an openly gay notice can be posted on a public noticeboard and not attract negative comments or graffiti. **8.** Geneva. The famous Jet D'eau shoots up 140 metres above Lake Geneva. At any given time the fountain has several tonnes of water up in the air. **9.** Ice Palace. Within the Sphinx meteorological station at Jungfraujoch, at 3544 metres above sea level the highest train station in Europe.

5


Helferei
Externe Veranstalter
NDERYOGA
TURHAUS HELFEREI
Gottesdienst
für
Lesben, Schwule und andere
2008

7

8

6

9

So can you cook? No 32
Tiny morsels

Tim Alderman

For some unknown reason, cupcakes are suddenly de rigueur for all occasions, from humble to sophisticated birthdays, to high teas, to picnics and barbeques. Once considered the domain of kids' treats, they have become an art form within themselves, to the extent of having entire recipe books written about them. It is hard to pick up a food or lifestyle magazine at the moment that doesn't have a recipe for cupcakes in it.

In a way it is understandable - they are by their very size 'portion controlled', and low mess and easy to make, as they don't entail the amount of work that general cake making entails. They are easy to decorate, as a smear of icing over the top is the everyday ideal. However, with the advent of more adventurous cake decorations in both specialty stores and supermarkets, including silver and gold cachous, tiny dried icing flowers and buds, decorating gels, and the availability of items like sugared violets, and dried lavender flowers and rosebuds from places like Herbies' in Rozelle, a whole new world of exuberant decoration is now available to everyone.

If you wish to adhere to childhood traditions, hundreds 'n thousands are still available, along with a whole other world of coloured 'sprinkle' decorations. Patty cake papers are also still available, and come in the conventional or mini cupcake sizes.

So break out your best silver, wash the 3-tier cake stand and get ready to impress you mother-in-law with a fantastic high tea this weekend with a selection of the following tiny morsels.

Medjool Date Cupcakes

(Fresh Medjool dates are available from most good greengrocers, and from the fresh food sections of supermarkets)

400g fresh Medjool dates, de-seeded and roughly chopped
¾ cup water
2 teapoons instant coffee powder
1 teaspoon bicarb soda
75g butter, softened
¾ cup caster sugar
1 teaspoon vanilla extract
2 eggs
1¼ cups self-raising flour, sifted

Preheat oven to 180°C. Grease 12 x ½ cup muffin pans or line with paper patty cases.

Combine dates, water and coffee powder in a medium saucepan. Cook, stirring occasionally over medium heat for 5-7 minutes or until dates are soft and liquid is absorbed. Remove from heat and using a wooden spoon stir in bicarb soda and butter. Set aside for 10 minutes to cool slightly.

Transfer date mixture to a large mixing bowl. Beat in caster sugar and vanilla until well combined. Add eggs one at a time, mixing well between additions.

Gently fold in flour until combined. Spoon mixture into prepared pans. Bake for 18-20 minutes or until dark golden and cooked through when tested. Stand in pans for 5 minutes, then turn onto a wire rack to cool. Once cold, ice with coffee icing or dust with icing sugar.

COFFEE ICING

1½ cups icing sugar mixture
1 teaspoon instant coffee granules
2-3 tablespoons boiling water

Sift icing sugar mixture into a bowl. Combine coffee and boiling water. Stir coffee mixture into icing sugar mixture until smooth and at a desired consistency.

MAKES 12

Chocolate Fruit Cupcakes

With Christmas approaching, these are a great festive treat.

1 x 375g packet raisins, chopped coursely
1 x 300g packet currants
300g sultanas
1 x 250g packet pitted prunes, chopped
160ml (cup) Kahlua liqueur
155g (¾ cup) firmly packed brown sugar
4 eggs
150g (1 cup) plain flour
75g (½ cup) self-raising flour
50g (½ cup) cocoa powder
250g dark chocolate, roughly chopped
Cachous, to decorate

FROSTING

3 egg whites
530g (3½ cups) icing sugar mixture

Combine the raisins, currants, sultanas, prunes and Kahlua in a large bowl. Cover and set aside, stirring occasionally, for 6 hours to macerate.

Preheat oven to 160°C. Line 24 x 80ml (cup) capacity muffin pans with 2 layers of paper patty cases.

Beat the butter and sugar in a bowl. Add eggs 1 at a time, beating well after each addition. Fold in the combined flours and cocoa powder. Stir in the raisin mixture and chocolate. Spoon into pans. Bake for 35-40 minutes or until cooked when tested. Set aside for 1 hour to cool.

To make frosting use and electric beater to whisk the egg whites in a bowl until soft peaks form. Add icing sugar and whisk to combine. Spread cakes with frosting and sprinkle over the cachous.

MAKES 24

Chocolate Lamington Baby Cakes

4 eggs
1 cup caster sugar
125g plain flour, sifted
1 tablespoon cocao powder, sifted
1 tablespoon butter, melted

CHOCOLATE COCONUT COATING

150g quality dark chocolate
100g copha (near butter in supermarket dairy case)
100g desiccated coconut

Preheat oven to 180°C. Grease and flour 12 individual or muffin tins.

Put sugar and eggs into a mixing bowl and whisk for 5 minutes until mixture is light and fluffy.

Very gently fold the flour and cocao powder through the mixture quickly, followed by the butter.

Pour into prepared pans and bake for 10 minutes, or until they spring back when pressed in the centre.

Melt chocolate and copha together in a double boiler (or a bowl over simmering water) or microwave for 2 minutes. Stir until smooth.

Using a fork or skewer, dip each sponge into liquid chocolate and then roll in coconut. Leave to set on a wire rack.

MAKES 12

Coffee Cupcakes

195g unsalted butter, softened
125g (cup) soft brown sugar
2 eggs
1 tablespoon coffee & chicory essence (with coffee & tea in supermarket)
155g (1¼ cups) self-raising flour
100ml buttermilk (in milk section of supermarket)
125g (1 cup) icing sugar

Preheat oven to 150°C. Line 2 x 50ml 12-hole cupcake pans with paper patty cases.

Beat 185g of the butter and the brown sugar with electric beaters until light and creamy. Add the eggs one at a time, beating well after each addition. Mix in 3 teaspoons of the coffee and chicory essence.

Fold the flour and a pinch of salt alternately with the buttermilk into the creamed mixture until well combined. Spoon evenly into the patty cases and bake for 25-30 minutes, or until just spongy to the touch. Leave to cool in the tray.

To make the icing, combine the remaining butter, remaining essence, the icing sugar and 1½ tablespoons boiling water in a small bowl. Spread a little icing over each cupcake with a palette knife until evenly covered. If desired, decorate with chocolate-coated coffee beans.

MAKES 24

Individual Milk Chocolate Cupcakes

75g unsalted butter
75g milk chocolate, chopped
80g (cup) firmly packed brown sugar
2 eggs, lightly beaten
60g (½ cup) self-raising flour

GANACHE

80g milk chocolate, chopped
2 tablespoons thick (double) cream

Preheat oven to 160°C. Line a flat-bottomed 12-hole cupcake tray with paper patty cases.

Put the butter and chocolate in a heatproof bowl, and melt over a saucepan of simmering water, ensuring the bowl doesn't touch the water. Stir until melted and combined. Remove the bowl from the heat, add the sugar and eggs and mix. Stir in flour.

Transfer the mixture to a measuring jug and pour into the patty cases. Bake for 20-25 minutes or until cooked. Leave in the tins for 10 minutes, then transfer to a wire rack to cool.

To make the ganache, place the chocolate and cream into a heatproof bowl and melt and mix as above. Once the chocolate has almost melted, remove from the heat and continue to stir until melted and smooth. Allow to cool for about 8 minutes or until thickened slightly. Return the cakes to the pans to keep them stable while you spread one heaped teaspoon of the ganache over the top. If desired, decorate with gold cachous.

MAKES 12

Butterfly Cupcakes

120g unsalted butter, softened
180g (¾ cup)caster sugar
185g (1½ cups) self-raising flour
125ml (½ cup) milk
2 eggs
125ml (½ cup) thick (double) cream
1½ tablespoons strawberry jam
Icing sugar, to dust

Preheat oven to 180°C. Line a flat-bottomed 12-hole cupcake pan with paper patty cases.

Beat the butter, sugar, flour milk and eggs with electric beaters on low speed, increase the speed and beat until pale and smooth. Divide evenly among the cases and bake for 30 minutes, or until cooked and golden. Transfer to a wire rack to cool.

Cut shallow rounds from the centre of each cake using the point of a sharp knife, then cut in half. Spoon 2 teaspoons of cream into each cavity, top with 1 teaspoon jam and position two halves of the cake tops in the jam to resemble butterfly wings. Dust with icing sugar.

MAKES 12

COOKING TIPS

When crumbing chicken, veal or pork schnitzels, add ¼ cup grated parmesan to the breadcrumbs to give a really delicious flavour.

If you have large amounts of herbs left over that you don't want to throw out, chop them to desired consistency and make ice cubes using them. This gives you individual portions when you need them, which can be made useable by placing in a fine sieve and holding under warm water until melted - or if making a stew or casserole, just throw the whole ice cube in the mixture.

Make your own muesli with 2 cups All-Bran, 1 cup rolled oats and ½ cup dried cranberries. Add other fried fruits if desired.

To make a delicious Bircher muesli, soak 1 cup rolled oats, ½ cup unsweetened apple juice and 1 cup natural skim-milk yoghurt in a bowl overnight. Before eating, grate a Granny Smith apple and add to the mixture with ½ teaspoon cinnamon and ¼ cup dried cranberries.

Fresh at the Luncheon Club

Come along and experience the warm welcome

The Luncheon Club continues to open for lunch for members and guests on Monday and Wednesdays, with the numbers of people attending increasing significantly over recent months. The atmosphere at the Luncheon Club's home, the Gordon Ibbett Activity Centre, 77 Kellick Street Waterloo is warm and welcoming, and the staff and volunteers at the Luncheon Club invite you to come along and experience lunch for yourself.

Lunch is now served at 12.30pm, and the team in the kitchen delivers healthy, nutritious meals that are varied, fresh and interesting.

Service providers from community organisations drop in during lunch to see clients and talk about the range of services they offer. The Bobby Goldsmith Foundation, ACON Housing Project, Positive Central and the HIV Community Team (South East Sydney and Illawarra Area Health Service) are but a few of the faces who drop into the Centre regularly.

The Luncheon Club Larder is operational from 11am until 2.30 pm on Monday and Wednesday. We have increased our output of groceries thanks to accessing the Foodbank program. The Larder is available to HIV positive people on a pension or Newstart Allowance who are experiencing financial hardship, and can provide a limited number of grocery items each month. If you would like to know more about the Larder, please talk with Fred, the Coordinator at the Luncheon Club for more information, or call 0400 446 712.

The Luncheon Club also operates a small Clothes /Books/Small Items exchange, which is available to people in need, and is open during Centre hours.

On **Monday 10th November** the Luncheon Club will be celebrating its annual birthday party with a special lunch and show at the Centre. We encourage all members past and present, and donors who have given generously, as well as prospective donors who want to know more about us, to attend this event.

A fair and flexible safety net!

Lance Feeney on the pension review

Concerns

Rises in the cost of living have led to concerns that people on low incomes – particularly those dependent on the maximum rate of pension with few assets – may be finding it harder to make ends meet. The recent Senate Committee inquiry into the cost of living pressures on older Australians found that people on low incomes are disproportionally affected by rises in the cost of petrol, food, medical care and rental accommodation. It also found the maximum rate of pension may be insufficient to maintain a basic, decent standard of living. Those most at risk of financial stress are single pensioners receiving the maximum rate of pension and living in private rental accommodation. The committee acknowledged that certain groups are more likely to be wholly reliant on pensions, including older women, people with severe disability or chronic illness, and those whose earning ability has been limited by their caring responsibilities.

Australian Federal Government's Review of Disability Support Pension, Aged Pension, and Carer's Payment

On 15 May 2008, Jenny Macklin MP announced a review into measures to strengthen the financial security of seniors, carers and people with disability. This would include a review of the:

- Aged Pension
- Carer Payment
- Disability Support Pension (DSP)

The Pension Review – what will it do?

The Pension Review will investigate:

- Appropriate levels of income support and allowances
- Frequency of payments and the structure and payments of concessions and other entitlements for Aged Pension, DSP and Carer Payment recipients
- Carefully examine options for reforming the pension system to ensure that any changes are sustainable in the long term.

Response

Positive Life NSW welcomed this review. We understand the review has particular significance for people with HIV who receive a pension or part-pension, who are living with a partner who is receiving a pension or part-pension, or who may need to apply for a pension in the future.

A meeting was immediately arranged with The National Association of People Living with HIV/AIDS (NAPWA – the peak PLWHA organisation in Australia) and AFAO, to devise a coordinated response. We agreed that delegates from each state and territory would attend the public consultations around Australia and draw attention to the multiple issues facing people with HIV. NAPWA agreed to prepare a written submission and, assisted by State and Territory PLWHA groups (including Positive Life NSW), identified relevant issues, collected and documented case studies, and sourced statistical data for inclusion in the report.

Public Consultation

The public consultation in NSW was very well attended and many people spoke about their financial hardship and difficulty surviving on the Aged Pension. The Cancer Council, people with intellectual disabilities and veterans were all represented, but to my surprise, I was the only one who spoke about the issues faced by people with HIV/AIDS who receive the DSP, the Aged Pension or the Carer Payment. At the conclusion of the meeting, Dr Jeff Harmer (who has been appointed to lead the review) made specific reference in his closing remarks to the points I had raised, noting specific health related costs and other issues faced by people with HIV and other chronic health conditions and disabilities – a pleasing outcome.

Submission

The written submission was completed by the consultant Ronald Woods and submitted on 26 September 2008. It made the following recommendations which I have summarised. Full version of the submission can be found on the NAPWA website: www.napwa.org.au

1. In view of the variable and episodic course of HIV illness in an ageing population, people with HIV may have to move in and out of paid employment and the welfare system, as the state of their health demands. NAPWA supports any measures that might strengthen the financial security of seniors, carers and people with disabilities living with chronic illness and making the pension system more flexible.

2. The ability of people with chronic illness such as HIV/AIDS to maintain their health and well-being is severely compromised by financial hardship and the stresses associated with an ongoing daily struggle to make ends meet. NAPWA supports any moves to increase the base rate of pensions, with consideration to making the single rate of pension closer to 70 percent of the combined couple rate.

3. NAPWA supports any improvements to public health, public housing and public transport provisions that would represent concrete benefits to people reliant on income support.

4. NAPWA supports a range of supplementary payments and concessions to people reliant upon income support. Consideration could be given to ensuring greater uptake of these entitlements through the provision of public information and easing of the administrative burden associated with concessions such as the PBS Safety Net.

5. NAPWA supports any moves that make it easier for people with chronic illness such as HIV to find and keep work and reduce their dependency upon income support. The health care benefits implicit in receiving the DSP could be retained for those engaged in work, who are on low incomes.

Further information

If you would like to talk with me about any of the issues or require further information, contact:

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Website:www.positvelife.org.au/systemic_advocacy

Pension Review: Background Paper, Australian Government, Department of families, Housing, Community Services and Indigenous Affairs

Taking the lead

NAPWA (the National Association of People living with HIV/AIDS) organised a national HIV leadership weekend in Sydney in July. *Talkabout* asked **John Rule**, NAPWA's Deputy Director, how it all turned out.

What was the aim of the leadership weekend?

It took place in what would have been the year of the biannual NAPWA Conference. The NAPWA Conferences provided a welcome opportunity for positive people to come together and swap ideas. What was needed now was to see ways an active national HIV positive leadership could be further developed and maintained. As the *5th National HIV Strategy* ends, if positive people aren't going to provide the leadership direction who is going to? So member organisations agreed with the idea of a leadership weekend in lieu of a biannual conference.

Each state and territory and associate member organisations sent delegates, and that was a good process that ensured diversity. Women were well represented. There were a number of people from the Positive Aboriginal and Torres Straight Islander Network, and Straight Arrows (a support organisation for HIV positive heterosexuals and their families in Victoria) and Positive Women Victoria sent delegates. Some delegates had a lot of experience, and there were some who had just stepped out on that path, but they had all identified themselves or had been identified from their organisations as leaders or potential leaders.

What kinds of things happened on the weekend?

One of the first activities was drawing a timeline over 25 years. People identified their entry point when they first engaged with HIV, or the HIV sector, on the timeline. This activity helped to indicate who was experienced and who was new. There were presentations from a diverse range of people, about their own personal journey and the ways they saw advocacy operating, sometimes within, and sometimes outside, organisations.

There were powerful presentations from NAPWA Portfolio Convenors and Board members. These presentations set the tone for people to tell their stories of engagement, and how they saw themselves as leaders. Another important content feature was examining what leadership means, and what mentoring arrangements are available for people. There was also some discussion on significant advocacy issues. The areas where people could engage their leadership skills were mapped out as treatments advocacy, social policy advocacy and community and cultural advocacy (this last one is particularly important for indigenous people). While the first day was an exploration of leadership, the last day was a discussion about the big picture. There were discussions about the kinds of challenges we currently face, and what our tactics and strategies should be, and how to sustain HIV positive people in the various leadership roles they occupy.

Michael Hurley facilitated the weekend, and his skills were appreciated by everybody. Bill Whittaker (NAPWA's Treatments Portfolio Convenor) gave a very good presentation on the history of HIV positive advocacy work. There was also a very thought provoking presentation from Jo Watson (NAPWA's Executive Director) on where we are now in terms of the global picture and drug development.

And what's the next step following on from this?

The evaluations demonstrated that participants valued the chance to be part of the weekend, and found they had more information and resources to continue the work in their own areas.

NAPWA intends to follow it up by documenting some of the material discussed at the weekend and will circulate a follow up report with interviews with at least a number of the participants.

Finding your style

Malcolm Leech is a Board Director with Positive Life NSW. He recently attended the National Association of People living with HIV/AIDS (NAPWA) leadership weekend.

Why did you attend the leadership weekend?

Of course there are different styles of leadership, and there's no one correct way. I wanted to find out more about NAPWA's point of view as an agency, and what they determined leadership to be. I went with an open mind to learn about new ways of being a leader, and it gave me a lot of food for thought. It was interesting to listen to the different views of NAPWA about leadership styles, and to think about how I could incorporate some of their styles into mine. My basic style is to be there when people need advice and guidance. I like the supportive approach.

What were some highlights for you?

When we arrived on Friday night we started work and it went through to Sunday. It was a very intensive weekend. Of course the welcome to country was fantastic. There were four delegates from each state and territory. And one great highlight was meeting people from all around the country, and getting to know them better.

What experience did you bring to the weekend?

I've had a lot of experience managing people from a very young age through my work in the theatre, and I've been on various boards in the past from the performing arts to the AIDS Action Council in Canberra. I've always found, depending on circumstances, you need to vary your style when working with different personalities. You also need to take culture into account. The indigenous community has a different style for example, and all these different ways of developing leadership skills can be appropriate.

Ask Ingrid
Health and Fitness

We have plenty of questions this time. I hope the exercises I suggested for home in the last issue have been used by some of you.

Question one:

Is there a best time of day to exercise?

It is slightly better to exercise in the morning, because you are less likely to be distracted from your training session. You will very rarely get a better offer first thing in the morning. The main thing to consider is when you have the most energy, and can fit training in around other commitments like eating, medication, side effects and your own busy schedule. The time of day which makes you most likely to exercise regularly is the best time of day to train. Many people find it hard to exercise first thing when they get up, but try it for a while. You may find you actually can get used to it and that it fits into your schedule well. If you feel crap for the first few hours of the day because of medication side effects etc then exercising once you have had breakfast and let that settle for an hour or two, such as in the early afternoon, may be better.

Question two:

Are there any vitamins which are good to take to help me improve my fitness or help me train?

A dietician or nutritionist will know more than me, but vitamin C is generally good for boosting the immune system and helping you recover from hard training quicker. Vitamin B is also good for boosting energy and helping you recover from hard work. In general with vitamins it is the antioxidants you need to increase to help with training. Remember it is not just vitamins you may need to supplement your diet with. It can be worthwhile consulting with a variety of health care professionals to make sure you are getting the most from your body when you train. To get the results you want from exercise think about giving your system maximum nutrition from the food you eat and drink and from supplements (vitamins, minerals, herbs etc).

Question three:

Can exercise help my cholesterol?

It sure can, though it does do it indirectly. When you exercise you use fat as an energy source for some of the exercise do. This helps lower the bad cholesterol in your system and thus increases the ratio of good cholesterol in your blood. The more good cholesterol you have, the easier it is for your body to process the bad cholesterol, and thus lower your cholesterol overall. The exercise which uses fat as fuel for your muscles is moderate exercise stuff where your heart rate is probably only between 70 -130 beats per minute. So any little bit of extra activity is good for burning fat and lowering cholesterol.

Question four:

How important is it to stretch before exercising? Are there any good stretches you can recommend?

It is not important to stretch before working out, but it is important to keep flexible. Many postural problems come from a certain muscle group being tighter on one side of a joint, compared to the muscle group on the opposite side. A good example of this is lower back pain that often results from the muscles of your hip flexors being too tight for your lower back muscles to hold your pelvis in a stable position.

The most common muscles that are tight in people are their chest, hamstrings, calf and hip flexor muscles. Next *Talkabout* issue I will show photos of stretches for these muscle groups.

Before you exercise or stretch it is very important to warm up. This prepares the muscles for effort by increasing blood flow to the area and increasing temperature within the target muscles. The easiest way to warm up before exercising is to do some light reps (repetitions) of the exercise you are about to do. Start your chest workout with incline dumbbell presses at 15kg for 10 reps then do a warm up set at 7kg for 10 reps. If you were training legs and backs another easy way to warm up would be five minutes on the rowing machine at about 50% effort.

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

Is it really funny?

Jason Appleby on how South Park does HIV

The first episode of the newest season of South Park ("Tonsil Trouble") begins with a scene not uncommon to many American sitcoms. (Eric) Cartman is convinced by his mother and a clever doctor that he should go to hospital to get his tonsils removed (with the promise of all the ice cream that he can eat). Barely skipping a beat, the scene changes to the hospital bed as Cartman recovers and is told by a very apologetic doctor that he has been accidently infected with "HIV, the virus that causes AIDS".

What follows is 21 minutes of discomforting jokes at the expense of almost all involved in HIV over the last twenty years. Many of the obvious targets are there (the research sector, the diminished "visibility" of HIV in the broader community, assumptions around transmission, Philadelphia, Magic Johnson and many others).

This isn't the first time that South Park creators Matt Stone and Trey Parker have asked this question. The primary plot in the first episode of Season Six ("Jared has Aides") revolves around weight loss advocate Jared Fogle (the guy from the Subway commercials) incurring the wrath of the town after he announces that he lost weight because he has aides (misinterpreted as AIDS). This episode ended with the people of South Park throwing a party because finally they could make a joke about AIDS (after the miscommunication was cleared up).

But what about this episode? Is it any good? Is it funny?

I've shown this episode to a fair number of people (both HIV positive and negative) to see what they think. And responses have been mixed. Very mixed. Should you watch it? Absolutely. Will you like it? Maybe. It is funny? Watch and find out.

The final verdict: 3.5 out of 5

Favourite quote: "I'm not just sure, I'm HIV Positive."

HIV no longer bar to granting of US visa for short visits

Michael Carter

Being HIV positive will no longer be a bar to the granting of a visa to visit the USA, according to new rules issued by the US Department of Homeland Security. US consular officials will now have the authority to grant visas for short visits to otherwise eligible HIV positive individuals without having to obtain a special "waiver." However a visa must be obtained before travel to the US.

The new rule was announced on September 29th. It applies to people with HIV who wish to visit the US for up to 30 days. This is a transitional arrangement.

HIV positive people who wish to make short visits to the US will need to apply to their local US consulate. A visa will be granted if they meet all the normal conditions for the granting of a US visa. A granted visa will not mention HIV. But US consular officials will have to be satisfied that HIV positive visa applicants will not engage in activities in the US that will pose a threat to public health. Eligible HIV positive people will now be able to obtain a visa to visit the US on the same day as they have an interview with a consular official.

www.aidsmap.com

The Joy of Pets

Stormy

When I got Stormy from the university (after they finished animal testing on her) she was kind of depressed, a bit of a loner, and couldn't be touched longer than two minutes. I am told she is a real killer where other pets are concerned and needs her own space.

Because she has FIV (cat-HIV) and one eye dribbles, a former boyfriend called her the radioactive eye. But what I like about her is that she is so courageous. She will not put up with anything that annoys her and jumps up my leg and tells her version of the story if she is pissed off.

Lately I feel we have become a bit more intimate because in winter she sleeps under my duvet. Being a Queenslander she can't cope with Sydney weather. For me having so much skin to skin contact leaves me in no need for human bed sharing. The only thing we have to work on is the fish breath when kissing :)

Pavel

Would you like to see your pet in *Talkabout*? Send in your photo and how you feel about your pet (up to 200 words) to editor@positivelife.org.au

New calendar art available

John Douglas is an Australian multimedia artist whose exhibitions have received acclaim and caused controversy both in his home country and internationally. His 2009 calendar 'Man Art' comprises a selection if his male paintings.

The cover image (pictured) and the July image have previously been displayed in the window of The Bookshop, Darlinghurst. The October painting belongs to a series which was exhibited in John's solo show "I Am Your Secret Judge" for the Sydney Gay and Lesbian Mardi Gras; one of five solo exhibitions Douglas has produced for the Mardi Gras cultural festival.

Many of the thirteen paintings chosen for the calendar are self-portraits, in a range of styles over a period spanning several years. This is the first time a calendar of John Douglas's gay male paintings is available for purchase, and as such are a diverse selection of male-themed paintings from a diverse, eclectic artist.

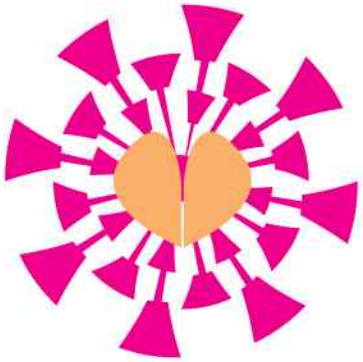
The calendars are spiral-bound. Each month features a large image with a separate dates page with white space for personal notes. Each page is a satin-coated print on 170gsm high quality art paper, the cover is on heavier paper.

29.7 x 42cm

$26.40 AUD

Preview or purchase online through redbubble: http://www.redbubble.com/people/johndouglas/calendars/1712136-1-man-art or by going to John Douglas's art website: www.JohnDouglasArt.com and clicking on Merchandise.

John has recently created a men only international online arts community (also) called Man Art, which is free to join and can be accessed by: **www.manart.ning.com**



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**

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, 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**

Newcastle, early 40s HIV+ seeking friends, relationship, partner with similar to 45. I have many interests: music, some sports GSOH. Live Alone. Genuine and versatile. **Reply: 261008**

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**

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**

For Friendship

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

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

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

Yes, I want to be a member of 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

Donations

I would like to make a donation of $

Subscription to *Talkabout*

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

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

Please charge my ☐ VISA ☐ MasterCard

Expiry Date

Signature

Name on card

Total payment $

Cash payments can be made at our office.

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

Signature

Resources Order Form

PositiveLifeNSW
the voice of people with HIV since 1988

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

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.

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 – Lving 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)

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

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

(02) 9515 5030

Translating and Interpreting Service

131 450





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

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

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

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

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

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

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

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

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

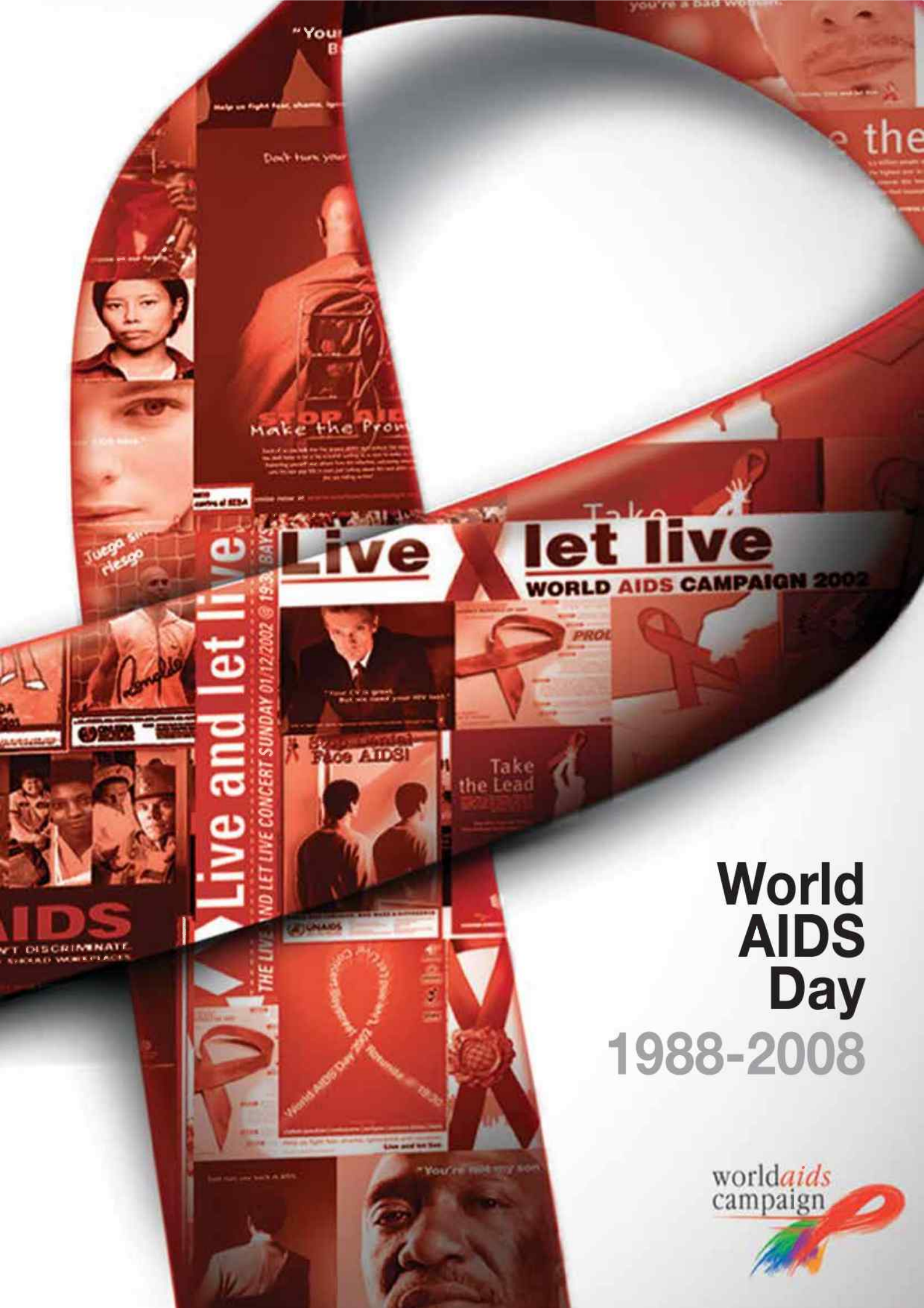
SHONA
Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunzai pakiriniki ino zvinyorwa zviri mumutauro wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

THAI
เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์
ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ ที่คลินิคนี้
บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

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

Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au



World AIDS Day

1988-2008

worldaids campaign