

talkabout

Where we speak for ourselves

25 years of HIV
Sero Disco
Walk for AIDS
Sawadee from
Chiang Mai

Season's Greetings!

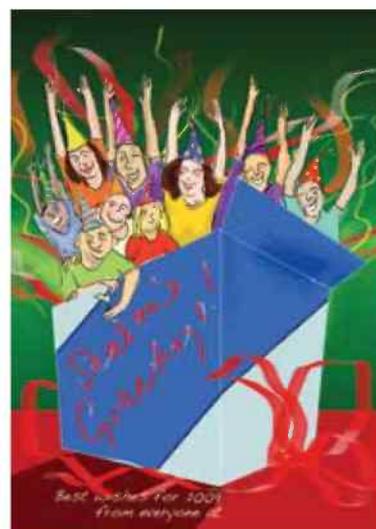
*Best wishes for 2009
from everyone at*

PositiveLifeNSW
the voice of people with HIV since 1988

talkabout

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Lessons from the plague years

Garry Wotherspoon looks back over the last twenty five years of HIV in Australia and asks what lessons we have learned?

Just over a quarter of a century ago, Australia reported its first case of HIV/AIDS in Sydney. It was November 1982. And, just on twenty years ago, Positive Life (then PLWA) was formed, also in Sydney. It is an appropriate time to reflect on what we have learned during a generation of living with what was once called 'the gay plague': how it impacted on Australia, and how we responded.

Medical advances and a new confidence?

It wasn't as though Sydney-sider's haven't endured and survived epidemics and pandemics in the past. There was smallpox in 1789, a measles epidemic in 1867, the Scarlet Fever epidemic of the 1870s, another smallpox epidemic of 1881-82, the Asiatic Flu Pandemic of 1890-91, the plague in 1900, and the 'Spanish flu' epidemic of 1918-19. All of these affected thousands of people, and sometimes the death rates were high. But from the early 20th century, a range of medical advances, including the use of antibiotics - sulphonamide (in the 1930's) and penicillin (in the 1940's), inoculations and vaccinations (such as the Salk vaccine for polio in the 1950's) and strict quarantine regulations, led to a belief that medical science had at last got 'disease' under control. After World War II, Australians began to believe that these epidemics were a thing of the past and they would no longer face the diseases that had been common killers for their parents and grandparents.

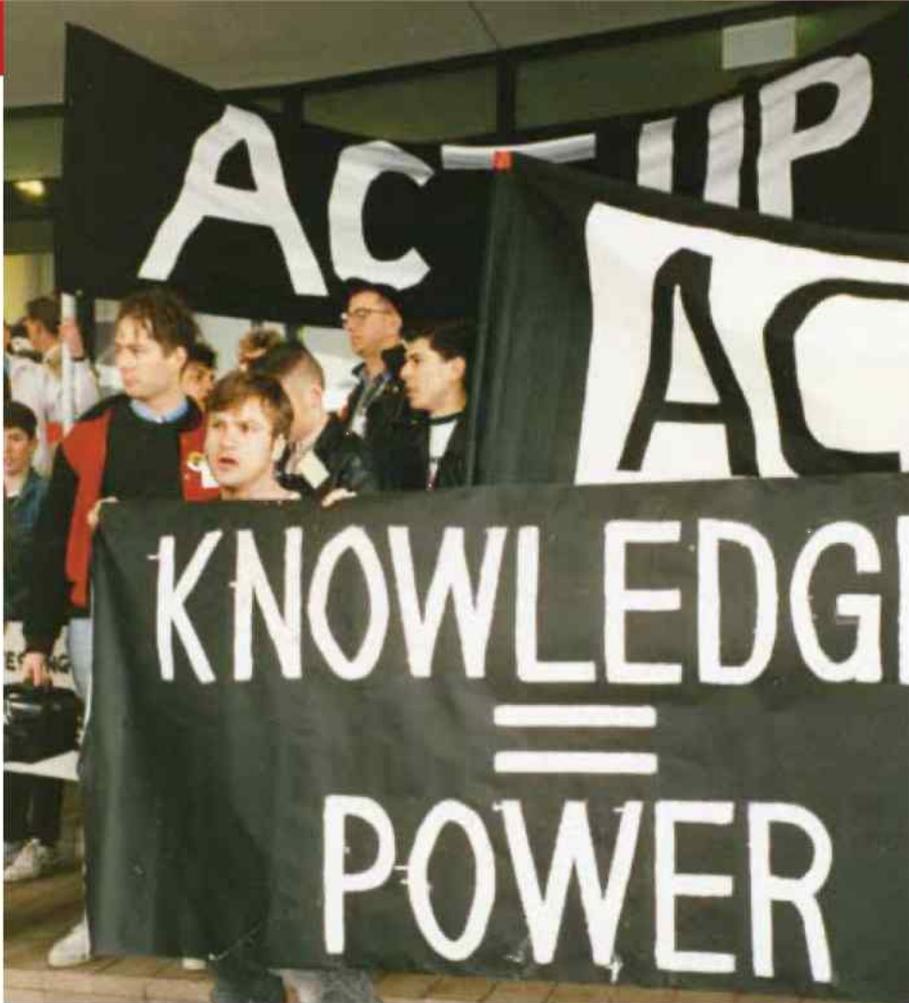
Then along came HIV/AIDS - the 'gay disease'

While we now know that HIV/AIDS is an infection contractible by anyone, it was first recognised amongst gay men, both in the USA and in Australia. No one knew what it was, how it was transmitted, or how to deal with it.

Known initially as GRID (Gay Related Immune Deficiency), it was first thought to have something to do with the 'homosexual lifestyle'. In NSW at that time, sex between men was illegal, and gays were still a little-known and less accepted minority in our multi-cultural society. This allowed the bigoted and prejudiced to start attacking 'gays'. Moral pronouncements abounded, and there were calls for gays to be locked away; for Mardi Gras to be banned; for gays not to be allowed to travel in or out of the country; and for all gay venues to be closed. Media coverage didn't help. Late in May 1983 the *Daily Mirror* ran the headline 'AIDS: The Killer Disease that's expected to sweep Australia', while even *The Medical Journal of Australia*, in its June 1983 issue, showed on its cover a skull and an X-ray, and carried the headlines 'The Black Plague of the Eighties...perhaps we've reached a situation like this to show us what we've known all along - depravity kills! Depravity?'

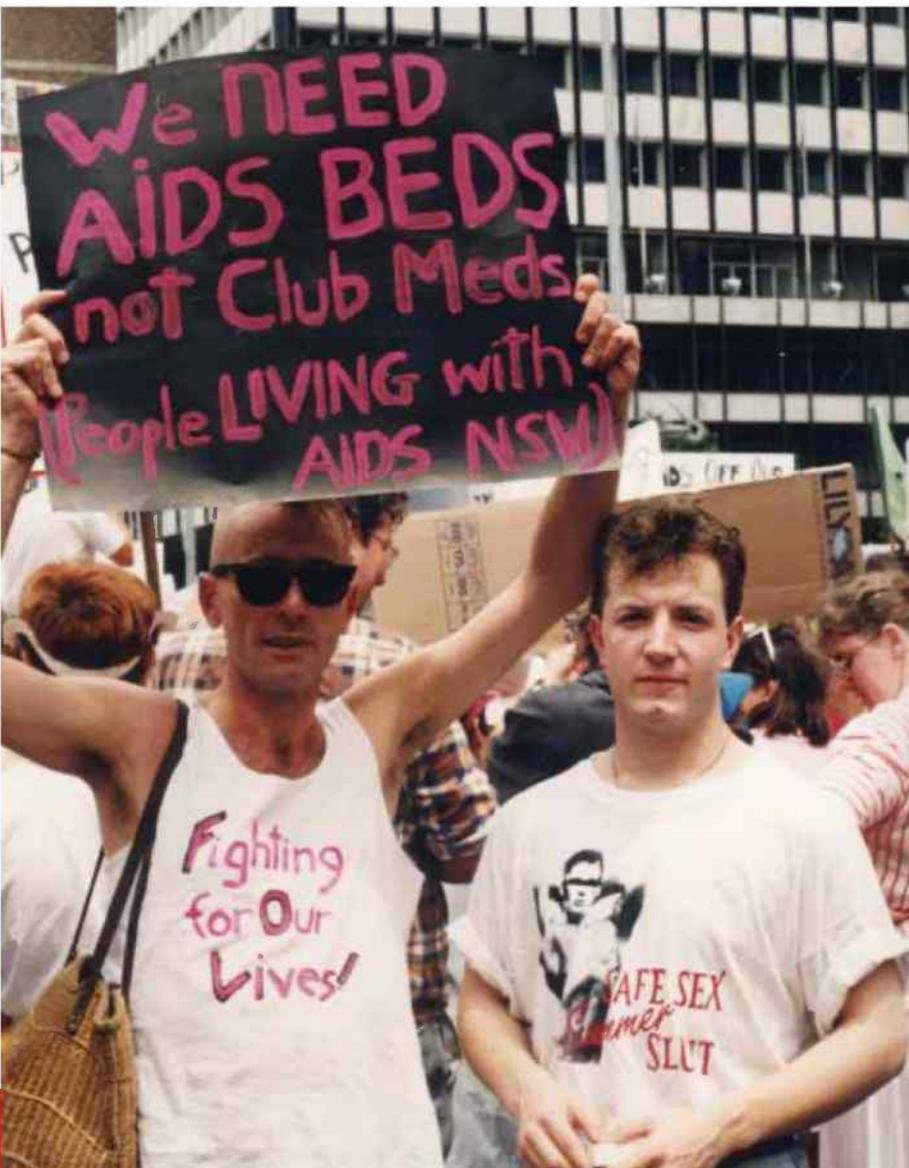
Gay men, depravity, HIV and fear

With no cure or vaccine in sight, HIV was seen as a death sentence. When several babies in Queensland contracted HIV and died, public opinion, fanned by hysterical



Rob ACTUP Demo Canberra. Photo: Ed Aspinall.

Paul Young, Convenor of PLWA (NSW) 1988-1989. Photo: Courtesy of David Urquhart



media reporting, turned heavily against gay men.

In those early days, fear and prejudice against gay men increased. Homophobia became more overt, and there was an increase in ‘gay’ bashing. Gay men may have noticed a distancing by their neighbours. Even in hospitals, people with HIV/AIDS sometimes found their food left outside the door by fearful staff. Even friends began to treat us cautiously, and death notices became a weekly reality in the gay papers.

It certainly affected how people with HIV saw their own prospects. In the face of such negativity, many people with HIV and a perceived sense of looming death sold up everything, and enjoyed the proceeds with what was left of their life.

Community response

In the early 1980s, Sydney’s gay world was far more open and active than it was a mere decade before. There was an overwhelming response from within our community, well before authorities started treating HIV/AIDS as a public health issue. The AIDS Action Committee was formed in mid-1983; it became the AIDS Council of NSW (ACON) the following year. It provided the basis for coordinating the gay community’s responses to AIDS, and later widened its activities to deal with all those affected by the disease. Death notices continued to appear.

There were multiple responses from the gay community as it struggled to cope with the epidemic. It tried to get police assistance to stop poofster-bashing; it helped individuals bring cases before the state’s Anti-Discrimination Board; and a wide range of community based support services were established, to deal with various aspects of living with HIV/AIDS. These services included: specialised counselling services; ‘carers’ to help people with AIDS and AIDS-related issues; housing services; collectives to buy cheap bulk medications; and fund-raising events. Non-gay people with HIV were not so well-served and indeed it was often on the basis of some of these groups that later, wider support services were built. Yet still the death notices continued to grow.

The genesis of partnership

The growing magnitude of the disease meant the gay community struggled to have enough resources to cope. Increasingly it turned to government for support. At the same time, governments (both state and commonwealth) became aware of the magnitude of the problems they were facing - both as a public health issue and as a social concern. They increasingly turned to the gay community, both for relevant information about 'gay lifestyles' and to utilise - and build on - the support networks already established. When HIV spread into the wider community, with awful social ramifications, the problem became more urgent. In July 1985, a newly-diagnosed three-year-old girl was banned from attending her local pre-school at Gosford, after fearful parents threatened to withdraw their own children if the girl was not removed. In the absence of a cure a national education program responding to HIV/AIDS was a key priority.

National campaigns, education and activism

The gay community helped to establish better education programs (about all aspects of HIV and AIDS). Some of these - like the Grim Reaper campaign - were highly controversial, but reflected the knowledge at the time. As more became known about HIV, and how it was transmitted, more targeted campaigns were developed. Indeed, as a result, an improvement in the level of sexual knowledge, not only in the wider community but even in schools had been achieved. As *Time* magazine reported, "condoms and sex [are] discussed openly on television like recipes on a cooking show". It also made the following perceptive - and ironic - summation: "What liberals in large parts of the western world have advocated in vain for decades, fear of AIDS has achieved in a couple of years". This was certainly the case in Sydney.

Driving many of these developments, was a major resurgence of political activism, both to fight for the interests of gay men and people with HIV/AIDS. This resulted in bridging the gap

between the gay movement, activists and the wider gay community. Out of this growing communality, activists were able to set up two very important groups - PLWA (People Living With AIDS as it was then) and ACT-UP (AIDS Coalition to Unleash Power). Faster access to medications, more research on the side effects, better treatment, and education programs targeting the wider Australian community, were on the agenda of those initial activist groups. Yet still the death lists grew.

Effective treatment and normalisation

Then in the mid-1990s, the whole scenario changed. Treatments improved dramatically, providing multiple combinations of effective antiviral HIV drugs. No one knew what the long-term impacts might be. Some of those side effects are still an ongoing problem today. PLWH/A NSW (as it had become) and ACT UP continued to fight to ensure that people living with HIV and AIDS were consulted about policies and campaigns, and better access to the new drugs.

Over the years, there has been a drop-off in concern about HIV, both among those likely to contract it, and even among those living with HIV. Nowadays, many of us trust our doctors to be up-to-date with the latest information, and provide us with the medications when we need them. HIV perhaps no longer has the centrality in the lives that it once did. We can get on with our lives. But there might be a downside too. The end of the 'death sentence' for people with HIV was achieved by the actions of communities, governments and educators working in partnership. But most importantly - I would argue - was the role of the activist, who kept our concerns on the agenda. With HIV increasingly viewed as a chronic illness, HIV is no longer a rallying point? Has the need for an HIV identity begun to wane? Only time will tell. However, a good measure of acceptance for people with HIV, is whether disclosure is still an issue. Until disclosure IS no longer an issue... this question remains.

So what have we learned?

So we look back and see what lessons we can learn. One lesson is that, without adequate knowledge, fear and prejudice can take hold. Medical science did not initially provide answers about the 'cause' of HIV and 'mode of transmission'. Health authorities were responsive to political pressures and demagogues could no longer determine public policies.

Additionally, public health services were not geared to deal with the onslaught of a new epidemic and affected communities needed to be ready to respond and protect themselves.

Within the HIV community and the wider Australian community, (including the gay community), the role of HIV education was an important part of demystifying HIV/AIDS. Education should be based on rationality and reason: we have got to where we are today by respecting the importance of evidence, both from medical research and from our own experiences.

Also learned, is the importance of working together within our own community, with other communities (lesbian, CALD, indigenous, etc) and governments that have the resources to deal with such issues.

It was the courage of people with HIV and AIDS, their willingness to be frank and open at a time when it was considered either foolish or dangerous to do so, that helped so dramatically in those early years.

Having a focused HIV community, able to speak and act for us, still remains important, even essential. Indeed, who better than people with HIV to articulate our concerns to the wider world?

And if we continue to believe in that, we need never give up hope.

Positive Life NSW

**The voice of people
with HIV since 1988**

20 years

1988-2008

Sero Disco

Why let HIV get in the way of a good relationship?

New Positive Life NSW Campaign

Thought about going out with a positive guy, but worried ...

In a relationship, but not confident about condoms ...

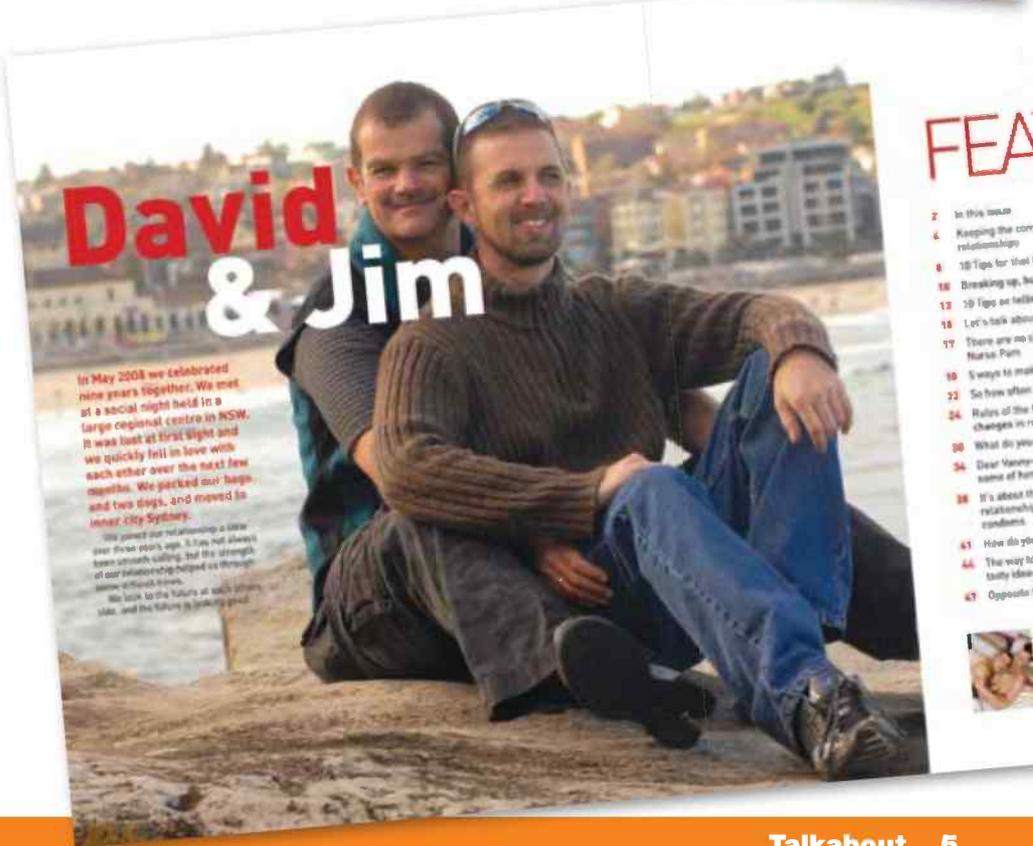
Heard about viral load, but not sure what it means for you ...

Thinking about how to tell some one you like that you are positive?

Looking after each other in serodiscordant relationships (where one partner is HIV positive and one partner is HIV negative) includes everything from communication to condoms. In our new campaign **Sero Disco** (Why let HIV get in the way of a good relationship?) we try to give you some practical answers to questions you might have asked yourself at some time. Does undetectable mean un-infectious? Is pulling out okay? How safe is oral sex? This campaign also covers disclosure and possible rejection, intimacy and keeping it hot as well as ending relationships.

A lot of attitudes to sex and relationships are based on individual preferences. That is why this campaign draws on personal stories. You be the judge of what works for you.

Research says 25% of people diagnosed HIV positive were in a relationship. Interviews and discussion groups, which formed the background to the campaign point to some possible reasons for



this. Being in a relationship can bring some vulnerabilities with it like the need to trust, the playing out of relationship dynamics (one person may be more assertive), the break down or change in relationship agreements and so on. **Sero Disco** (Why let HIV get in the way of a good relationship?) will give you some ideas on how to deal with some of these challenges.

Many find at the end of the day love (and great sex) is less about HIV status and more about the connection between two people. So “why let HIV get in the way of a good relationship?”

Here are some thought provoking quotes from our interviews, which contributed to campaign development:

Good sex? It depends on your head space. I think good sex is about the connection. A strong connection can be physical or emotional – or both. **Chris**

The fact that we are a positive and negative couple did not affect our relationship. We never had an issue about safe sex, we simply do it. You can't help who you fall in love with. **Min Chuan**

If you practice safe sex, a positive-negative relationship is very safe where you know the person and take care. It's much safer than casual sex where you assume the other guy's negative and you might take more risks. **Ricki**

It was hard on Tony because he's going through what I'm going through. He still needs the same sort of support. **Sean**

There are unspoken rules of the heart, sometimes they can't be articulated. You just feel around and get a sense of what your partner wants. **John**

Anybody who meets the right person is very lucky, and I've been one of those lucky people. You'd have to be an idiot to let HIV stand in the way of that. **Simon**

Look out for our campaign postcards, t-shirts (available Mardi Gras Fair Day) and a one-off lifestyle magazine.

If you would like printed resources call Positive Life NSW on 9361 6011 / 1800 245 677 or visit www.positivelife.org.au

Kathy Triffitt

It's about CONNECTION

We asked **Chris** about the relationship between intimacy and condoms

So what is good sex?

Good sex? [Laughs] It depends on your head space. I mean half of it is in your own head. I think good sex is about the connection. A strong connection can be physical or emotional – or both.

How do you really feel about condoms?

We've never not used condoms. Ok sure, they're a step you've got to go through, and I know you could think they're a bit of a drag, but they're just part of sex, and they mean you can look after each other. If we didn't use condoms it would stress me out. It means we can have sex anytime and not have any worries afterwards.

So how do you maintain intimacy - and pleasure with your partner?

I think, for me, intimacy is about how deeply you know one other, and love each other. It's about laughing together at the same things, draping yourself over him watching TV, talking about things, hanging out together. It's the feeling you get when you hold each other. It's a million things. Sex, when you get close to someone, can be intense and connecting, and condoms aren't going to get in the way of that, and can be a part of that closeness.

30 SERO DISCO

SO HOW WOULD TEST FOR

Tom and his bo together for fift negative, and G Tom about his e

How frequently do you test for HIV?

Since the beginning of our relationship, I've tested about half a dozen times. That would be an average of about once every two years.

Why would you test?

We both decided to have a test together after our first year or so. Even though we'd always had safe sex, I was sure my result would be positive, just because I suspected there was a good chance Greg was positive. Obviously I was a pessimist because while Greg's result did in fact back positive, mine was negative.

After Greg's diagnosis, apart from worrying about him and how he was I still had niggling worries about getting myself. For example, one night I squeezed one of his pimples. When it hit me in the eye, I couldn't stop worrying that our grooming ritual might have given me HIV. I was able to relieve fears like that about a year after that first test. I had another one, and it also came back

the
ON



HOW OFTEN DID YOU TEST FOR HIV?

My friend Greg have been
been years. Tom is HIV
Greg is positive. We asked
experience of testing.

Since then, I've had an HIV test once every couple of years," basically because the doctor suggested it would be a sensible thing to do. Usually it's when I happen to be at the doctor's anyway for some other reason. I think if we actually did something risky, and had unprotected sex, I would get tested and access PEP. But so far that hasn't happened.

What is it like waiting for the results?

The first couple of times were very stressful, especially the first time. But after that, it hasn't worried me much at all and I just consider it a routine check. Safe sex, using condoms, obviously does work. Greg also takes HIV treatments and his viral load is undetectable, and that gives us an added sense of security, if we needed one.

* Some people test more frequently (every 3, 6 and 12 months) depending on their circumstances. For example, guys in an open relationship and having more sex would need to test more regularly or you might have a slip-up.

regular testing for HIV and STIs
means we
always look out for
each other





Sawadee from Chiang Mai

Robert Baldwin talks about his experience working with Violet Home in Thailand

Participants of the Violet Home and Mplus Safe Sex Pilot Training Course held in Chiang Mai, October 2007. Photo: Robert Baldwin.

Violet Home is a small community based organisation located in the northern Thai city of Chiang Mai. It serves MSM¹ (men who have sex with men) who are also living with HIV. All of the five staff are positive MSM. They also have twenty positive MSM volunteers, and have so far reached over six hundred positive MSM from across the north of Thailand.

Rob describes how his initial contact with the group came about:

"I originally got involved with Violet Home in early 2007 as I was facilitating the new APN+ MSM working group (Asia Pacific Network of PLHIV now with over 30 members from 15 countries). I was approached by the International HIV/AIDS Alliance, to assist Violet Home to develop a specific safe sex training curriculum for positive MSM (staff, volunteers and clients). After the success of that initial work we have continued a working relationship with me providing ongoing technical support" he says.

"The International HIV/AIDS Alliance are the core funder of Violet Home and also fund our MSM working group", Rob added.

Reaching out to diverse positive MSM

Violet Home has been operating since 2003 and does much of its good work through reaching out to positive MSM (including transgender people and male sex workers) in the community. The staff and volunteers do this via confidential peer based phone counselling, support group meetings, and home and hospital visits. They also advocate to local service providers and health authorities to provide and improve services for positive MSM.

"I find the guys so inspiring because they have really taken on the community development model of working collaboratively together to try to make life better for themselves and their peers." Rob enthuses and also adds, *"In spite of the fact that none of the VH staff have any professional background in health or*

community work they have been willing to learn & try new ideas, plus continue to challenge a status quo in Thailand where MSM issues, and particularly positive MSM issues, have largely been ignored".

Peer based success – breaking new ground in Asia

The idea of a peer based approach to dealing with the HIV epidemic may seem quite natural to Australians where we have seen many continuing and successful government supported peer based approaches such as from Positive Life NSW. However in much of the Asia Pacific Region, Violet Home is on ground breaking territory with their approach to reaching and supporting positive MSM who are often near invisible to the general population. Violet Home is also working in a challenging environment where a rapidly escalating HIV epidemic among Thai MSM is only now being recognized and actions implemented such as establishing clinical services specifically designed for MSM. A large-

scale seroprevalence study in mid-2003 among Bangkok MSM revealed a startling 17 percent HIV prevalence rate. The men surveyed were largely Thai males who have sex with other Thai males, rather than foreigners. A follow-up study in 2005 found the HIV prevalence rate among Bangkok MSM had jumped in only two years to 28 percent.

This follow-up study also included Chiang Mai where the HIV prevalence among local MSM was found to be a high 15 percent².

“Through the good ongoing work of Violet Home and other organisations such as TNP+ (Thai Network of PLHIV) and Mplus (Chiang Mai based msm org) they have managed to get the government & health agencies to now listen & start responding to their needs”, Rob says when asked about the success of the organisation.

Funding and workspace challenges

Violet Home also faces other challenges such as a largely inadequate work space with no air conditioning or private counselling rooms, skills limitations, reluctance by local authorities to support innovative interventions and continually having to seek out funding from foreign sources. The International HIV/AIDS Alliance (www.aidsalliance.org), utilising USAID funds, are the current core funder of Violet Home and also fund the APN+ MSM Working Group

Focus groups and evaluation reveals greater need

Violet Home conducted focus group discussions in late 2007. They gained some very interesting and useful insights including that their clients wanted more information and educational experiences on healthy living with HIV, like dietary advice and exercise. Their clients also wanted more opportunities to overcome their social isolation through social and fun activities, chances to gain employment that are appropriate to their capacities, and a greater understanding of safe sexual behaviors and how/when to disclose their positive status to sexual partners.

In the recent evaluation report for this AFAO funded project it was noted

that staff/volunteers seemed to feel more confident in sharing knowledge and beliefs on safe sex and STIs and that evaluation workshop participants believed volunteers and clients are accessing local STI clinical services more readily. Violet Home, it was also noted, would like a longer-term relationship with an organisation like AFAO to assist them in developing appropriate and effective resources, funding proposals, tips on how to analyse their work and also assistance with human resource management.

Looking ahead

In spite of the challenges Violet Home has been moving ahead and in 2008 secured two small grants to allow them to expand their work. The first was funding for six months from the AFAO International Small Grants Project to develop promotional materials and training resources, conduct training for volunteers and clients on safe sex and STIs (sexually transmitted infections), and produce a regular newsletter targeted at their clients and supporting organisations.

The second small grant received by Violet Home in 2008 was funding for twelve months from the Collaborative Fund (via the Asia Pacific Network of PLHIV www.apnplus.org) to support training on ARV (anti-retroviral medications) and OI (opportunistic infections) for staff, volunteers and clients. It has also allowed them to produce new media specifically for positive MSM and increase field visits by volunteers.

Both these relatively small grants have enabled Violet Home to attempt to fulfill a growing need by local positive MSM for information and training on HIV issues as they specifically relate to MSM who are living with HIV.

A regional inspiration

Violet Home is indeed out there at the forefront of implementing innovative responses to the HIV epidemic for MSM and TG in northern Thailand. They are also an inspiration to other positive MSM in the Asia Pacific Region, demonstrating that life for MSM living with HIV can be improved through working collaboratively together. The very motivated staff and volunteers

hope to continue to expand their reach to work with even more positive MSM in the near future, and help challenge the prejudice and isolation they often feel from other MSM, health services and the general Thai population.

Strategic Plan

The Violet Home Strategic Plan 2007-2011 lists its mission goal as *‘To improve the quality of life of MSM and TG (transgender people) who are HIV positive by enabling them access to prevention and treatment services and by helping to reduce stigma and discrimination against them, allowing them to live in society happily’*. They have five strategic objectives:

1. *Mobilizing HIV positive MSM and TG in local support groups, and linking these support groups in to larger networks such as TNP+ (Thai Network of PLHIV);*
2. *Helping HIV positive MSM and TG access treatment and healthcare, either by informing them about options, referring them to appropriate services, or by providing support at home or in the hospital;*
3. *Improving access to, and quality of, information and health education for HIV positive MSM and TG;*
4. *Countering stigma and discrimination on the basis of sexual orientation and HIV serostatus by advocating with stakeholders, locally, nationally and regionally;*
5. *Representing Northern Thai HIV positive MSM and TG in national/international forums, and bringing the newest information and strategies back to them.*

Robert Baldwin is the Technical Advisor to Violet Home. He is a northern NSW based consultant working in the HIV field with 20 years experience in over 14 countries.

You can contact Robert via email: tuntable@aol.com or if you want to know more about Violet Home see www.violethome.org

¹ The term MSM is used in this article in a purely behavioural sense i.e. to define males who have sex with other males. While some may think this is not ideal terminology for communities to use, it is what Violet Home has chosen to adopt for the time being when talking about themselves.

² D. Baxter, Bangkok's MSM HIV Explosion – Precursor for Asia's Mega-cities, HIV Australia. Vol.5. No.2. 2005. www.afao.org.au




Walk for AIDS

ACON, Bobby Goldsmith Foundation (BGF) and Positive Life NSW once again hosted the Walk for AIDS on Sunday 23 November 2008. Now in its fourth year, the Walk for AIDS raises much needed funds for HIV services.

The walk was attended by a dedicated crowd, who braved the unpredictable Sydney weather for what was once again a successful event. Ita Buttrose, acting as MC spoke of the history of how HIV has affected many lives in our community and reflected upon the commitment and bravery of volunteers, organisations and carers over the years.

Other guest speakers, included Tanya Plibersek Federal Labour Member for Sydney,

Cr Shane Mallard, Councillor City of Sydney, and Jason Appleby, President of Positive Life NSW Inc.

1. Walkers reach Lady Macquaries Chair
2. Mitzi McIntosh and friend
3. Ita Buttrose braves the weather
4. Cr Shane Mallard and partner, MP Tanya Plibersek, Bev Lang
5. Walkers caught in a shower
6. Fabulous Volunteers
7. Nicole Kolotas, Murray Black, Sue Wood
8. MP Tanya Plibersek

Photos: James Mills www.jamesmills.com.au/BGF_AIDS_WALK/







Mia's Story

Mia is a participant in our Positive Life HIV media project. Here she tells her personal story.

I'm really not sure where to start this story, other than to say it is one that I never thought I would have to tell. Having said that, I don't think anyone who has chosen to tell their story could have ever envisaged that HIV would be a part of their lives, so this is probably not a useful point at which to begin. What continues to encourage and inspire me are the incredibly diverse range of peoples and lived experience represented within the community of those living with HIV, of which I, as a positive heterosexual woman am one.

Let me start by saying that whilst HIV is a part of me and indeed has been for the past fifteen years, it does not in any shape or form define who I am. If I were to list a range of titles that encapsulate who I am, HIV would be way down that list after woman, daughter, sister, partner, student, etc. etc. Constructing one's identity around an illness strikes me not only as immensely unhelpful, but in a way would only serve to empower the virus in every aspect of my life. That is not to say that I am in denial, or that my everyday decisions are not in some way positioned around HIV. I am most certainly aware of it and indeed it impacts on parts of my life that I would never have dreamed possible. But I believe it is important to locate HIV within a context, and for all intents and purposes to get on with living a 'normal' life, an adjective I personally object to for all the connotations implicit within

it. The very notion of constructed normality can be quite dangerous in itself in that sometimes it serves to only highlight the stigma, discrimination and ignorance that exists around HIV, and contributes to push HIV out even further to the margins of society. Who is to say that living with HIV is any less 'normal' than living with cancer? While I would be the first to empathise with the need for secrecy and would strongly

We need to start challenging the stereotypes about heterosexuals living with HIV and speak out about the illness.

counsel positive people to be selective about to whom they disclose their status, I believe we need to start challenging the stereotypes about heterosexuals living with HIV and speak out about the illness. HIV does not discriminate, it can affect each and every one of us, and it is imperative that we correct the misconceptions surrounding the lives of those living with HIV or AIDS.

It can happen to anyone

My story is quite simple really, and I am living proof that it can happen to anyone. I met the man who was to become my husband and we used condoms initially, but he had a real issue with them and in fact we had several accidents at which point we both said rather prophetically in hindsight, 'oh well, if it happens, it happens...'. It was not as though we were not aware of HIV, and although we both understood the risks in having a condom failure, I don't honestly think either of us believed at the time that this would result in an HIV infection. Again, my husband's reluctance to use condoms and his general uneasiness with them, should with the benefit of hindsight, have raised a red flag in my mind; but it didn't. This was and is simply indicative of the marginality of HIV in heterosexual society. Sadly, although I was infected by my husband in the early 1990s, this is still the prevailing attitude today. Disclosure to close friends whilst overwhelmingly supportive, has still almost always been accompanied by a sense of disbelief on their part that this could have happened to me.

An issue I am passionate about is that we do not equip women with the knowledge and negotiation skills for safe sex. This does not only apply to young women whose understanding of safe sex might be limited to the avoidance of pregnancy, but also for older women who might be widowed or coming out of a long term relationship or divorce, for whom HIV is not even on the radar.

Overall, general assumptions within the wider heterosexual community centre on 'heteronormative ideas about gender and sexuality' and, as a result HIV is still lamentably typically stereotyped as a 'gay men's disease'.

We do not equip women with the knowledge and negotiation skills for safe sex.

A number of recent studies have shown that heterosexuals constitute a substantial proportion of late presenters with an AIDS diagnosis, and this has certainly been my experience. Some four months after living together, my husband became very ill with pneumonia-type symptoms for almost the entirety of an English winter, and then again unusually when it was warm (well, by English standards at any rate) in the summer. My memories to this day are of an exhausting, hacking cough the likes of which I had never heard or experienced before, whose symptoms worsened at night when lying down or trying to sleep. Nine months of countless chest x-rays, numerous visits to his GP and referrals to hospitals, did not result in the diagnosis of PCP (Pneumocystis carinii pneumonia – an AIDS defining opportunistic infection). In fairness to the British National Health Service I just don't think my husband fitted the stereotype they had of an AIDS patient, although by this time he had lost a considerable amount of weight and was very unwell indeed. It was only actually when he took himself off to a hospital that specialised in HIV/AIDS that the tests revealed the correct diagnosis. As a consequence, I was subsequently diagnosed as HIV positive a week later.

Secrecy and lies

Therein followed a construction of a life centred on secrecy and lies. My husband was admitted to a hospital ward that specialised in AIDS patients and other infectious illnesses. Even in England in the mid-1990s where the illness was considered more commonplace for want of a better expression, it was difficult for me as the then 'girlfriend' of a patient to gain access to the ward as we were not married at that point. There was an implicit assumption that he must be gay, and I quickly realised that it would have been a lot easier had I been a relative in terms of being able to visit him. The combination of this, an unfavourable prognosis at the time as to his health and longevity and the belief that as an HIV positive person I had no other option, led us to decide to get married. Again, in hindsight this was for all the wrong reasons, but we both honestly believed that this was the only choice available to us.

Persuasively we lived the lie, and we each had only one close friend in whom we could confide and rely on for support.

My husband was so ashamed of having AIDS that he didn't want to tell anyone and did not want me to tell anyone either. From the time of his hospitalisation, I invented an elaborate set of deceptions to cover my husband's bouts of illness, our reasons for marrying, hospital appointments, medication schedules and side effects, and absences from the workplace. Persuasively we lived the lie, and we each had only one close friend in whom we could confide and rely on for support. My husband's guilt in infecting me meant he could not face my telling my parents or family which stretched my

storytelling abilities to their maximum when we travelled twelve thousand miles from England to visit them, shortly after he left hospital. Arriving at the airport to meet his parents-in-law for the first time, we were detained by customs officials who, highly suspicious of my husband's gaunt appearance and harbouring convictions that he was a drug addict, confiscated our passports and thoroughly searched our luggage. My performance all those years ago must have been so good that my mother, who was patiently waiting outside, says to this day she can no longer distinguish if I am lying or telling the truth!

Two years after marrying, my husband acquired another AIDS defining illness – CMV retinitis. He was still working at this stage and refused to go into hospital for what was then a daily intravenous infusion. The doctors agreed that under these circumstances I could conduct the procedure at home each evening, and placed a permanent catheter in his arm. Fortunately it was winter and my husband who was still very thin could wear a baggy sweater, and no-one was any the wiser. However this meant concocting yet more stories as to why we both needed to leave work on time and were unable to attend work-related functions or socialise after work with colleagues. I have an extreme aversion to needles and this coupled with the knowledge that one air bubble in the intravenous drip can kill, meant that the nightly intravenous infusion effectively took up our entire evenings for a considerable period of time.

A life not defined by HIV

When our marriage ended, it was very difficult to tell people of my status, as we had lied to them for over ten years. I had to and continue to have to think long and hard about whom I choose to tell and the reasons why I'm telling them because of the stigma, ignorance and prejudice that unfortunately still exists around HIV and people living with HIV. I have had a new HIV negative partner for the past six years, but he is very conscious of transmission and fears becoming infected even though we practice safe sex. I have to confess

that I find this attitude difficult at times and occasionally struggle to resist the idea of my having a 'spoiled identity'.

I would emphasise that HIV is a part of me and will not stop me from living my life to the best of my abilities, a life less ordinary, if you will.

However my own self esteem and sense of self-worth does not and indeed should not revolve solely around my HIV status. I believe it is vitally important that as positive people we continue to embrace a multi-faceted life full of rich experiences. I should stress at this point that my marriage did not end because of HIV specifically. It ended because my husband essentially gave up on life, and not only was I not prepared to stop living mine but I had, and still have a lot of things I want to do and goals to accomplish. Again, I

would emphasise that HIV is a part of me and will not stop me from living my life to the best of my abilities, a life less ordinary, if you will.

Perhaps by virtue of the fact that I have always seen an HIV specialist doctor, I have never experienced discrimination or prejudice within the health system. Historically, in the earlier years of the illness there may have been a perception of difference and that I didn't conform to a stereotype when entering a clinic waiting room, but this has eased over time as the illness has unfortunately become more prevalent amongst heterosexuals, and I suspect I have become more comfortable with my coexistence with HIV. As a positive woman, there was a perception that one fell into one of two categories – I was either an intravenous drug user or a sex worker. I remember being in a private hospital for four or five days for an operation unrelated to HIV, but for which I had obviously disclosed my status. In my interactions with the nurses, I could see them trying to gauge who I was as a person. On about the third day one of them plucked up the courage to ask how I had contracted the illness. Clearly they had not knowingly met an HIV positive woman before, and were surprised that I didn't fit any of the commonly held stereotypes.

Breaking down the barriers of ignorance and prejudice

With the downgrading of the illness from 'critical' to 'chronic', and a belief amongst many that it is just simply a matter of taking a few pills, what concerns me greatly as a person living with HIV is the complacency that has been afforded to the illness by the general public. I believe it is incumbent on us as positive people, to do all we can to educate and inform people not only of the risks of contracting HIV, but what it truly means to live with the illness.

In conclusion, I am inspired by the words of a great South African, Desmond Tutu who said, "first of all it is important to know that each one of us can make a contribution. Too frequently we think we have to do spectacular things, and yet if we remembered the sea is actually made up of drops of water, and each drop counts – each one of us can do our little bit where we are and it is those little bits that can come together and can almost overwhelm the world". This is my reason for speaking out as a positive woman in the hope that by contributing to the growing public voice of HIV we can not only break down the barriers of ignorance and prejudice that surround the illness, but contribute toward a better understanding of the social and cultural phenomenon that shapes how HIV is experienced and lived.

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

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

Informal drop in is from 10 am onwards

For more information call Samantha Fieldes at ACON on 9699 8756 or email family@acon.org.au or see www.acon.org.au



ACON Women and Families Affected by HIV Project

Samantha Fieldes (Women & Families Project Officer) talks about the project and what it is trying to achieve.

So what is the Women and Families Affected by HIV Project?

The Project is run from the Positive Living Centre (PLC), Surry Hills, Sydney. It provides a safe and supportive environment for HIV positive women, their partners, family members, carers and friends. The Women and Families Affected by HIV project is committed to cultural diversity and is sensitive to the needs of all people, welcoming individuals and families from many nations and cultures. It provides education around different aspects of living with HIV, emotional support and empowerment.

What is the Project trying to achieve?

We aim to reduce the social isolation experienced by many positive women. Stronger partnerships enable us to identify community needs and to provide a more comprehensive range of service delivery. We are working on a project with the Sydney West Area Health Service, which aims to establish closer connections with African communities in Western Sydney. As a result we are able to offer social gatherings and workshops. Traditionally this section of the community has been isolated and unable to access the services necessary to meet their needs.

We are also supporting women to build relationships between other services including the Heterosexual HIV/AIDS Service (Pozhets), The Bobby Goldsmith Foundation, Pine Street Gallery, The Haven, Multicultural HIV/Hep C Service and Family Planning NSW.

What services does the Project currently offer?

The Women and Families Affected by HIV Project currently offers:

- A safe and confidential space to talk about HIV
- Peer support from other HIV positive women
- Friendship and understanding

- Up to date health and treatments information
- Referrals and access to other services such as housing, financial counselling, family support, health and vitamins
- Information seminars and workshops
- Support for partners, family members and friends
- Regular monthly Women's Days
- Evening social events & family outings
- Child-care can be arranged for some events.

What happens at the monthly Women's Day

The Women's Day comes together every third Monday of each month for an informal gathering. Women have the opportunity to meet other positive women, discuss issues, exchange information and build friendships. A local government grant from Sydney City Council has enabled us to continue an art based project with the Pine Street Gallery. Pine Street Gallery workshops have included jewellery making, ceramics, and card making.

The Women's Day also provides a great opportunity to learn more about living with HIV. Various professionals come along and talk about treatment updates, health information, and other services. Activities have also included yoga and massage therapy. Morning tea and lunch are provided free of charge as well as the other activities.

Are there any other services that can be accessed at the Positive Living Centre?

FREE Complementary Therapies are available to all women with HIV.

- Therapies include;
- Lomi Lomi (Hawaiian Massage)
 - Acupuncture
 - Herbalist
 - Swedish Massage
 - Acupressure
 - Remedial Massage
 - Yoga
 - Bowen Therapy
 - Naturopath

A range of other one on one and group support services are also available, including professional counselling. All HIV positive people and their carers are welcome to access these services, however appointments are necessary.

Do you want to become a member of the Women and Families Project?

You can call or email the Women and Families Project Officer.

Alternately, come along to the Women's Day events at the Positive Living Centre, which are held every third Monday of each month between 10am and 4pm. For updates on current events, access the PLC calendar on the ACON website www.acon.org.au.

No booking necessary, just come along. We hope to see you soon!!!

“The Women's group at the PLC is something that has changed my life. You can freely talk about what you feel and how to live without fear of your status.”

For more information contact:

ACON
Positive Services and Health Promotion
PO Box 155 Surry Hills NSW 2010
www.acon.org.au
PLC Phone: (02) 9699 8756
PLC Fax: (02) 9699 8956
Women's & Families Project email:
family@acon.org.au or www.acon.org.au

* For more information about the African Community Project please call either the PLC or Sydney West Sexual Health & HIV Health Promotion Unit on (02) 4734-3877

What will HIV treatment look like in the future?

Lance Feeney reports on Project Inform's recent HAART 2.0 Think Tank held in San Francisco in October 2008.



Project Inform recently brought some of the brightest scientists and HIV treatment activists together to explore the current and future HIV treatment landscape. The group explored three themes:

- How to help people who are already developing resistance to get onto the most recently approved drugs?
- What to do about immune system over-activation?
- What will be needed for people starting HIV therapy?

Although there were differences of opinion in each of these areas, some agreement emerged that may help people make better treatment decisions in the future.

Scientists discussed new tests, which may help predict who might benefit from earlier treatment and how likely a person is to get cardiovascular disease and non-AIDS-related cancers.

Though the group differed in their thoughts about which research will best determine whether starting HIV treatment therapy earlier is a good idea, most felt we are clearly headed in that direction.

The good news is that data from many sources confirm that while current HIV treatment continues to be problematic for some, it is working far better and for far longer than most would have predicted – even in people who are heavily treatment experienced.

When to start treatment?

The trend has been towards starting at higher CD4 cell levels than previously. Data from the SMART study and other studies, suggested that people with HIV

are at higher risk of death from non - AIDS related health problems (such as cardiovascular disease and cancer) if they are not on treatment with a CD4 cell count between 200 and 350. The recommended official start time was revised upwards to 350.

Conference participants debated the meaningfulness of the data and what it is telling us. Plans for a new large clinical trial called START are to begin in early 2009. This trial will determine if starting treatment at 500 CD4 cells, will lead to even less cardiovascular disease, cancers as well as fewer deaths.

What to start with?

As excited as some delegates were about the possibility of newer drugs like *darunavir* and *reltegravir* being approved for first-time treatment takers, others expressed caution, reminding the conference that there is nearly a decade of experience using current first-line therapies and that unknown side effects could eventually appear with the newer dugs. The question remains: are these drugs with their unique resistance profiles best preserved for people who are treatment experienced, or should they be available to people starting treatment to benefit from their potency - and apparent tolerability - early on?

Inflammation and HIV

There is growing agreement that persistent inflammation occurs in HIV disease, which may increase the risk of cardiovascular disease and some non-AIDS cancers. There are a number of inflammatory biomarkers to look for and it's not yet clear which are associated with these problems. Most conference

participants agreed that further research is needed to identify and prove the possible causes of inflammation, along with the biomarkers associated with it.

Multidrug Resistance

Drug-resistant HIV – including virus that has become resistant to the handful of more recently approved HIV drugs – is a constant threat. Yet, according to information presented to the conference, the number of people who have reached the end of their HIV treatment options is much lower than had been anticipated. All Think Tank attendees were aware of some people in this situation, but there was general agreement that the numbers were low and didn't seem to be increasing quickly. However, clinical trials don't necessarily reflect what's happening in the real world, and activists at the conference were urged to call on labs conducting drug resistance testing to share information regarding the number of people living with HIV without effective treatment options, both now and in the future.

The numerous new drug approvals over the past two years have been extraordinary and have ultimately allowed treatment-experience patients to piece together entirely new treatment combinations to suppress their highly drug-resistant HIV.

This article has been sourced from: *Changing the HIV Treatment Paradigm* – by David Evans – November 4, 2008 – POZ and AIDS Meds
To read the full article see: http://www.poz.com/articles/hiv_haart_future_401_15561.shtml

Christmas and New Year Hours of Operation for HIV Services

The Christmas New Year period can be difficult and stressful for some people with HIV as services close down over the holidays. We have included some helpful information about the main Sydney services and what's available during the Christmas/New year period.

Please remember to stock up on your medications and be familiar with the times when services are closed.

ACON

Closed Thursday 25th December to 1st January 09

Re-Open Friday 2nd January 09

PLC

Last day Friday 19th December – Xmas Lunch

Re-open Monday 5th January – just for drop in (no therapies or lunch service in the 1st week after re-opening)

The Sanctuary

Closed 19th December 2008

Re-open 12th January 2008

Leave messages to book appointments for the New Year.

Positive Central (Allied Health)

Closed 25th & 26th December 2008

Closed 1st & 2nd January 2009

Intake and referrals/minimal service operating 19th December to 5th January 2009

Medical Emergencies/PEP from RPA Emergency Department

Call (02) 9515 6111

Mental Health Crisis services available from Redfern or Camperdown: call (02) 9556 9100

Luncheon Club

Last day Monday 22nd December –

Luncheon Club Xmas Lunch

Re-open Monday 12th January 09

BGF

Closed from Thursday 25th December

Reopen Monday 5th January 2009

Please note: Bills for payment/financial assistance will need to be received by BGF by 17th December to ensure payment before Christmas

Multicultural HIV/AIDS & Hepatitis C Service

Closed Thursday 25th December to 4th January 2009

Reopen Monday 5th January 2009

Please note: A clinical supervisor will be on call and can be assessed via telephone: (02) 9515 5030

Heterosexual HIV/AIDS Service (PozHets)

Minimal services operating from 29th December 2008

Re-opening 5th January 2009

Freecall line open 24hrs, messages only.

Final client event – Xmas Party, 5th

December 2008, Tree of Hope

First event early February 2009

PHARMACY

St. Vincent's Hospital Pharmacy

Closed Thursday 25th December to Sunday 28th December

Re-open Monday 29th December and

open Tuesday 30th, Wednesday 31st

Closed Thursday 1st Jan to Sunday 4th January

Re-open Monday 5th January

Albion Street Centre Pharmacy

Wednesday 24th December – Close at 1.00pm

Closed - Thursday 25th & Friday 26th December 2008

Emergency Services Only – Monday 29th to Wednesday 31st December, 9.00 – 3.00pm

Closed – 1st & 2nd January 2009

Re-open Monday 5th January 2009 –

Normal hours resume

RPA Pharmacy

Closed Thursday 25th December

No clinic 5 – 7pm December 23rd and 30th December

Closed January 1st to 4th

HIV EMERGENCY SUPPORT

New HIV Diagnosis

Priority Service ACON 9206 2000

Counselling

Albion Street Clinic 9332 9600

Medication

St Vincent's Hospital Emergency Department 8382 1111

Medication information

St. Vincent's HIV treatments Information Line 1800 45 45 10

HIV Hotline

Albion street Centre 9332 9700

PEP

NSW PEP Hotline 1800 737 669

STI testing

Sydney Sexual Health Clinic 9382 7440 or 1800 541 624

Depression, need someone to talk to

Lifeline 13 11 14

OTHER EMERGENCY

Police, Fire and Ambulance 000

Alcohol & Drug Information Service 1800 422 599

Ambulance bookings 13 12 33

Emergency Dental Info (after hours) 9369 1111

Gay & Lesbian Counselling Service 8594 9596 / 1800 184 527

Gay Men's Health Line 1800 009 448

Multicultural HIV/AIDS and Hepatitis C Service 9515 5030 / 1800 108 098

NSW Sexual Health Infoline 1800 451 624

Poisons Information Hotline 13 11 26

Rape Crisis Centre 9819 6565

Royal North Shore Hospital 9926 7111

St. Vincent's Hospital 9339 1111

St Vincent's Mental health Crisis Team 8382 1911

Suicide Prevention 1300 363 622

Surry Hills Police Station 9265 4121

Sydney Hospital Emergency 9382 7111

The Luncheon Club

A year of change



Fred Oberg reports on
the Luncheon Club / Larder

It has been a year of change for the Luncheon Club. In June Carole-Ann King stepped down after almost 15 years, organising a fabulous team of volunteers providing meals and running the larder service, filling the stomachs and nurturing the souls of many HIV positive people. She wanted the service to continue and approached ACON and BGF for support to jointly take over the management of the Luncheon Club. Although it seemed a big change for some, the transition has gone extremely well. The volunteers have been fantastic in responding to this change and have been very willing to work with the staff from ACON and BGF to try to make things run as smoothly as possible for the clients who access this busy service.

For the most part the service is running much as before, serving approximately 180 meals a week and providing around 30 people a week with larder items. The traditions of the Christmas in July Party, the Luncheon Club Birthday Party in November and the Christmas Party in December are still going strong. Her Excellency Professor Marie Bashir, the Governor of NSW, was in attendance at the 15th Birthday party this year, a glamorous celebration with entertainment that was well attended.

The obvious changes that have occurred have been more around accessing different food suppliers, which has led to some menu changes and a wider availability of fresh fruit and vegies. This impact has also continued into the larder where clients are now able to access 12 grocery items a month (or 6 a fortnight), including fresh fruit and vegetables, thanks to

the affordability of the fantastic Food Distribution Network.

The other most noticeable change is the presence of HIV service providers offering outreach services to people using the Luncheon Club and Larder. For example BGF has been running its Phoenix Workshop program on a Tuesday, offering ongoing support, and PozCentral and the HIV Community Team from SESIAHS (amongst others), have become regular faces to offer support and advice.

So what's new for 2009?

There will be the usual high standard of food produced by the fabulous kitchen volunteers (all updated on Food Handling Skills in Dec 2008). The larder will continue to be available for HIV positive people living on the Disability Support Pension or in financial hardship.

There will also be a calendar of workshops and events run at the Luncheon Club on Mondays and Wednesdays that will offer information, support and service to all. This calendar will be on the ACON website. (www.acon.org.au)

The Luncheon Club is open to all HIV positive people and their carers. It is located at The Gordon Ibbett Activity Centre, 77 Kellick St Waterloo and is open Mondays and Wednesdays from 10am. A free lunch is served at 12:30pm.

For further information please contact Fred Oberg on 0400446712 on Mondays or Wednesdays or just drop in on a Monday or Wednesday between 10.00am and 3.00pm.

The Luncheon Club will be closed for the holidays from 23rd Dec, re-opening Monday 12th Jan 2009.



Luncheon Club 15th Birthday. Photo: Dan Boud, Time Out Sydney.



James Fraser

James Fraser's background and work within the HIV community, specifically the Terrence Higgins Trust in the UK equipped him well for continuing to work in this area in Australia, initially as an ACON volunteer at the PLC and then with BGF from 2004. James joined the BGF team initially as a support worker at Bobby Goldsmith House and then as a caseworker, working with clients with multiple and complex needs. He had recently been appointed to the position as Manager of Supported Accommodation – a reflection of the esteem and confidence felt for him. He also contributed to a range of campaign work for Positive Life NSW.

James leaves a lasting impression for all who knew him – his energy and fun, his compassion, caring and professionalism. He was relentless in seeking the best possible outcomes for people he was working with, always willing to go the extra mile to achieve these outcomes.

Our thoughts are particularly with James' family and close friends – his parents and siblings in the UK and his aunt in Queensland. Such an unexpected loss is especially hard particularly for someone as vibrant and full of life as James.

James Fraser was a much loved and respected colleague and friend. His passing will be acutely felt by many people with HIV, his family, HIV sector colleagues and friends.

Positive Life NSW would like to acknowledge James's contribution to our organisation. We will miss him.



Marie Fisher

Marie Fisher worked tirelessly for many of our community organisations. She volunteered for the Gay and Lesbian Teachers and Students, the Gender Centre, tirelessly volunteered for the Luncheon Club, ACON, World AIDS Day, and became a surrogate mother to many people living with and affected by HIV.

Increasing age and decreasing mobility could do little to slow her down. Always immaculately dressed, cheerful, keen to discuss political matters and current affairs, Marie will be remembered for her energy, humour, kindness and the respect as well as the compassion and understanding she gave to all people she encountered.

Our hearts go out to her family, friends and the people who shared so many happy times with Marie.

She will be missed.

Tell your story

Have you ever wanted to tell your story about living with HIV, but didn't know how to do it or where to share it?

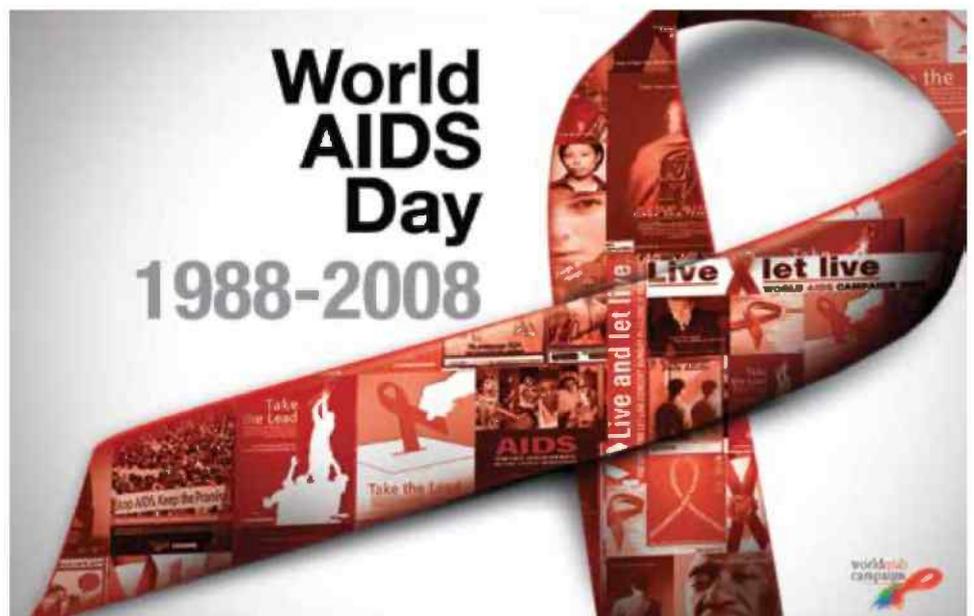
If you do, then BGF's online forum could be the place for you.

Your story can be as long and detailed or short and snappy as you want it to be.

Not only will you be helping yourself, but sharing your story with other people living with HIV could help them too.

So what are you waiting for? Tell us all about you and your experience of living with HIV.

Visit <http://www.bgf.org.au/forum.php> to start using the forum to share your story and/or get involved in the topics already there.





Discrimination in the workplace

Tim Alderman on subtle discrimination, revenge of sorts and deferred regrets.

As I have often mentioned to friends, as far as being discriminated against as a gay man - and God knows it is obvious enough that I am gay - I have had little more than the occasional 'poofter' thrown at me from a car window over the years. However, when I did encounter the evil beast in its true disguise, it left an indelible mark.

In 1993 I was managing a 'Liquorland' store in Darlinghurst. I had started there in 1990 as a senior 'shoppy', after managing "Numbers" bookshop for 7 years. Badly needing a change of scenery, a job that was not as monotonous as running a sex shop. It was known when I started at 'Liquorland' that I was gay, and HIV+. I made my HIV status known because I worked on a daily basis with glass, and serious accidents are part and parcel of working in that type of retail environment. I wanted workmates to be cautious when dealing with severe cuts. The manager was gay-friendly, as was the area manager. In fact, they had a dyke working as 2IC (second in charge),

so there were no problems at all.

I progressed to 2IC within six months of starting. When the manager was transferred I was appointed. It always seemed obvious to me that the best person to manage a business in the ghetto was gay. Someone who knew the local clientele and could deal with them on a personal basis. It was obvious to everyone except the new area manager who came on board just after my promotion. I should point out that being a manager in the Coles/Myer Group, at that time, held very little in the way of privileges. You were only paid \$40 a week more than a 2IC. Because they put you on contract you lost most of your time off and were expected to work long and hard hours. Bonuses were based on store profits, so you were worked hard by your area manager to get results.

Perfect recipe for disaster

My health was going through one of its tough periods. I was on high levels of what antivirals were available at the time. I never recovered from a serious bout of

viral pneumonia earlier in the year. I was also working long hours; had a dreadful diet, and smoked and drank way too much. One might say I had the perfect recipe for disaster. Add to that a new area manager who was not only homophobic but also HIV phobic and you have real problems. I thought I had about two years of work left before departing this mortal coil from something HIV-related and was seriously starting to weigh up my options. You have to remember that combination therapy was not an option at this time – that wasn't until 1996. Did I take a demotion back to 2IC and give myself an easier ride, or did I leave and take the DSP option? It was a decision that was soon to be made easy for me.

I was due to take a fortnights leave in early November and had given a month's notice. I had also decided to take a demotion. The area manager came into the store and asked me to go out for a coffee with him. Over coffee, I told him that for health reasons, I wished to go back to 2IC either in Darlinghurst or in one of the other Eastern Suburbs

stores, and could it be arranged. His suggestion was that if I was having health problems, I should consider leaving the organisation altogether; especially considering that I had an illness with an almost pre-determined end result. I stated that my health issues would be resolved by less stress, and this was why I was requesting the voluntary demotion. He said he would organise things, again reiterating that it was probably time I left the company. I went back to the store feeling that things were not going to get any easier for me, and as it turned out, I was right.

Let the games begin

The first thing the area manager did was bring in to the store another staff member to be trained up to my position. I could never quite work this one out, as I already had a very good co-worker who was more than able to take over from me - and in fact deserved the promotion. So, for the next three weeks while training him to take over as manager, he controlled the store and I was left twiddling my thumbs. This was very demoralizing and as I was to find out there was a method in the area manager's madness.

My holidays eventually rolled around, and off I went, thinking that in two weeks I would be starting in a new store in a new position. There was an assistant manager position available in the Surry Hills Mall store, and I was told I would be filling the position. A week before returning to work I still had not had the position confirmed, so I rang the Surry Hills store to find out if they had any confirmation of my appointment, and to find out what roster I would be on. The store manager knew nothing about my being transferred there. He told me he would look into it, and get back to me. By the Thursday of that week I still had heard nothing, and started leaving messages with the area manager to contact me. Nothing! The Surry Hills manager still had not heard from him, and had no idea what was going on. I decided to pay a visit to the Darlinghurst store and see if I could pin the area manager down. The new guy, who was now manager, asked me to come out the

back with him for a chat. He told me he felt badly about the way I had been treated. He had been told by the area manager (when he started to make my life so uncomfortable,) that I would resign. This clearly hadn't happened. The store manager, in an about face, told me to hang on, because if I resigned, the area manager would get a great amount of satisfaction. Also, if I resigned before I returned to work, he could pay me out in lieu of notice, and get me out of his hair. The plan was for me not to return to work from my holidays.

Putting a plan in place

I decided to dig in my heels. I kept ringing the Surry Hills store manager, and he finally got back to me to say that I was to start work there at 8.30 on the following Monday. I now had my position confirmed, and a plan in place. At no time did the area manager contact me to confirm any of this. At 8.30 on the Monday morning I turned up for work as confirmed and gave two weeks notice. I believe the area manager was furious, but I can't confirm that, as he totally ignored me for the next two weeks, despite regular visits to the store. He didn't even bother to wish me luck on the day I left. At least I felt that I had a hand in my own demise - in the end it hadn't been determined by him.

Discrimination and prejudice are NEVER to be tolerated - anywhere!

After several weeks of tossing backwards and forwards whether I should report his conduct to the company or not, I decided to let it drop. My health wasn't the best at the time, and I had no witnesses to the discrimination. The Darlinghurst store manager - despite telling me what was going on - wasn't going to back me up, as it would have put his job on the line. He had, in fact, asked me not to divulge the information he had given me, and despite the fact that he had treated me like shit, I sort of felt sorry for him. After all, he was stuck with the area manager, and I no longer was.

In retrospect now, I regret that decision. It still plays on my mind from time to time, especially when I hear of others encountering harassment and discrimination in their workplace. I

regret not mentioning it to my other staff members at Darlinghurst - none of whom had any issue with a manager who was gay and HIV+. I especially regret not taking it further with the company and possibly onto the Anti-Discrimination Board. As I have mentioned, despite having no witnesses, and being in a his-word-against-mine situation (with the odds being stacked on his side), at least there would have been a report and I would have sewn the seeds of doubt. Even back in those days Coles/Myer had an anti-discrimination policy. It is a regret that I now have to live with.

If you are suffering any kind of harassment or discrimination in your workplace, report it! Your workplace should be somewhere you look forward to going to everyday, not somewhere that you sneak to with trepidation, wondering what is in store for you to make your life difficult. Even if you have no witnesses to what is being done to you, it is important both for your confidence and self-respect to ensure that there is at least a report written, and that it goes into company records, probably through Human Resources. There are also community and government organisations that can advise and direct you as to what actions can be taken. See page 22.

Disclosing your HIV status:

A guide to some of the legal issues

from halc
(HIV/AIDS legal centre)

For a free copy call
Positive Life NSW
02 9361 6011 /
1800 245 677

Where to get help if you are experiencing discrimination

HIV/AIDS Legal Centre (HALC): is a free legal service available to anyone with an HIV/AIDS related legal matter.

HALC observes strict standards of confidentiality and any information that you provide is always kept strictly confidential.

For telephone advice, or to make an appointment to see a lawyer, contact HALC:

Monday - Friday, 10am - 6pm

Phone (02) 9206 2060

Freecall: (02) 1800 063 060

Email: halc@halc.org.au

NSW Anti-discrimination Board (ADB)

The ADB investigates and conciliates complaints of discrimination, harassment and vilification. It informs and educates the people of NSW, employers and service providers about their rights and responsibilities under anti-discrimination law.

www.lawlink.nsw.gov.au/adb

Human Rights and Equal Opportunity Commission (HREOC)

The goal of HREOC is to foster greater understanding and protection of human rights in Australia and to address the human rights of a broad range of individuals and groups.

www.hreoc.gov.au/

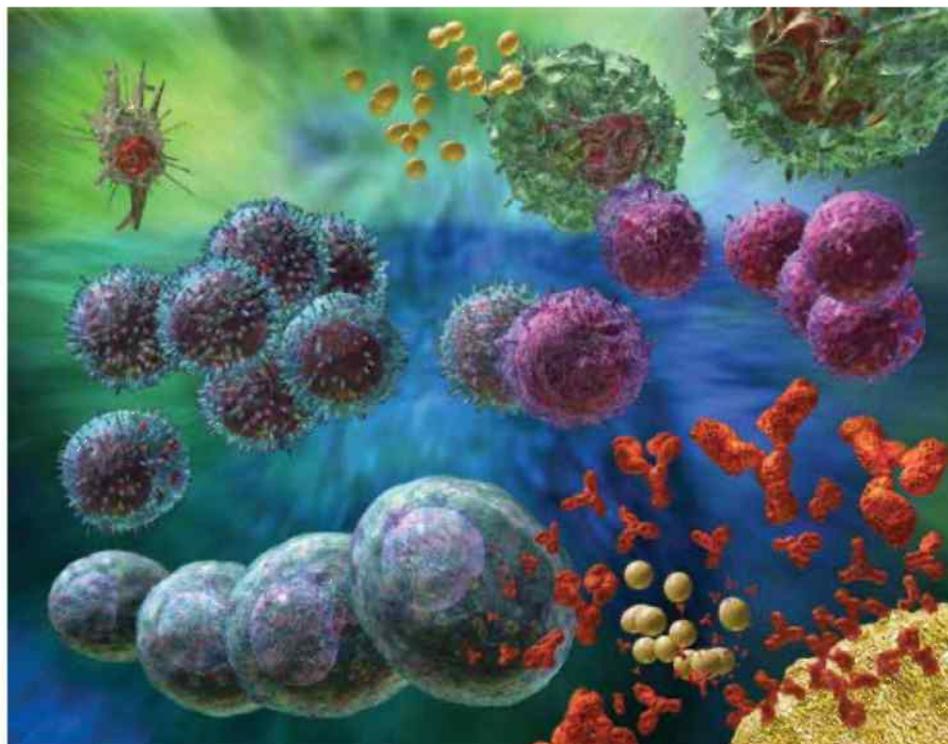
Unions

Unions will have staff to offer confidential support around any concerns about your treatment at work. They may also be able to offer you representation in any dealings with employers and/or legal proceedings. If you are a member of a union, speak to your union contact as soon as possible.

Your Lawyer

If you already have a lawyer, contact them first to ask their advice before speaking to your employer. Lawyers will generally charge for any services so be sure to ask in advance about any potential charges.

See ACON website – 'Employment rights for people with HIV' - http://www.acon.org.au/living_with_hiv/



Ever wondered what your virus looks like?

HIV-positive gay men wanted for a study exploring knowledge about viral strains, re-infection, treatments, resistance, transmission, and connections to other men with HIV.

If you are a gay man who is HIV positive, we would like to know your thoughts and opinions about a range of issues such as HIV testing technologies, viral strains, re-infection, HIV transmission, drug resistance, as well as your links to other HIV-positive men and where you find out information about HIV.

The interview will take about one hour and will be conducted face-to-face at a place of your convenience. The interview will be audio-recorded and transcribed. Any identifying information such as names will be removed from the written transcript and the audio recording will be destroyed.

Your participation in this study is voluntary, confidential and anonymous. This study has been approved by the Human Research Ethics Committee of the University of New South Wales.

Please contact Dean on 0410 5466 400 or d.murphy@unsw.edu.au if you would like to participate or would like more information about this project.

Why let HIV get in the way of a good relationship?

regular testing for HIV and STIs
means we
always look out for
each other



Andrew Georgiou

**We look after each other
We use condoms and lube**

PositiveLifeNSW
the voice of people with HIV since 1988
www.positivelife.org.au

China AIDS patients dying because of "tragic stigma"



BEIJING (Reuters) – Chinese AIDS victims are dying needlessly because a "tragic stigma" prevents them seeking help in a country where one fifth of people think the disease can be passed on by sharing a toilet, a top activist said on Thursday.

The government has promised to hand out free, Chinese-made drugs to anyone infected with the disease and the country's leaders have met those living with HIV/AIDS, but there is still widespread ignorance about how it is spread.

Two thirds of the 6,000 people questioned for a recent survey of six cities said they would be unwilling to live with an infected person, and a fifth said they would be unwilling to care even for a relative with the illness.

Nearly 10 percent even thought working in a room with an infected person would be enough to pass on HIV, according to the report commissioned by UNAIDS and partners.

"Everywhere I have gone...they have reported to me the high levels of stigma, ostracism and discrimination that people with HIV/AIDS experience in China," said Edwin Cameron, a South African Supreme Court judge who is HIV positive.

"This is a tragedy because the Chinese government has a very good treatment program," he added during a visit to China to help raise awareness.

Cameron said that while 35,000 to 40,000 people with AIDS were on treatment, more than double that

number needed drugs and were scared to be tested, or even to pick up the results of blood tests because of the result of being labeled HIV positive.

"People are sick and dying of AIDS and all of it is unnecessary," he said.

Last year China officially had 700,000 people living with HIV/AIDS and expected 50,000 new infections this year,

It is officially illegal to discriminate against those with the disease, but ignorance means signs banning victims from places like gyms and bathhouses are common and blood tests sometimes required for jobs or hospital operations.

The government has also sent out mixed messages, with sporadic crackdowns on domestic activists and visa bans on most foreigners infected with the disease.

But Wang Longde, head of the Chinese Preventative Medicine Association, said he hoped the visa rule will go by the end of the decade and overall things had improved from a few years ago when police would wait outside his office to arrest patients on the grounds that they must be infected if they were visiting him.

(Reporting by Emma Graham-Harrison; Editing by Nick Macfie)

http://news.yahoo.com/s/nm/20081030/hl_nm/us_china_aids_1

7₂9 HIV positive and getting on with it?

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

729 is a social discussion night for you!
Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011
Email: hedimos@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988

After Hours

snax
chat
chill

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

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

PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S HEALTH & WELLBEING



So can you cook? No 33 tis the Season to be Jolly



Tim Alderman

You really know you're starting to 'get on' when you have to start unpacking the Christmas deco's it feels like you have just packed away - and when suddenly your nephews are at an age to get money or gift vouchers as gifts because you no longer know what to buy them.

For many people, this is not a good time of the year, and can be anything but jolly. I have a number of unpleasant Christmas memories myself - and I must admit to a bit of a bah-humbug approach to Christmas.

But it's not all bad. There have been the good times, and fortunately they have been good enough to blast away the lingering dread from the bad ones. For many years in the 80's I ran an 'orphans' Christmas at home for friends who had nowhere else to go. I used to get up to 15 people at it, as there were many in that boat. I really loved doing it, and it was always a fun day because it was spent with people who really appreciated all the time and work that went into it. For two years after my run-in with AIDS we celebrated Christmas day with friends in the local parks of Bondi. They were really casual and relaxed days, again in good company. These days, our annual Christmas bash at the start of December is for a few close friends, and I think I enjoy it far more than the drama we

know is going to happen on Christmas Day. Food is consumed along with copious amounts of champagne and other assorted alcohols (whoops! Binge drinking), gifts are exchanged and it is a day where you really do appreciate the friendships that you have.

Wherever your Christmas is spent, I hope it is a good one for you, and that you receive all the good things that you wish for yourself and your loved ones.



Stained Glass Christmas Cake

This is a very expensive cake to make, but worth the money if you want something truly delicious and different. It is served in thin slices (it's very rich) and gets its name from the slices being so thin that you can see through them like glass, and the glace fruit gives it a stained glass effect.

- 1/3 cup dry roasted almonds
- 3/4 cup Brazil nuts
- 1 cup dry-roasted macadamia nuts
- 1 cup raisins
- 1 1/2 cups pitted dates, halved
- 400g mixed glace fruit
- 200g mixed glace cherries
- 1/2 cup plain flour
- 1/4 cup self-raising flour
- 1 teaspoon ground cinnamon
- 2 eggs
- 1/3 cup firmly packed dark brown sugar
- 1/3 cup brandy
- 2 teaspoons finely grated orange rind
- 1/3 cup apricot conserve

Preheat oven to 150°C. Grease a 20cm ring tin. Line base and sides with baking paper, extending paper 6cm above rim of tin.

Coarsely chop the glace fruit and half the cherries (reserve remainder for topping). Place chopped fruit in a large bowl. Coarsely chop half the nuts (retain the remainder for the topping). Add chopped nuts, raisins and dates to the chopped fruit mixture and stir to combine.

Sift flours and cinnamon, then stir 1/4 cup into the fruit mixture.

Beat eggs, sugar, 2 tablespoons brandy and rind until light. Add remaining flour and stir to combine, then fold this through the fruit mixture. Spoon into

prepared tin, then press down with back of a spoon. Cut remaining fruit (except cherries) into quarters. Press gently onto top of cake along with mixed nuts and cherries. Place a paper bag on top of the overhang paper to protect top from cooking too quickly); bake 1½ to 1¾ hours, or until a skewer comes out clean. Cool in the oven. Loosen inner ring with a knife before inverting. Place apricot jam and remaining brandy in a small saucepan and heat until jam is melted. Strain, then brush over cake.



White Chocolate Frozen Christmas Pudding

100g sponge cake, chopped coarsely
 ½ cup Cointreau (or any other orange-flavoured liqueur)
 300g frozen mixed berries
 1 teaspoon gelatine
 1 tablespoon water
 250g cream cheese, softened
 ¾ cup caster sugar
 2 teaspoons lemon juice
 300ml thickened cream
 fresh raspberries and blueberries, to serve.

CUSTARD:

¼ cup custard powder
 ¼ cup aster sugar
 1½ cups milk
 20g butter
 1 egg yolk

Divide sponge cake mixture among 8 x 1½ cup (330ml) glass dishes; sprinkle with liqueur and half the berries.

Sprinkle gelatine over water in a small dish and either melt over a pan of simmering water, or using 20 second zaps in a microwave until dissolved. Cool for 5 minutes.

Beat cheese, sugar and juice in a small bowl with electric beaters until smooth; beat in cream. Stir in gelatine mixture.

Divide mixture amongst glasses; top with remaining berries. Refrigerate 15 minutes.

Meanwhile, make custard; Blend custard powder and sugar with a ½ cup of the milk in small saucepan until smooth; stir in remaining milk. Stir over heat until mixture boils and thickens; remove from heat, stir in butter and egg yolk. Cover custard surface with plastic wrap. Cool.

Divide custard amongst glasses; refrigerate 30 minutes. Serve topped with fresh raspberries and blueberries, if desired.

SERVES 8

Allergy-Free Pudding

2¼ cups sultanas
 1½ cups raisins, chopped
 ½ cup dried currants
 1½ cups coarsely chopped dried dates
 1½ cups water
 ½ cup orange juice
 2 tablespoons honey
 1 cup firmly packed brown sugar
 185g dairy-free margarine
 1 cup soy flour
 1 cup rice flour
 1 teaspoon cream of tartar
 ½ teaspoon bicarb soda
 2 teaspoons mixed spice
 1 cup almond meal

Combine fruit, the water, juice, honey, sugar and margarine in a large saucepan. Stir over heat without boiling, until margarine melts. Transfer mixture to a large heatproof bowl; cool.

Grease 2.25 litre (9 cup) pudding steamer, line base with baking paper.

Stir sifted dry ingredients and almond meal into fruit mixture.

Spoon mixture into steamer, cover pudding with greased foil, secure with lid or kitchen string. Place steamer in large saucepan with enough boiling water to come halfway up the sides of steamer; simmer, covered, about 6 hours, replenishing water as necessary to maintain level.

Strawberry & Rhubarb Conserve

1kg white sugar
 1kg strawberries, hulled, quartered
 2 cups (250g) coarsely chopped rhubarb
 ½ cup lemon juice
 50g packet jamsetta (supermarket, near sugar & sweeteners)

Preheat oven to 150°C. Spread sugar in large shallow baking dish; warm in oven, uncovered, about 10 minutes, stirring occasionally (this helps to dissolve sugar quickly, giving a clear conserve).

Meanwhile, combine strawberries, rhubarb and juice in a large saucepan (fruit & sugar mixture should not be more than 5cm deep); simmer, uncovered, over low heat about 5 minutes or until the fruit is soft, stirring occasionally. Add jamsetta and warm sugar, stirring until dissolved.

Bring conserve to a boil; boil vigorously, uncovered, about 5 minutes or until mixture jells, stirring occasionally. When mixture falls heavily from spoon, test if conserve is ready; remove pan from heat, place a spoonful of conserve onto cold saucer, place in freezer 1 minute. Push mixture with finger; if it wrinkles, it is ready. Skim any scum from the surface of conserve.

Pour conserve into hot, sterilised jars; seal while hot. Stand jars upside down until conserve cools.

MAKES 6 CUPS





Little Chocolate Christmas Puddings

700g plum pudding
250g dark eating chocolate, melted
½ cup brandy
½ cup icing sugar
200g white chocolate melts
green & red glace cherries, cut to resemble berries & leaves

Crumble pudding into large bowl. Stir in melted chocolate, brandy and sifted icing sugar; mix well.

Roll level tablespoons of mixture into balls, place on tray, cover; refrigerate until firm.

Melt white chocolate in small heatproof bowl over a small saucepan of simmering water. Cool chocolate about 10 minutes.

Drizzle over puddings to form 'custard'; decorate with cherries.

MAKES ABOUT 44

Lime Spritzer

If you are entertaining outdoors this season, this is the perfect refresher between alcoholic beverages

½ cup water
½ cup caster sugar
4 limes
1 tablespoon caster sugar, extra
Ice cubes
1.25 litres soda water
2 sprigs fresh mint

Combine the water and sugar in a small saucepan. Stir over medium heat,

without boiling, until sugar dissolves; bring to a boil. Remove from heat; cool.

Cut each lime into 8 wedges; place in large serving jug. Top with extra sugar.

Using muddle or flat end of rolling pin, pound lime and sugar until crushed. Add sugar syrup; stir well. Just before serving, stir in ice cubes, soda water and mint.

MAKES 7 CUPS



HINTS

Roll limes, pressing down firmly, on a kitchen bench before cutting. This helps to extract maximum juice.

To roast nuts, preheat oven to 180°C. Spread nuts on a single layer on a tray and bake for 5-10 minutes, depending on nut type.

To melt chocolate, butter or copha¹ in a microwave, place in a heatproof bowl and melt in 20-30 second bursts (make sure butter or copha are chopped into small pieces). The same can be done with gelatine. Always add water to powdered gelatine before melting (approx 1 tablespoon water to 1 teaspoon gelatine).

Replace brandy in cakes and puddings with muscat, port, sherry, Green Ginger Wine or stout to give different flavours. A mix of two can be used if desired (I use brandy and port in mine).

Don't forget Australia is very humid at Christmas, and cakes & puddings are from colder climates. Refrigerate or freeze puddings and cakes after cooking. If refrigerated, they will continue to mature until you use them. Wrap in foil, then layers of Glad Wrap.

1 Copha is a solidified form of coconut oil, used in several recipes with Chocolate Crackles being the most famous. In New Zealand copha is known as Kremelta.

Life.mail
e-newsletter

Check out our website
www.positivelife.org.au
and receive regular
e-newsletters

Please make sure your email
address is up-to-date so you don't
miss out

PositiveLifeNSW
the voice of people with HIV since 1988

ALDERMAN 
providore

Quality Australian gourmet food
products sourced from the best
of our boutique companies.

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

(Sydney metropolitan and
suburban only)

Check out the website:
www.aldermanprovidore.com.au

Ask Ingrid

Health and Fitness



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

Stretches to add to your home or gym workout

The four photos that follow are some good general stretches that can be added to your fitness program. As I said in the last Talkabout issue, when you stretch is not important, but make sure you are warmed up and not cold when you stretch. If you spend one hour working out or being active allow ten minutes as a minimum for stretching during or after each exercise session.

The chest stretch is important, as most activities we do in our every day life are in front of us, which leads to these muscles becoming tighter than the opposing muscle group, the upper back. This ultimately puts extra

pressure on your neck and shoulder joints. I will talk about this in a later stretch.

The hamstring and glutes (bum and back of thighs) stretch is important for keeping your lower back in good shape. If the hamstring and bum muscles are tighter than your quads (front of thighs), your lower back is put under extra pressure.

The hip flexor (front of hip) stretch is important as the pelvis is stabilised by these muscles and the upper gluteus, and if they are unbalanced, abdominal strength can't be fully developed. Make sure this little muscle is kept flexible to

retain full abdominal rotation. When it is too tight, this muscle will not let the abdominal muscles work through their full range, thereby wasting your hard efforts toning those abs.

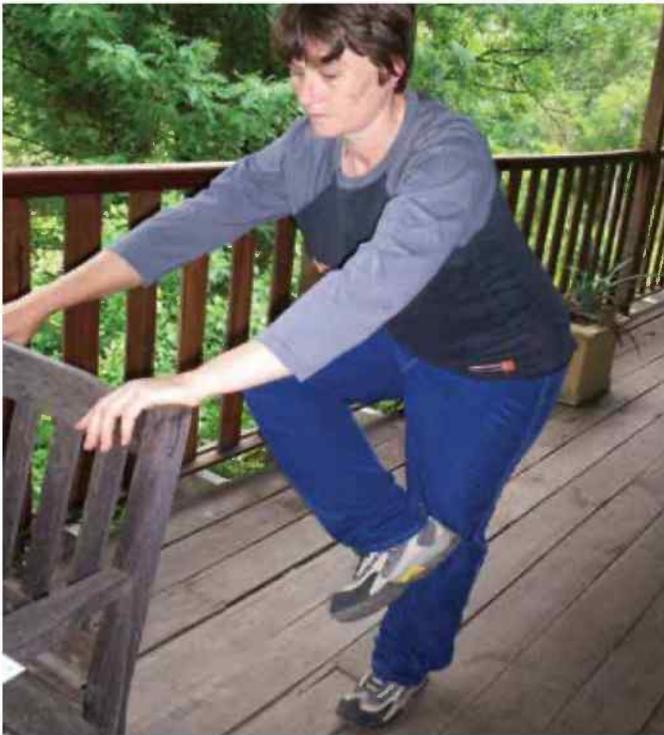
The final stretch is for your upper back. This stretch is not as important if you don't workout as for many people the chest is tighter than the upper back. Always spend a little more time on chest stretches than upper back stretches. If you workout and exercise your back on a regular basis then this stretch needs to be added, because as you strengthen a muscle it tightens up if you don't regularly stretch it.



If you spend one hour working out or being active allow ten minutes as a minimum for stretching during or after each exercise session.

< Chest stretch

Clasp your hands behind your back, lift your chest and arch your back as you lift your hands up and away from your body keeping your arms straight. You will feel this stretch most strongly in the outer and upper part of the chest near the shoulders. You will also get a good stretch in the front of your shoulders. As you become more flexible you will notice that you feel this stretch more in the chest and less in the shoulders.



< Hamstring stretch

Have a piece of furniture or the wall handy to balance with. Place your ankle on the opposite leg just above the knee. The supporting leg is bent, and as you lean forward, arch your back as you sit back a little and really stick your bum out. Pull your toes back and push your knee out and down on the leg that is being stretched.



Hip Flexor Stretch >

Kneel on the floor with one knee on the floor and the opposite leg bent at the knee with the foot about one foot length in front of you. Lift through your stomach muscles as you tuck under with your bum and tilt slightly to feel a stretch at the front of your hip. This stretch can be a bit tricky to get, so play with small movements of the hip and pelvis until you feel it. Lean forward slightly, or squeeze your bum cheeks a bit more. Very small movements without letting your body slump will change the stretch.



< Back Stretch

Bend over and clasp your hands behind your legs, this time let your back curve as you pull up and away from your legs. Keep your legs bent as you wrap your shoulders around and think of pulling the shoulder blades apart as you pull smoothly away from your legs. You may find a deep breath inwards helps you feel this stretch a bit more.

Happy stretching and keep those questions coming for next issue.

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

20th annual ASHM Conference

17 to 20 September 2008

Report by **Hédimo Santana**



The unique aspect of this 2008 ASHM Conference is that a great deal of attention was paid to diverse groups affected by HIV. We heard of research being carried out with the Australian Indigenous population, women, MSM, IV drug users, sex workers and CALD communities. We also heard about the work being done throughout our neighbourhood in Southeast Asia and PNG.

Significant debate was undertaken on the role of HIV and ageing, including prevention and treatment, as well as research on HPV and anal cancer, and other co-infections such as Hepatitis C and Tuberculosis.

HIV infection, treatments and prevention dominated the Conference topics.

Increases in HIV infection rates around Australia

The number of new HIV diagnoses in Australia have increased each year - from 718 cases in 1999 to 1051 cases in 2007, an increase of almost 50% when comparing those years. While the rates of HIV infection have been stable in NSW for the past five years, and Victoria in the last year, the other states - South Australia, Tasmania, Western Australia and Queensland - have seen increases.

Much discussion occurred around the reasons for the higher rates of infection in other States, while it has remained stable in NSW.

HIV Prevention

Prevention of HIV infection has been tried around the world through varied technologies such as vaccines, circumcision, vaginal microbicides and vaginal diaphragms. While some of these trials have proved to be successful, others have had disappointing results:

- Circumcision - Research carried out in sub-Saharan African countries has shown the efficacy of male circumcision in the prevention of female-to-male infection of HIV. The question is how applicable such intervention could be for Australia, where the majority of infection is among MSM, mostly acquired through receptive anal intercourse?
- Vaccines - Following disappointment experienced after the failure of the STEP HIV Phase II vaccine trial last year, questions have been raised about whether or not an effective vaccine to prevent HIV infection can be achieved.
- Vaginal microbicides - Whilst still in its early trial phase, this seems to be a promising way of preventing HIV. However, research so far revealed that this will probably be more successful if combined with other means of prevention.
- Criminalisation - With a growing trend for criminalisation of HIV transmission around the world, there has been a call to halt such a punitive practice. This is due to lack of evidence demonstrating that it actually reduces HIV transmission, and at the same

time acknowledges that research is needed to investigate the impact such laws have on HIV prevention.

- Use of antiretroviral treatment as a method of HIV prevention (the Swiss Statement) - There was a healthy discussion among researchers about the implications of this as a prevention method. A compromise was reached, as researchers agreed that much more research still needs to be done. Meanwhile, a combination of treatments and traditional prevention methods (condom use), as well as ongoing dialogue with the gay community seem to be a more constructive way to deal with the issue.

Positive Life NSW had two representations at the Conference, with Kathy Triffitt presenting papers on our work in the areas of social marketing, peer support, advocacy and health education for people living longer with HIV, and our campaign "SEX PIGS: DARK AND DIRTY SEX AND MANAGING YOUR HEALTH". Rob Lake also presented a paper on prevention and treatment issues for older gay men.

Our congratulations go to Tania Leinert for winning a prize for her poster on the experience of people living long term with HIV in the Northern Rivers.

<http://www.ashm.org.au/ashm08/>

Update from the US Consulate on entry to the US for people with HIV



Lance Feeney attempts to clarify entry to the US for Australian citizens with HIV

Being aware that policy has changed in relation to Australian's with HIV entering the U.S. I visited the Consulate in Sydney and was told by security that: 'I needed to apply on-line via the US consulate website'. The information contained on the U.S. Consulate website was frustratingly confusing. I emailed the Consulate and requested clarification. What follows is a copy of the correspondence.

Letter to U.S. Consulate

Request for information in relation to 'Short term entry to the U.S. for Australian citizens with HIV'.

Positive Life NSW noted the US Congress's removal of the statutory entry ban from the U.S. Immigration and Nationality Act by adopting the PEPFAR bill on July 24th, 2008. We also noted that President Bush signed the bill on July 30th.

We understand that the entry ban is now back in the hands of the Department of Health and Human Services (HHS) and they are currently reviewing the matter. We have accessed the Department of Homeland Security briefing (RIN 1651-AA71): 'Issuance of a Visa and Authorization for Temporary

Admission into the United States for Certain Nonimmigrant Aliens Infected with HIV' and reviewed the material.

We also understand that the U.S. Department of Homeland Security announced in September 2008, an alternative process for HIV-positive people seeking to visit the U.S. for 30 days or less and that there are now - 2 official processes for HIV-positive people seeking entry.

1. Applying for an HIV-Waiver
2. Applying for the 'new entry permit' - (30 days stay maximum).

Positive Life NSW publishes a bi-monthly magazine which is circulated nationally. We want to update people with HIV and provide them with the most up-to-date information regarding entry to the U.S.

We are unable to find information on the U.S. Consulate website that clarifies the process for HIV positive individuals who apply for travel authorization via the electronic process.

Would you please clarify what happens when an applicant answers 'yes' to the question 'Do you have a communicable disease'?

- Is there an additional process?
- Would you please describe the process?
- Under what conditions is entry authorized?
- How long does the authorization

process take before travel can be instigated?

We would greatly appreciate your assistance to clarify these matters. Currently there is a great deal of confusion amongst people with HIV wishing to travel to the U.S.

If you would like to clarify any of the matters raised within this email, please do not hesitate to contact me.

*Lance Feeney
Systemic Advocacy
Positive Life NSW*

U.S. Consulate reply

Thank you for your inquiry.

Some travelers are not eligible by law to enter the United States. These include people with certain serious communicable illnesses (including HIV), criminal records, previous deportations from the U.S., certain visa refusals and other problems with U.S. immigration laws or visas.

On October 6, 2008, the Department of Homeland Security (DHS) issued the HIV Waiver Authorization Final Rule, which allows consulates abroad to issue a visa on a case-by-case basis to some HIV positive applicants

without the requirement of a waiver authorization, providing certain requirements are met. This regulation change does not have any impact on the list of communicable diseases of public health significance and all HIV-positive applicants are still required to obtain a visa for temporary entry to the United States.

For further information please see: http://www.dhs.gov/xnews/releases/pr_1222704743103.shtm

For those applicants who are found ineligible for travel to the United States, the interviewing Consular Officer may be authorized to submit a waiver request on your behalf to the U.S. Citizenship and Immigration Services (USCIS). The decision on whether to request a waiver is at the consular officer's discretion. However, as a general guide, a consular officer might recommend a waiver if:

- The public benefit of a visit to the U.S. outweighs any risk to public health
- The visit is for 30 days or less
- The applicant coming to the U.S. for humanitarian reasons, such as attending academic or health-related activities (including seeking medical treatment), to conduct temporary business, or to visit family.

We will endeavor to treat applicants with HIV with sensitivity and discretion. At the Consulate in Sydney we can offer a private interview booth. Once you have booked your visa interview on the Visapoint website (<http://aus.us-visaservices.com/Forms/default.aspx>) please contact sydneyinterviews@state.gov to request the private interview area, giving details of your interview date and time and Visapoint PIN number.

If you plan to be interviewed at the U.S. Consulate in Perth or Melbourne please contact them directly (melbourneinterviews@state.gov or perthvisas@state.gov).

Best regards

AMVISA

U.S. Consulate General, Sydney
(AR)



- Have you been HIV positive for some time?
- Have you put your plans on hold?
- Did you stop making plans?
- Do you want to make changes but not sure how to?
- Do you have professional and/or personal goals you would like to achieve?
- Do you want to reach your maximum potential?

Then maybe Life Coaching is for you!

Life coaching is a practice with the aim of helping the individual to determine and achieve personal goals. Life coaches use multiple methods that will help you with the process of setting and reaching goals.

The Positive Living Centre is commencing a program of free Life Coaching in December 2008.

Contact Vicky Coumbe or Ian Walker for further information on 9699 8756 or email plc@acon.org.au

Sessions will be on weekday evenings at the PLC, dates to be confirmed.



Why let HIV get in the way of a good relationship?

SERO DISCO

5

ways to make it hotter



with ROZ & GREG

strip



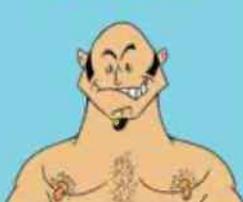
dress



lube



ohhh



yeah



Andrew Georgian

We look after each other
We use condoms and lube

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www.positivelife.org.au

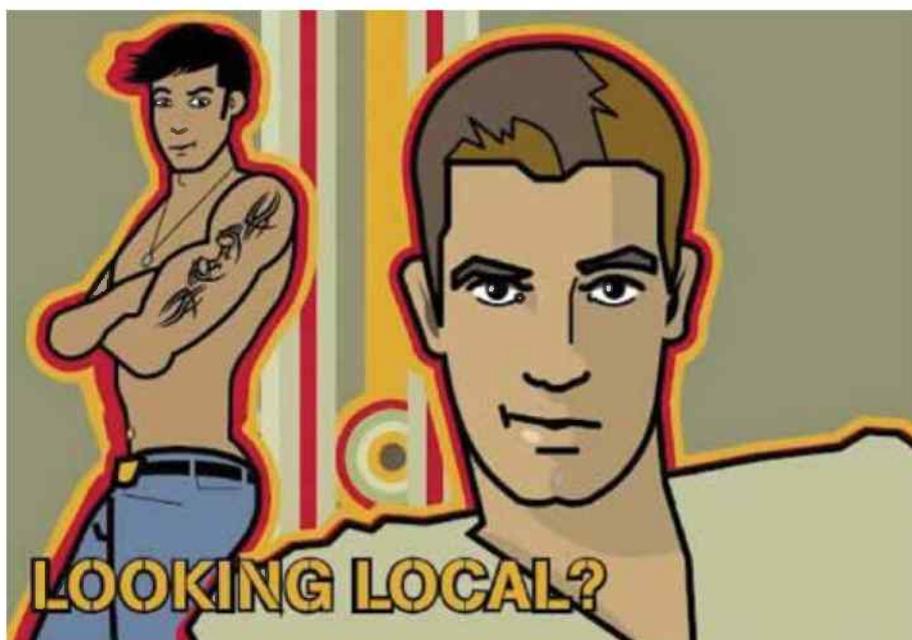


HIV futures six Making positive lives count

The HIV Futures survey is about all aspects of living with HIV. Make sure your experience counts. Complete the online survey or ask your local HIV/AIDS organisation for a hardcopy.

www.hivfutures.org.au

Australian Research Centre in Sex, Health and Society, LaTrobe University



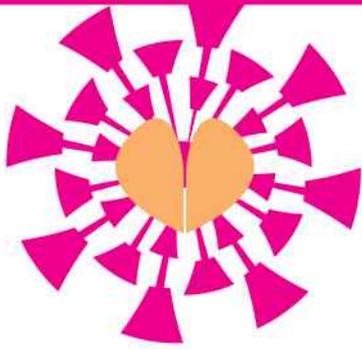
For appointments & other information about
Men's Clinic
@ RPA Sexual Health Clinic
on Wednesdays (1.00 – 7.30 PM)

Call 9515 3131
or drop in to see our nurses

Free and confidential sexual health services:

- Testing & treatment for sexually transmissible infections (STIs)
- HIV testing & counselling
- HIV treatment & management
- HIV specialist doctors
- Hepatitis vaccinations
- Free condoms & lube
- Post Exposure Prophylaxis (PEP)

RPA Sexual Health Clinic
Ground floor, Page Building
119-143 Missenden Rd
Camperdown



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**

Sydney/Wollongong - Slim, good looking bottom guy, 50YO, 6ft tall, short hair, clean shaven, fully waxed body, affectionate, good kisser. Seeking top guy, clean shaven, slim to medium built, 45-65YO. Like a few drinks and a smoker. VTPR. ALA. GSOH. **Reply:081008**

Gay guy 40 from Queensland looking to relocate to Sydney, searching for new horizons, including a genuine source of friendship leading to life commitment. I am quiet, trustworthy, reliable, dependable - daring to be different from your typical gay male. **Reply: 101008**

51YO, HIV+ 22years, 173cm, ACTIVE/versatile, FF top, tattoos & piercings. I am not just looking for play but for that 1-1 connection with mind & body. Sydney. **Reply: 031108**

Central Coast, attractive healthy young 34yo, HIV+ 10 years, undetectable VL. My interests include gay tantra, yoga, transpersonal psychology. Looking for friends, relationship, and a partner under 40 with GSOH. ALA. **Reply: 041108**

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

Health Promotion Fact Sheets

- 1 Efavirenz Managing Side Effects
- 2 Boosting your energy
- 3 Getting Started on Combination Therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy – **Available on the website only**
- 7 Clinical Trials
- 8 A Night with Tina (Methamphetamine and HIV) – **Available on the website only**
- 9 HIV and your mouth (a pamphlet is also available)
- 10 The Dynamics of Disclosure – **Available on the website only**
- 11 What you need to know about syphilis
- 12 Changing Horizons – Living with HIV in Rural NSW
- 13 Surviving the Centrelink DSP Review
- 14 Growing Older – Living Longer with HIV
- 15. 10 reasons to test for STIs – **Available on the website only**
- 16 Relationship Agreements Between Gay Men
- 17 Dealing with diarrhoea
- 18 Disclosing to your child

Posters (double sided)

- 10 reasons to test for STIs

Post Cards

- HIV doesn't discriminate people do (3 postcards)

Workshop Resource

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

Quantity Item

Social Marketing Campaigns

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

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

– **Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?** How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis?

– **Fact Sheet 2 Positive Sex and Risk:** What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?

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

Getting On With It Again *Living longer with HIV* (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.

Get The Facts Syphilis (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.

All resources listed are free of charge.

For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

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

"I was also living with HIV. Except not in my body, but in the body of the person whom I loved most in the world."

Songs in the Blood

stories of women living with HIV

Copies of the award winning radio play *Songs in the Blood* are now available from Women's Health Statewide

(Duration 29 minutes.)

phone

08 8239 9624

email

pam.price@health.sa.gov.au

Globally, 50 percent of people with HIV/AIDS are Women. In Australia, it's 10 percent.

Being part of a minority has shaped the experiences of HIV positive women. They are often isolated and their voices are rarely heard or understood.

The radio play *Songs in the Blood* tells the stories of 14 HIV positive and affected women who are mothers, partners, sisters, daughters and carers.

The women share their secrets and strengths, their pain and grief, as well as their joy and hopefulness. The stories are very real, challenging, engaging and celebratory.

Songs in the Blood was developed by the HIV Women's project at Women's Health Statewide in Adelaide, South Australia. The project aims to promote the message that HIV/AIDS affects women too and raise awareness within the wider community of the experiences of these women as they live with HIV.

The powerful stories have been skillfully transformed into a radio play by writer Elisabeth Mansutti and production by Radio Adelaide.

The play was first broadcast on World AIDS day 2007.

We believe Songs in the Blood will touch the hearts of all who hear it.

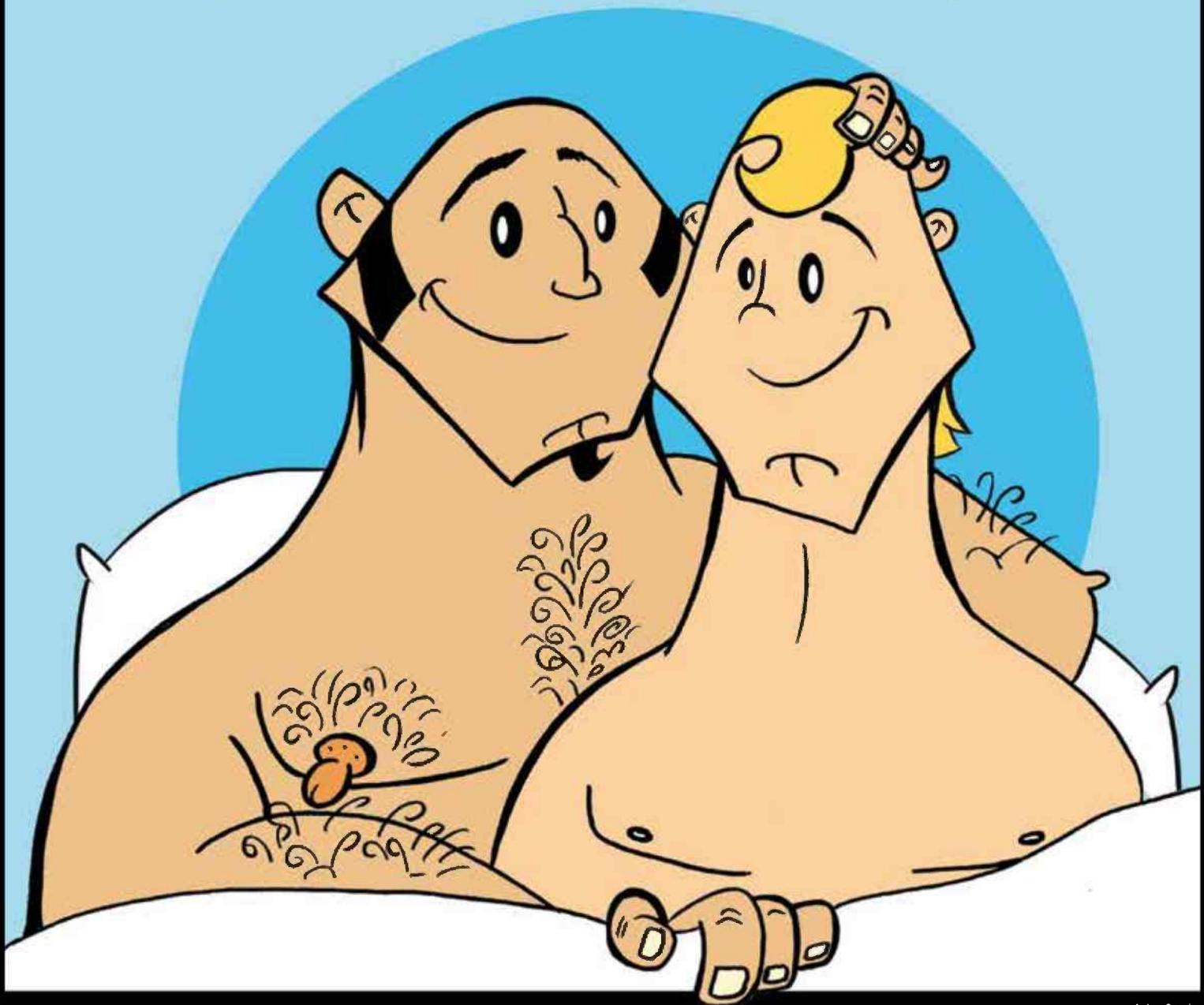
We encourage the broad distribution of this CD to raise the profile of women who live with HIV. Please play it for your family, friends, work colleagues, classrooms and community centres.

Songs in the Blood is an initiative of Women's Health Statewide, a community service of the Children, Youth & Women's Health Service.

Funded by the Government of South Australia through Arts SA.



why let HIV get in
the way of a
good relationship?



Andrew Georgiou

**We look after each other
We use condoms and lube**

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the voice of people with HIV since 1988
www.positivelife.org.au