

talkabout

Where we speak for ourselves

#161 | February – March 2009

Positive Life NSW the voice of people with HIV since 1988

Mardi Gras moments Remembering and looking forward



Also inside:

Camp Good Time: share, learn and have fun

Returning to work: plans, goals and dreams

PositiveLifeNSW
the voice of people with HIV since 1988

ADVENTURES IN PLEASURE PRESENT

BUCK RAMJOY

IN THE

QUEST FOR KNOWLEDGE

THE MORE HE DISCOVERED,
THE MORE HE INFLUENCED
HIS OWN DESTINY
AND HIS PARTNER'S...

IMPROVING YOUR GENERAL HEALTH CAN HELP SLOW THE
PROGRESSION OF HIV AND LEAD TO BETTER TREATMENT OUTCOMES.

**PREPARE FOR PLEASURE. ARM YOURSELF WITH
THE KNOWLEDGE TO MAKE INFORMED
DECISIONS ABOUT YOUR HEALTH.**

ACON 02 9206 2000 OR 1800 063 060 acon.org.au whytest.org

DESIGN BY FATMOON STUDIOS www.fatmoon.com.au FEB 09

acon

BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

talkabout

features

- 2 Editorial: Mardi Gras moments
- 2 Introducing the new Board of Positive Life NSW
- 3 Positive Life Board Advisory Groups:
Expressions of Interest
- 4 Mardi Gras Moments
- 6 Mardi Gras and me
- 8 The Light Fantastic
- 9 POJO Cartoon
- 10 Having plans, goals... and dreams
- 12 Relationship recognition brings new financial
era for same sex couples
- 14 The Joy of Pets
- 15 Understandings of safe sex for serodiscordant
heterosexual couples
- 19 Camp Good Time: share, learn and have fun
- 20 Have you met the HIV Community Team?
- 22 Dental scheme still in place – for now
- 23 Employment, job capacity and Centrelink
- 24 Not good enough:
Health Care Complaints Commission
- It's not over yet: listing Scupltra on the
Pharmaceutical Benefits Scheme
- 27 The old and the very new:
The United Arab Emirates
- 30 So can you cook? Beat the heat
- 32 Health and Fitness: Ask Ingrid



Cover Artwork:

Photo: Jamie Dunbar. This poster at Town Hall station, Sydney was part of Positive Life's first education campaign, beginning at the Gay Games 2002 and extending to Mardi Gras 2003.

Contributors:

Patrick Marris, Greg Page, Neal Drinnan, Rick Knight, Douglas Barry, Lance Feeney, Asha Persson, John Coady, Janet Urquhart, Leo Barreto, John Douglas, Tim Alderman, Ingrid Cullen, Jamie Dunbar

CURRENT BOARD

President Jason Appleby

Vice President Richard Kennedy

Treasurer Bernard Kealey

Secretary Malcolm Leech

Directors

Russell Westacott, Craig Cooper,
David Riddell, James Wilson

Staff Representative Lance Feeney

Chief Executive Officer (Ex Officio)
Rob Lake

CURRENT STAFF

Chief Executive Officer Rob Lake

**Manager Organisation and Team
Development** Harry Richardson

**Health Promotion – Social
Marketing and Education** Kathy Triffitt

**Health Promotion – Publications &
Peer Education** Glenn Flanagan

Systemic Advocacy Lance Feeney

**Health Promotion – Peer Support &
Positive Speakers' Bureau**
Hedimo Santana

Prevention Project Ross Duffin

Website Phillip McGrath

TALKABOUT

Editors Glenn Flanagan

Design Slade Smith

CONTACTS

Office Suite 5, Level 1, 94 Oxford Street,
Darlinghurst

PO Box 831, Darlinghurst 1300

Phone (02) 9361 6011

Fax (02) 9360 3504

Freecall 1800 245 677

editor@positivelife.org.au

www.positivelife.org.au

TALKABOUT

is published by Positive Life NSW. All views expressed are the opinions of the authors and not necessarily those of Positive Life NSW, its management or members. Copyright for all material in *Talkabout* resides with the contributor. *Talkabout* is made possible by subscriptions, advertising revenue, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* thanks the many volunteers without whom its publication would not be possible.

Printed by Crackerjack Communications
on 50% recycled paper

ISSN 1034 0866

DISCLAIMER

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

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



Mardi Gras moments

Welcome to the Mardi Gras edition of *Talkabout*. In this issue Greg Page looks back on past parades and how his experience of both Mardi Gras and HIV has changed over those years. Neal Drinnan recalls a party 20 years ago where he learnt what Mardi Gras was all about. There are also plenty of stories beyond the Mardi Gras theme as well (Camp Good Time, heterosexual couples and safe sex, returning to work, changes to legislation for same sex couples and more).

Time out space

Positive life NSW has run the Time Out Room at the Mardi Gras Party (and usually Sleaze Parties) for about a decade and a half now. They have moved around from time to time, from the Hordern pavilion to a marquee outside, and then back again to a dressing room in the Hordern.

For this party Positive Life and ACON have been working with Mardi Gras to develop a chill out area that people with a range of health needs, including HIV, will be able to access. It will still be a comfortable, hosted space (with access to toilets) for you to rest and relax with friends, while still enjoying the atmosphere. If you're going to the party this year and find yourself needing a break, come and check out the new chill out area.

Glenn Flanagan

Introducing the new Board of Positive Life NSW

Last December the members of Positive Life NSW elected eight members of the Board for the coming year.

President: Jason Appleby

Jason has been the President of Positive Life NSW since July 2008, after serving as the Vice President for 18 months. He has been a member of the organisation for several years and a Speaker with the Positive Speakers Bureau since 2002.

He is also currently studying a Masters in Public Health at the University of Sydney, while working as a Policy Analyst with AFAO (Australian Federation of AIDS Organisations).

He is passionate about improving the lives and opportunities for people with HIV, and has an interest in how community organisations work and govern themselves in the context of an extremely diverse and evolving epidemic.

Vice President: Richard Kennedy

Richard has been Vice-President of Positive Life NSW since July 2008. He has been a Board member since 2005 and involved with Positive Life NSW since 2001. Richard has worked for The Bobby Goldsmith Foundation for the past eight years, currently as a Case Worker, with clients all over NSW.

His major interests are:

- Advocacy for supported accommodation issues, including future care of the aging HIV population.
- Promotion of better understanding and acceptance of HIV within the general community, health care sector and mainstream organisations.
- Advocating for HIV positive people to have easier access to anti-retroviral therapy through a community pharmacy scheme
- Providing a voice for culturally and linguistically diverse, heterosexual, and non-metropolitan residing people with HIV.

Treasurer:
Bernard Kealey

Bernard has been Treasurer of the organisation since 2004 and also sits on the HIV Living Board Advisory Group

His major interests include:

- Privacy advocacy
- Health informatics
- Clinical risk management
- Organisational governance and management

Secretary:
Malcolm Leech

Malcolm has served on the Board of Positive Life NSW for two years. He has thirty years experience working in the performing arts including stage management, producing, presenting and running venues.

He has also served on the Board of the AIDS Action Council of the ACT (as Vice President then President), Jigsaw Theatre Company (Vice President), Canberra Arts Marketing (Vice President), Australian Performing Arts Centres Association as Treasurer, and the Incorporation of NSW & ACT Performing Arts Centres.

Other Directors on the Board include:

David Riddell

David has counselled at ACON, been involved with the Gay and Lesbian Counselling Service on a community building project, worked in the Drug and Alcohol unit at St Vincents, and supports older carers in his day job at Carers NSW.

David believes that insight is often a shared experience, and that organisations need to be self examining in order to stay healthy.

Russell Westacott

Russell Westacott has more than 20 years experience of working in the HIV sector. In 1987 he volunteered at Sydney's Albion Street Centre providing information and advice at the telephone hotline. He then took up paid work on the centre's mobile outreach program.

In the early '90s Russell worked at ACON where he assisted with the organisation's HIV+ peer support project. In 1994 Russell worked at NAPWA (the National Association of People with HIV/AIDS). During the late 1990s Russell then worked as an HIV educator at the AFAO/NAPWA Education Team.

From 2001 to 2005 Russell was employed as the Associate Director of the Institute for Gay Men's Health in the United States, a collaboration of AIDS Project Los Angeles and Gay Men's Health Crisis in New York City. His current position is Director of Client Services Division at ACON.

Craig Cooper

Craig is a newly elected Director. He is currently the HIV and Related Programs Manager for Sydney South West Area Health Service. Craig has worked in the Public Health Sector for the past ten years, and his interests include consumer advocacy, service delivery aligned with the needs of populations, budget and finance, strategic administration and leadership.

James Wilson

James Wilson is also a newly elected Director. His interests include HIV treatments, equal rights, the economy, writing and journalism. He has been involved in student and community activism, and has recently been engaged with ACON's Young Positive Men's Group. This group was designed to raise awareness and provide information for young men living with HIV.

Positive Life Board Advisory Groups



Positive Life is looking for people with HIV living in NSW who would like to be part of our Board Advisory Groups.

Groups

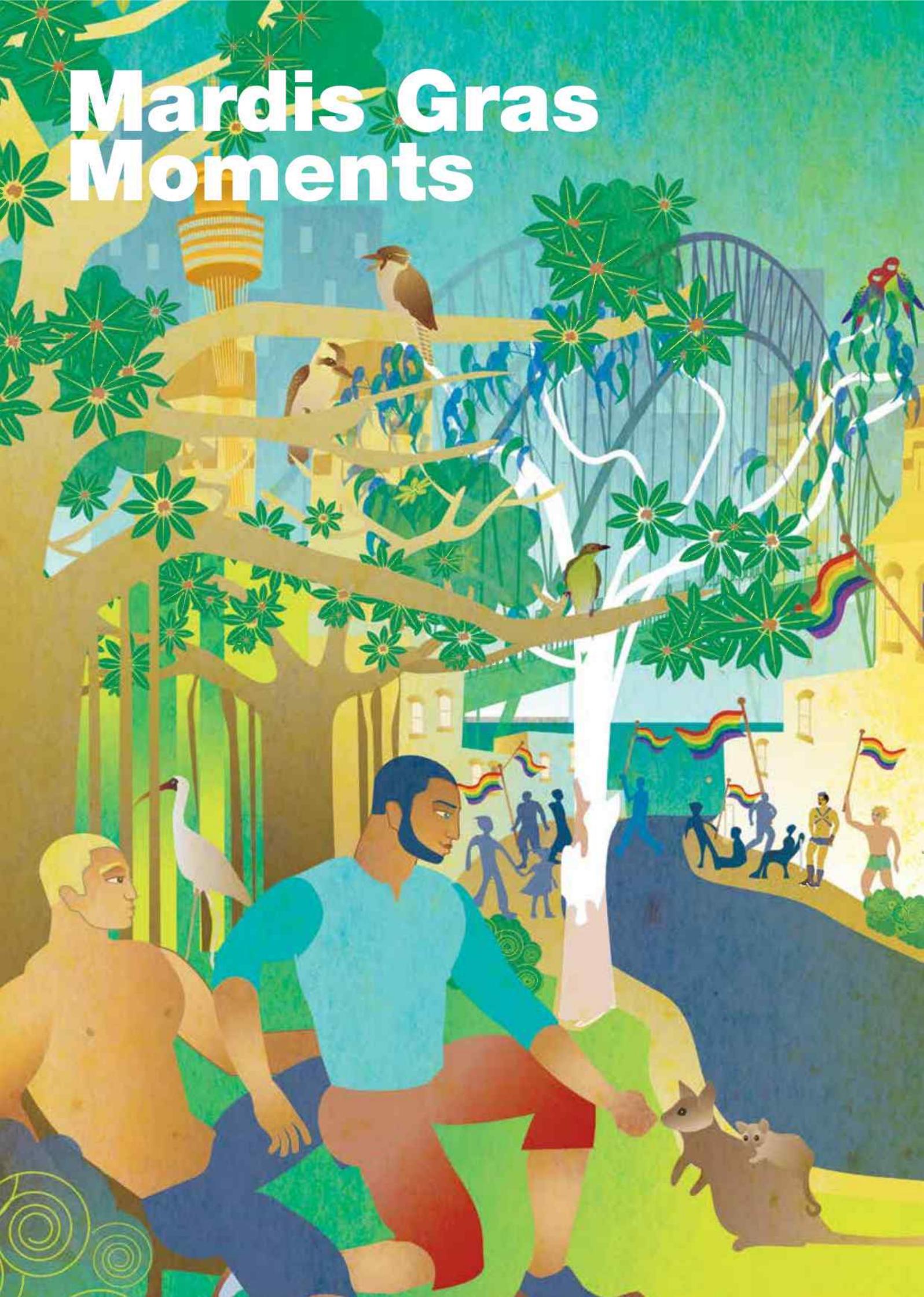
- discuss emerging issues
- meet 4 times a year in Sydney

Travel and child care are covered.

People from outside Sydney are very welcome to apply. If you'd like more information, please contact Rob Lake at 9361 6011, 1800 245 677 or robl@positivelife.org.au

Please let us know if you are interested, what you are interested in and any particular skills or experience you think is relevant. The closing date is **Wednesday 25 February.**

Mardi Gras Moments





Mardi Gras & Me

Greg Page looks back at one of the longest and closest relationships in his life - that of him and Sydney's one and only Gay & Lesbian Mardi Gras

Me and Mardi Gras go back. Way back. The first one I ever went to was probably in 1988, so this year in 2009 makes it 21 years since I first fell under its spell. I saw Kylie perform in both 1993 and 1998, saw Madonna pop up (only on a screen) in 1995 to thank her gay fans for their support, and witnessed countless other divas (and Jimmy Barnes!) ripping up the stage and having the time of their lives there. Mardi Gras has always been one helluva good party. It's also always been one helluva parade - which is how the whole thing kicked off initially. A few people in Sydney decided to hold a protest, got arrested, and from these sombre, revolutionary roots a humongous festival, party and parade culture known as Mardi Gras evolved in the Emerald City.

I've also taken part in the actual parade a few times. In 2002 I marched in the Gay Games float - I can't quite recall which country's "pole" I was given to march with, but it must have been one that people liked, because I recall getting cheered a lot as I walked up with my pole upright along Oxford St wearing all tight white clothing.

I enjoyed the experience so much that the following year I went into another float in fancy dress alongside the legendary Ron Muncaster, wearing one of his gladiator creations and strutting along the street. I also recall that I had the worst cold of my life, but was determined - hell or high water - to participate. It was a real struggle

I wanted to do something fun - HIV be damned

to walk that long march up Oxford Street and into Flinders Street, but somehow I managed it before I had to literally be carted off home and put straight to bed. Funnily enough it was also, I might point out, the last year I was to be in Mardi Gras before my HIV diagnosis.

2004's Mardi Gras might as well not even have happened for me. I was totally

traumatised by my diagnosis and not coping very well at all. I didn't want to go out, didn't want to have fun and most certainly didn't want to sashay up Oxford St as if nothing was wrong at all. I bought into the gloom'n'doom cycle and wishing the world away. Thankfully after a few months I came to the canny realisation that life does indeed go on, and is also what you make of it. Like, I could be hit by the proverbial bus (probably the 333 - the so-called banana bus) tomorrow, so basically, why worry now?

In 2005 I went and watched the parade from a friend's balcony on Flinders Street. I saw how much fun the participants were having in the actual parade and suddenly remembered how much fun I had had doing it in the past. Viewing the parade is a blast, sure, but nothing beats being in the actual parade itself and hearing the crowd cheer, clap and whistle and call out to you. You feel suddenly like the most important person on earth - no wonder fame can become so addictive.

I made the decision then and there that in 2006 I would not watch the parade but be in it again. And I wanted to do something fun - HIV be damned. Luckily

through a friend I found out about a group that every year did something quite edgy and timely. This particular year was that in which a renowned supermodel was nabbed red-handed by a photographer doing lines of coke. Thus the “Kate Moss Line Dancers” entry into the Mardi Gras was born. We all had to wear a little black cocktail frock, heels, oversized sunnies and, of course, a big blonde wig à la Kate. It was an absolute hoot, even despite the fact that the music we had organised blew out the speakers before we even started. We just improvised as we ran along the route, pretending to Hoover up white powder off the street with large pipes. We even won an award later for Best or Funniest Entry. It was a good and timely reminder to me that HIV or not, you’re still allowed to have fun and should never let your diagnosis restrict you from doing what you want to do.

That said, once the Kate wig came off I realised I wanted to be in the parade again but next time do something sexy. Being in drag, and sad drag at that, is all very well and clever and amusing, but, sadly, you don’t get the hot guys (i.e. the guys in the lifesaver floats or the marching boys) eyeballing you in the waiting area before you hit the parade route.

Thus in 2007 I opted for sexy. There was a big Kylie tribute float that was mooted. That sounded like fun, but again

the reaction it got, it wasn’t long before I invested in my own.

But I digress. That year I strutted my stuff as a hot leatherman – complete with leather cap, mirror sunglasses, black policeman pants and harness – and lapped up the attention. At Taylor Square I remembered being filmed whilst grabbing one of my mates, who was dressed in lookalike leather, for a hot pash. Our leather tongue-lock was captured and beamed around the world. I felt sexy, hot and adored. I realised that even though I was HIV+ I was still a sexual being and still had the need to feel both sexually potent and desirable. I owned that moment and I will always remember it as a defining period in my reawakening as a happy, positive and sexually potent member of the gay community.

Last year I took a different tack. I wasn’t in the parade. I wasn’t even dressed up. Instead I watched the parade with my five-year-old godson sitting on my shoulders. Seeing it through his eyes made for a

startling reappraisal. There was nothing sexual about it to him at all. It was all about the colours, the lights and movements and the “funny stuff”. He laughed all the way through the parade, before he fell asleep at the end, as you might expect. Well, it was way past his bedtime after all. He reminded me though of why I love Mardi Gras in the first place – it’s able to be something different, yet still something fabulous, to everyone, no matter your age, sexuality, creed, colour, or, yes, HIV status.

This year, incidentally, I’ll be back in the parade. I’m already well into my Mardi Gras diet and aiming to look my best for “my” public. I know there’s a certain amount of narcissism involved, but I also like to think that in some small way perhaps I can give hope to other HIV+ guys that you can still participate in the Mardi Gras, still look great and still not be afraid to be yourself. That is what Mardi Gras is about really, after all, when you think about it. To me, anyways. Party on!

**And so the
Kate Moss ‘line’
dancers were
born**

not particularly, well, hot. Thankfully it was decided that to lead the float a large letter “K” was required, in the style of a Trojan horse, which six leather-clad “slaves” would pull on ropes. I scored one of the slots. I roped in (so to speak) some mates and we all begged, borrowed, or bought leather gear, or even got some of it specially made. I’d never been particularly into leather before, but after borrowing a harness and putting it on and seeing



HOMOPHOBIA
Create an artwork for IDAHO the Exhibition

IDAHO the Exhibition is inviting members of the GLBTIQ community to create artworks that explore their experiences/relationship with homophobia for International Day Against Homophobia May 17 2009.

Please contact Nick Baldas: idahosydney@yahoo.com.au or call 0416 716 004. Exhibition & workshops will be at the Pine Street Creative Arts Centre 4-16 May.

www.idahosydney.wordpress.com





The Light Fantastic

Neal Drinnan on the night he found the answer

Twenty years ago on the bleachers in the Hordern Pavillion, I saw God. That is to say I encountered my very own personally tailored agent of God who appeared to me as I imagined Jesus might look, in a room reminiscent of an expensive Cecil B. DeMille set, replete with a luscious Art Deco backdrop. He reclined languorously on a marble bench as I descended into the room via a curved staircase, the type from which Bette Davis proclaimed 'Fasten your seatbelts everyone, we're in for a bumpy night,' in *All about Eve*.

While my gay brothers were ascending to ecstasy via lasers and music on the dance floor or descending to delirious Hell in the fleshy depths of the toilets below, I was brokering an entirely different sort of levity. One that to this day remains the most profound experience in my life. Yes, drugs were involved but only one pill and never before, or since, have I experienced the sort of insights I gained that night on a plain-old garden variety ecstasy tablet.

I remember the conversation like it was yesterday (because these encounters apparently take place in a timeless dimension). I quizzed my metaphysical mentor about why I should be given such a privileged, private reception when others meditated, flagellated, genuflected and prayed all their lives for a tiny glimpse into this realm. The answer, like many I received that evening was simple in its truth and exquisite in its manifestation. *The path to enlightenment is different for everyone.*

He asked me would I prefer to experience this amidst the maelstrom of lights and

music at a dance party or after years of worldly deprivation and meditation in a Himalayan monastery. It was a rhetorical question, he knew me too well. It was such a great moment and I felt so grateful for it, that my next question seemed churlish and ill formed but when something like this occurs, it is hard not to gush.

I asked why he appeared to me as Jesus instead of one of the other deities to whom I'd always been prepared to give equal credence. Again the answer made perfect sense; *You come from the Judeo-Christian tradition, your primary religious orientation was Christian so was this not the most obvious form for me to take...I can do the others if you'd like?* I told him that wouldn't be necessary and boldly blundered on, 'And what about this Deco, B. De Mille set thing you've got going on here, why choose this? *Isn't this the scene you would have chosen yourself for a meeting of such epic profundity?* And of course it was. He was smart this guy, beautiful but without that immediate lure of the lower chakras that distracts so many of us at Mardi Gras parties after a few hours on the chems.

This moment went way beyond the pump and grind of Inner City's *Good Life* which I seem to recall coming through the speakers at some point. It made what I was wearing, my hair and the comparative virtues of different spray-on tans vanish into complete insignificance. Madonna herself could have come up to me for a natter and I would have continued on with my new inner friend.

Our exchange lasted for what seemed an eternity. Friends came and went to see if I

was ok. And I was so much better than ok. I couldn't begin to have put it into words. This magical doorway in my mind stayed ajar for a long time and I was fearful that when it closed I would be desolated. I wasn't. I asked all the questions I thought I needed answers for and, to this day, the door still opens occasionally, just a fraction. I learnt in the year following, that taking more Es was not going to further this dialogue or fast-track me to Heaven and I am not the first or only one to experience such insights.

Since that night I have come to know there are thousands of books about people who have had similar experiences, perhaps most important of all being *A Course in Miracles*. Everyone from Kahlil Gibran and Marianne Williamson to Richard Bach and Neale Donald Walsch have channelled their experiences into books selling millions of copies and all these works have at their core a call for love, forgiveness, acceptance and gratitude. Ideals I suppose I always associated with the Sydney Mardi Gras.

He was smart, this guy

It is encouraging and liberating for me spiritually and sexually to know that for every fundamentalist preaching fear and hatred out in the world, there is a vast, growing global market of truth seekers who are creating and consuming philosophies that point the way to a much happier reality-for everyone, without exclusion. The type of reality we might hope to create and celebrate each year at Mardi Gras is a proclamation of our own self acceptance; our Christmas, Passover or Thanksgiving if you like. And like all such occasions it requires love, acceptance and forgiveness if it is to bring us the sense of collective spirit and joy we are aiming for.

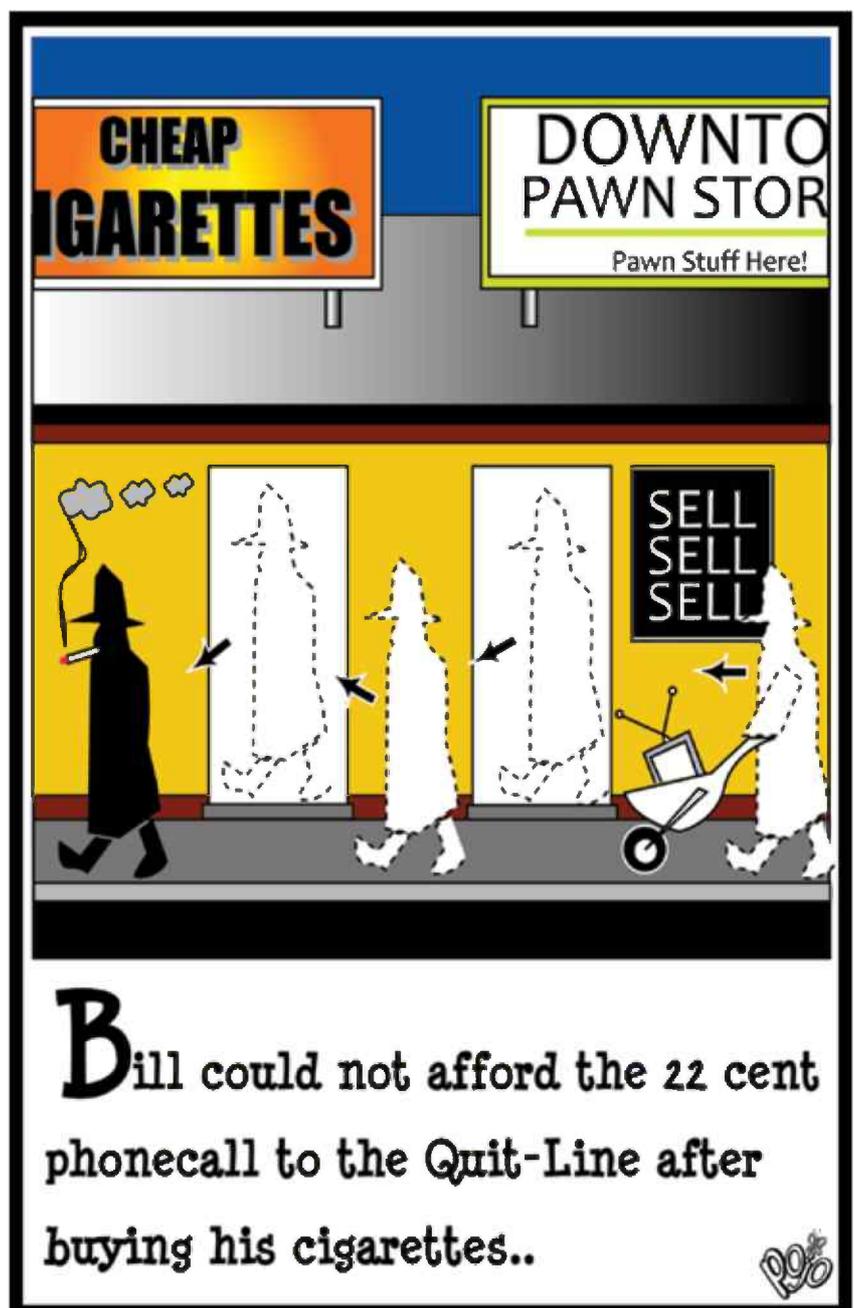
Of course paradoxically Mardi Gras doesn't come without its purists and its

excluders. Those who want to be free from victimisation themselves, but are not necessarily accepting of the many faces and personalities that make up our own subculture. No sooner do we make some ingress into social acceptability and obtain the liberty required to have a party and celebrate, and instead of the blissful orgy of love, acceptance and humanity, we can end up hearing bickering and moaning about straights, bisexuals, drag queens, lesbians and any other fragment of our human tribe we feel ill disposed to sharing our world with on the one night we thought we could all finally belong. By the time the night has been dissected, the DJs trashed, and the drugs dismissed as not being as good as they were in the 80s or 90s or whenever...A

bloke could convince himself it was all for nothing. I say this year let the love shine out because you never know who you might encounter at 3am.

My epiphany, such as it was could have happened anywhere. It is significant to me that it came at a place that has come to symbolise belonging and acceptance for so many of us. In the words of St Augustine...*Love and do what you will.*

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



Having plans, goals... and dreams

Douglas Barry on his experience returning to the workforce



When I was diagnosed in 1986, I had a successful practice as a lawyer in Sydney. For a while, I managed to live and work with that 'death sentence' hanging over me. But by the early 1990s, I wasn't coping. People all around me were dying – when would I be next?

My law practice was suffering, so I gave it up in 1993. I disappeared into a sort of 'black hole'. But then effective treatments arrived and, in 1996, I was told that I had the life expectancy of anyone else my age. Heh! I'd been given a second chance at life. And I'd be a real mug, I thought, if I blew it again.

What was I to do with this gift? I was living in a granny flat on the DSP. A return to the law wasn't a reality. For a start, my self confidence was at rock bottom. Stigma and discrimination were a daunting reality.

I started with a simple daily routine so I could have regular exercise, plenty of rest and a good diet. They'd all gone out the window during the chaos of the 'black hole'. Then, once the basic structures were in place, I thought that I should learn about how others lived with HIV.

So I joined PLWH/A (NSW) – now Positive Life. It was the best thing I ever did. I had to learn new skills and I became a 'committee junkie', sitting on countless committees and working groups. I discovered the rewards of volunteering and my self-belief grew.

An important event was taking part in a 'return to work' group conducted

in the HIV community. There we were encouraged to plan short and medium term goals. My goals became to write, study and perhaps return to work in some capacity. But we were also urged to have a *dream* – something we really thought we could never achieve. For me, this was my return to the law.

The goals were achieved: I wrote a novel and it was rejected often enough to convince me my future path didn't lie that way. I did full time postgraduate study in health care ethics and that equipped me for a return to a different sort of work. This was as a policy adviser in a government agency.

In case anyone thinks this sounds all too easy – it wasn't, believe me. There was no social life; I saved enough from the DSP to pay, with help from family, Uni fees and expenses. I just kept asking myself 'how badly do I want this?'

Returning to paid employment in 2001 after eight years was a revelation. I acquired new knowledge, new skills; I was in a safe environment where disclosure was not an issue. I rediscovered the joys of workplace socialisation and formed enduring friendships. With a fortnightly pay packet, there was relief from what I called 'material benefits deprivation syndrome'. I even had my first overseas trip in almost twenty years.

Above all, this was a critical time to think about who I was and where my life might go. I hadn't let go of my dream. So when I had health issues in 2004, I

promised myself that, if I got on top of them, I would return to the law. Luck and new, effective treatments were on my side.

I still wasn't sure, though, whether I was up for the demands of a law practice. So I started a part-time postgraduate law degree. If the challenges of working full-time and studying were met, then I thought I could handle professional life again. It was September 2006 that saw me at my desk in the city – ready for business and with enough self-belief to pull it off.

It has been a slow, solitary haul. Long hours of work and study meant little social life. But the question was always: 'how badly did I want my dream?'

Just recently, I found an article that I wrote for *Talkabout* in 1997. It explored many ideas and feelings I had then about returning to work. I wrote about having 'the courage to dream.'

More importantly, I finished the article with the words of Annie Lennox's song:

*'I'm takin' it step by step,
Bit by bit, mile by mile.'*

For me, that still says it all. And now that I'm back in my old profession with my postgraduate study completed, I feel I have regained some of my self-confidence and self-respect. I have no small sense of satisfaction at what I have achieved. Moreover, I feel that I have repaid, in some part, the love and trust that family and friends have given me over my long years of dreaming.

PLANET POSITIVE

a social night for HIV positive people and their friends

When: Friday 27 February from 6pm to 10pm

**Where: back of the Carrington Hotel
563 Bourke St Surry Hills**

PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING



7.9
HIV positive
and getting
on with it?

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

7.9 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

"AFRICAN BEATS"

Cultural Family Day



Come one, come all!!!
Bring your picnic blanket,
your sun hat and your
rhythm to this fun filled
family event.

10am to 3pm
Sat 28 Feb 2009

Parramatta Park 'The Picnic
Ground' (area 7 on the map.) Entry
off Park Avenue, approx 300mtrs
from Westmead Train Station.

An interactive experience with:

- African drumming sensation "Drum Beats"
- Craft activities with 'Pine Street Gallery'
- Free BBQ lunch
- Children's face painting

For all families and friends affected by HIV.

ENQUIRIES - Call Samantha Fieldes at the Women & Families
Affected by HIV Project on 9699 8756 for further details.



Brought to you by the ACON's Women & Families Affected by HIV Project, Sydney West Area Health Service
& Heterosexual HIV/AIDS Service (Posheta)

Relationship recognition brings new financial era for same-sex couples from 1 July 2009



Lance Feeney reports on the impacts of same-sex legislation on Social Security law for people with HIV receiving Centrelink benefits

New legislation designed to eliminate discrimination against same-sex couples will affect a wide range of Commonwealth laws. Recognition of same-sex de facto relationships by Social Security law will not only bring a win for overdue gay and lesbian human rights, but also some serious financial consequences for older gay and lesbians, and people with HIV receiving Centrelink benefits.

From 1 July 2009, changes to the definition of “member of a couple” (to include same-sex couples), will have a major impact on Social Security law. In effect, Centrelink will view couples – either same-sex or opposite-sex – in exactly the same way.

From 1 July 2009, same-sex couples on Centrelink payments will receive the lower couple rate - rather than the higher single rate. Where one member of a couple is still working or has a high retirement income, the Centrelink recipient may lose their pension and Health Care Card once the income and assets of their partner are taken into account.

Older gay and lesbian couples

Older gay and lesbian couples in their 60s, 70s and 80s, have lived and worked during a period of Australian social development where there was no expectation of legal relationship recognition. Many of these people have experienced first hand, the sharp pointed end of sexual and financial discrimination. They have also

inadvertently missed out on a lifetime of financial benefits that were available to heterosexual couples including:

- income tax law
- family law
- health insurance
- property rights
- access to insurance and superannuation
- laws of succession
- employment benefits for partners.

Living the majority of their lives in an environment where homosexuality was criminalised until the 1980s, they certainly had no premonition or early expectation of forced financial interdependency under Social Security law.

People with HIV on DSP and Aged Pensions

The high cost of managing a chronic condition like HIV and maintaining health includes: access to bulk billing doctors and specialists, specialised dental treatment, HIV prescribed medication, medication for the treatment of HIV related side effects, other non-HIV related disease and the maintenance of mental health. These costs represent a significant cost burden on an already financially vulnerable group.

These expenses are subsidised for eligible recipients by the Health Care Card. The loss of the Health Care Card concession and rebates would place a significant extra cost on these couples, further reducing household income and independence. The non-working partner

(on a pension) may be placed in a more financially dependent situation within the relationship. Increases in household costs and a reduction in household income (particularly in relation to the loss of concessions and rebates) may place a major strain on the emotional wellbeing of the couple, and change what may be longstanding dynamics and increase dependency within the relationship. Research data from The Australian Research Centre in Sex, Health and Society, La Trobe University, confirms there is a clear relationship between poverty, health, and wellbeing.

Ironically, in the last 15 years, every major change to social security laws has provided a grandfather clause to minimise hardship for those already in the system. So why not now? A grandfather clause is an exception that allows an old rule to continue to apply to some existing situations, when a new rule will apply to all future situations. Positive Life, the Australian Federation of AIDS Organisations (AFAO), the National Association of People Living with HIV/AIDS (NAPWA), Welfare Rights and the Australian Human Rights Commission strongly advocated to Government for a range of transitional arrangements to counter the negative impacts envisioned after introduction of the legislation. The Federal Government has steadfastly refused to instigate any grandfathering provisions.

Our position

We are unable to comprehend why the government did not introduce these amendments to protect older GLBT people from unfairly losing Social Security support as a result of the same-sex reforms. The Bill passed the Senate with no amendments. It comes into effect 1 July 2009, and it will be up to government department policy-makers and Centrelink to apply the new legislation sensitively and fairly – a daunting task unless government amends the Act.

Positive Life, ACON, Welfare Rights Sydney, People with Disability Australia and Gay and Lesbian Rights Lobby are currently working on a joint position paper calling for grandfathering for people on DSP and Newstart who are over 55 and for gays and lesbians on the aged pension. We are additionally seeking to grandfather (for one to two years) the Health Care Card and supporting a call by Welfare Rights Network for the Centrelink low income health card to be available to people with a chronic illness where they lose eligibility because of partner income.

In the current economic climate of insecurity for people on fixed low incomes and reliant on superannuation, we believe the new precedent for not providing grandfathering provisions in the same sex legislation, cannot be allowed to stand.

Information from Centrelink

From 1 July 2009, if you receive a Centrelink payment or service and are in a same-sex de facto relationship, your payment may be affected.

If you are a new Centrelink customer after 1 July 2009 and are in a same-sex de facto relationship, you will be recognised as partnered when you apply for a payment or service.

What do Centrelink advise you to do?

If you are in a same-sex de facto relationship and receive a Centrelink payment or service, you are required to tell Centrelink from 1 July 2009 to ensure that you receive the correct payment. From this date, if you are overpaid because you have not told Centrelink that you are in a same-sex relationship, you may have to pay back some or all of your payment.

From 30 March to 30 June 2009, you will be able to tell Centrelink that you are

in a same-sex relationship. Telling them in this period will reduce your risk of being overpaid. These changes will only affect payments from 1 July 2009.

How could your payment change?

Your payment may be affected depending on your circumstances and the type of payment you receive.

Most payments are assessed based on the income and assets of both you and your partner. You may receive a different rate of payment, or you may stop receiving your payment once your partner's income and assets are included in assessing your payment. For some payments, the partnered rate is less than the single rate of payment.

Access to other Centrelink benefits?

From 1 July same-sex de facto couples may have access to the following:

- partner concession card benefits
- bereavement benefits if a partner dies
- exemption of the family home from the asset test when one partner enters nursing home care and the other partner continues to reside there
- recognition as independent for Youth Allowance if you are in a same-sex relationship for over 12 months.

Other government changes

The commitment to removing the discrimination that currently applies to members of same-sex couples and their children will also apply to other areas of the Australian Government, including:

- taxation
- superannuation
- Pharmaceutical Benefits Scheme Safety Net and Medicare Safety Net
- aged care
- child support
- Veteran's Affairs
- immigration
- citizenship

For more information, view the Same-Sex Law Reform page on the Australian Government Attorney-General's Department website. <http://www.ag.gov.au/samesexreform>

Reviews and appeals

If you are not happy with a decision made by Centrelink, you have the right to question it. The review and appeal process is explained in the Reviews and Appeals factsheet. <http://>

www.centrelink.gov.au/internet/internet.nsf/publications/co438.htm

What constitutes a de facto relationship for Centrelink?

To determine if a relationship exists, Centrelink assesses evidence against five factors prescribed in Social Security law. These five factors are:

- The financial aspects of the relationship (the degree of financial interdependence).
- The nature of the household (the usual occupants of the household and the relationship between them).
- The social aspects of the relationship (how a couple present themselves to society and how others view them).
- Any sexual relationship between the people
- The nature of the peoples' commitment to each other

After collecting evidence against these five factors, Centrelink will form an opinion about whether the customer is living as a member of a couple. All five factors are considered and no single factor is seen as conclusive. Not all factors need to be present.

How is a Member of a Couple Assessment initiated – review of relationship status by Centrelink

Centrelink can initiate a 'Member of a Couple Assessments' under the following circumstances:

- When information you provide at the time of making a claim, when advising a change of circumstance, or when undertaking other general business with Centrelink, indicates the possibility that you may be living as a member of a couple, and have not informed Centrelink.
- Data Matching – Centrelink matches data with internal sources and a number of other agencies to detect anomalies that may indicate the possibility that the person may be living as a member of a couple, and has not informed Centrelink.
- Information from public (tip-offs) – members of the public contact Centrelink with information about people who they think may be receiving a payment incorrectly. All information from the public is initially processed by specialist staff to determine if relevant and appropriate for review.

Centrelink does not initiate member of a couple assessments if there is no indicators that a relationship may exist.

More information from Centrelink?

If you want to talk to someone about how these changes may affect you, you can call Centrelink on 13 6280. From 30 March 2009 you can call this number to declare your relationship.

As your payments may change, it is a good idea to start planning your financial affairs early. If you want to talk to a Centrelink Financial Information Service officer about the financial impacts of these changes, call 13 2300.

Centrelink also have social workers available to provide counselling and support, provide information about referral to community support services and assist with claims for payment.

To speak with a Centrelink Social Worker call 13 17 94.

To speak to Centrelink in languages other than English, call 13 1202.

Useful links

Go to www.centrelink.gov.au for:

- Centrelink rate estimator
- Financial Information Service
- Social work services
- Information on your rights
- Concession and Health Care Cards

For more information on Same-Sex Law Reform - Australian Government Attorney-General's Department website www.ag.gov.au/samesexreform

Colin Griffiths

*Passed away recently
in Newcastle*

*Sadly missed
by family and friends*



Enjoying a little siesta



Woof!

The Joy of Pets: Sam

It seems like yesterday when he was a bouncing puppy. After I took him to the vet last week I was a bit taken aback by the description at the top of the form – ‘Geriatric Canine’. Sam is only ten but he suddenly turned a lot greyer in the last year, is a little sleeper and less naughty than he used to be.

He's still got a lot of spirit though. He had been to the vet to have a tooth extracted. No breakfast for Sam that morning because he would be under anaesthetic for the extraction. I picked him up in the evening after work, and it all seemed to go well. He'd just had an injection of pain killers and they also gave me several days supply of pain killers and antibiotics with instructions that he only eat soft food for a while. So I took him home, popped out to buy some dog food at the corner shop and came back to find he'd eaten all his antibiotics and all his pain killers, as well as some of the packet. He was obviously very hungry.

This was followed by our anxious dash to the vet to get him to vomit, and make it come out the other end as well. He must have thought it was a pretty bloody awful day. I could have done without it myself, but it was also reassuring that he could still get the better of me.

Glenn

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

Understandings of safe sex for serodiscordant heterosexual couples

Asha Persson discusses findings from the second phase of the Straightpoz study, which explores the lives of people living heterosexually with HIV in NSW, including heterosexual partners.

The first phase of the Straightpoz study found that unprotected sex was quite common among serodiscordant (positive/negative) couples. Other research also suggests that a significant proportion (between 20 and 60 percent) of HIV positive heterosexual men and women practise unprotected sex with their negative partner, with no apparent gender differences. Yet there is little research on the dynamics and meanings of sexual practices among serodiscordant heterosexual couples. Against this background, the second phase of the Straightpoz Study aimed to gain further insights into serodiscordant sexuality through a deeper exploration of sexual strategies, sexual negotiations and the topic of this article: the study participants' understandings of 'safe sex'.¹

Many participants said they were aware of safe sex messages but did not practice safe sex *before* their HIV diagnosis or before meeting their positive partner. Their explanations for this tended to be gendered and indicative of the marginality of HIV in heterosexual society. A common theme among the positive men was that they 'didn't give it much thought' at the time. Invoking conventional discourses of masculinity, they described themselves as 'young' and 'reckless', or as 'having a good time' and feeling 'invincible' or 'bullet-

proof'. Tobias said: 'I knew you could catch STIs but that was something that happened to other people, really'.

Others had not considered safe sex to be a personal concern at the time because they had been in an assumed monogamous relationship. This theme was more common among the women, both positive and negative. They explained that they had practised unprotected sex with their partner or husband, believing the relationship to be safe, which for some turned out not to be the case. Several women also mentioned the difficulties of adhering to safe sex because, as Sabrina put it, 'you know what men are like'. Others described how their understanding of safe sex had mainly centred on avoiding pregnancy. This theme was common among older participants and those who were diagnosed early in the epidemic, but was not exclusive to them. Several themes converge in this quote by Zoe who was diagnosed in the late '90s:

Okay, before I tested positive, me, only thing I was worried about is getting pregnant. And I was on the Pill ... I learnt about, you know, safe sex and condoms, and stuff, at school. But I don't know ... the

guy that gave [HIV] to me never ever used, wouldn't use condoms ... You think that nothing will happen to you. You don't even think. I never thought that I would get HIV for it. You know? It just didn't come to mind.

For most participants, understandings of safe sex shifted with their HIV diagnosis or upon meeting their positive partner. A desire to prevent transmission of HIV was the norm among the participants, irrespective of their HIV status. Nearly all now interpreted safe sex to mean the use of protective barriers to prevent exchange of bodily fluids, with an emphasis on condoms with any penetrative sex. But this textbook definition did not necessarily carry the same meanings and implications for all on a personal level. Yet regardless of their own sexual practice, almost everyone expressed unequivocal views on condoms, including Angus who had practised both protected and unprotected sex with negative partners who were aware of his HIV status: 'That's all there is to it in my eyes. There shouldn't be any "do this or that" ... Penetration occurs; stick the condom on. That's it.' Maria who always had protected sex with her positive

partner, said: 'There is no alternative to safe sex. You have to have a condom. That's it.' Victor who had had protected sex with casual partners and sex workers, stated:

There's only one thing and it's called a condom. And it's all I really understand. I don't believe there's any more to safe sex than that. That's the only understanding I have. I really wouldn't want to be prone to listening to anything else, anyone else's opinion.

Others similarly emphasised condoms, but would add other elements to this interpretation of safe sex, including lubrication, checking hands, mouths and genitals for cuts, being 'clean', and 'knowing your partner'. Several positive participants also mentioned disclosure as a key aspect of safe sex. But others strongly rejected the obligation to disclose to casual partners as unreasonable and as irrelevant to sexual safety if they used condoms. In addition to condoms, some described a broader repertoire of safe sex, including foreplay, the use of sex toys, and mutual masturbation. However, many were uncertain about the safety of oral sex, particularly the specific safety of each different direction of cunnilingus and fellatio between a positive and negative partner.

Participants obtained safe sex information from several sources, most commonly from HIV doctors or other health workers, followed by the Internet, Talkabout, and brochures at HIV or sexual health clinics. Only a few, mostly negative partners, had obtained safe sex information from GPs, but complained that they 'don't have a clue what they're talking about', as Alice stated: 'They told me it's 100% that I'll catch HIV'. Some had received safe sex education in prison or rehab.

Some said they found current safe sex information too ambiguous. Others felt that it only addressed the physical nature of HIV and sex, but not the emotional complexities involved in negotiating serodiscordant sexuality 'on an ongoing

basis, day-to-day, for the rest of your life' (Olivia, positive). Many did not keep up with safe sex information because, as one woman put it: 'everyone knows that safe sex is condoms' (Sabrina, positive). But the pervasive emphasis on condoms among participants did not always translate into practice:

I think I pretty much basically know what one is supposed to do, or what one is not supposed to do. But do people follow this? I mean it's down to what happens between the two people in the bedroom, isn't it? (Denise, positive)

Among both positive and negative participants who had consensual unprotected sex with a serodiscordant partner, there was often a discrepancy between their definition of safe sex and their own sexual practice. However, they did not necessarily consider their sexual practice as unsafe, although a few did, with most relying on mutually agreed alternative risk-reduction strategies. Such strategies included withdrawal, putting a condom on before cumming, abstinence or condom use during menstruation or when the positive partner was sick, no anal sex and an undetectable viral load. These strategies were seen as reasonable precautions against the risk of transmission in light of current knowledge. A partner's ongoing HIV-negativity often reinforced the sense that the right balance had been found between safety and acceptable risk:

My attitude is, well, hang on a minute. I've been with this guy for five years and I still haven't got it. It can't be all that risky. And secondly, it's not easy to get. You've really gotta be serious about it if you want to get it, because it's such a fragile virus. It doesn't survive well outside the body. (Claire, negative)

It is interesting to note that, although the interviews were conducted prior to the controversial Swiss consensus statement², some couples who practiced unprotected sex were already drawing on similar understandings of undetectability and reduced risk, with the one difference being that they believed an undetectable viral load made a positive partner less infectious, rather than non-infectious as claimed in the Swiss statement. Lydia said: 'I'm lucky at the moment, touch wood, because my viral load is undetectable and my count is good, so there's even less risk of passing it along'. Similarly, Mahmoud stated: '[A]t the moment because of my T-cells and my viral load is undetectable, so I'm pretty safe, you know'. Olivia had recently started to have unprotected sex with her negative husband in an attempt to conceive:

The first couple of times that happened I was stressing out. Like I was saying, "Look, you know, I'll take you into the clinic and you can get some pills. You've gotta take 'em for a month." And he's like, "Look, the risk's low. You're undetectable. I know the score. Stop worrying."

Several participants said they had been informed by their doctor that an undetectable viral load made sex safer, although no doctor had endorsed it as a substitute for protected sex. It should be noted that in all couples that practised unprotected sex, the positive partner was on treatments and had an undetectable viral load. However, not all positive partners who were on treatments and had an undetectable viral load had unprotected sex. Nor did any couple state that undetectability was the reason for their decision to have unprotected sex. Indeed, it was difficult to ascertain to what extent undetectability was a driver of unprotected sex or to what extent it worked to reassure couples that what they were already doing was relatively safe.

Couples who had unprotected sex also emphasised monogamy as an important part of safer sex, another key aspect of

the Swiss statement. Monogamy was seen as important primarily to avoid 'picking anything up from anybody else', as Claire (negative) explained in reference to other STIs that could increase the risk of HIV transmission. But a few also alluded to monogamy as safe in that it contained both HIV and intimacy within the couple. As positive partner Mahmoud said: 'Just me and her. No-one else. That's it. And that to me is safe sex'. Or as negative partner Gabriel, put it: 'There's only the two of us. And we basically do what we want to do'.

Many who had unprotected sex also referred to the perceived low incidence of heterosexual transmission. Positive men tended to state that vaginal sex was far less risky than anal sex, while positive women and negative men tended to emphasise that the risk of transmission from a woman to a man was particularly low: 'Basically a heterosexual relationship between a male and a female where the female's positive, it's very, very, very difficult for the virus to be passed onto the male partner' (Gabriel, negative). Donna, who is positive, summed up several themes:

I think that the likelihood is very, very, very remote ... And a health care professional, a professor, has said he would deny it if ever confronted, but that's what he believes also. So with that knowledge, with the knowledge that there's longevity now, with the precautions that I take with regards to my health, I don't have herpes and I don't have anal sex, so consequently, if I'm lubricated, then there's a very, very, very slim chance of contamination. And sixteen years [of unprotected sex] with my [negative] partner proved that ... Or whether it's just luck, whether we're playing Russian roulette, I don't know.

As hinted in this quote, while couples who practiced unprotected sex would rely on a range of risk reduction strategies, no one was confident that their sexual practice was completely safe and some were deeply conflicted. Because of their limited contact with other people living heterosexually with HIV, most couples operated in a kind of social vacuum with little sense of how their sexual practice compared with that of other serodiscordant couples. Zoe, who is positive, stated: 'I have no idea, with other couples, how they are, I don't know. I haven't really discussed anything with anybody ... I don't know how it fits with how others do it'. Many were curious, including Corey who practised unprotected sex with his negative partner:

I hope that somewhere in your research you document what other couples do ... To think that I'm a freak, or we're freaks, or we're somewhere around average ... It would be great to know what is normal and average.

Many speculated that unprotected sex was probably more common than expected, because of 'the heterosexual aspect of it', as positive partner Lydia put it. Interestingly, irrespective of their own sexual practice, many emphasised that other serodiscordant couples should practise protected sex. That some did not do so themselves is no doubt indicative of the many complex emotions and gender dynamics that are at play in serodiscordant intimacy, as described in the recently available Straightpoz report.

Asha Persson is a Research Fellow at the National Centre in HIV Social Research

1. All personal names have been changed. The Straightpoz study is a qualitative longitudinal study exploring the experiences of people who live heterosexually with HIV in NSW, including HIV-negative partners. The study is conducted by the National Centre in HIV Social Research, UNSW, in collaboration with the Heterosexual HIV/AIDS Service NSW (Pozhet). The Straightpoz study report, Volume 1, is available for download on: <http://nchr.arts.unsw.edu.au/pdf%20reports/Straightpoz.pdf>
The Straightpoz study, Volume 2 is also available for download on: <http://nchr.arts.unsw.edu.au/pdf%20reports/Straightpoz2.pdf>
2. Vernazza, P., B. Hirschel, B., Bernasconi, E. (2008) Les personnes séropositives suivant un TAR efficace ne transmettent pas le VIH par voie sexuelle. Bulletin des médecins suisses, 89(5). <http://www.pinktherapy.com/downloadables/1cpc/4threwrite.pdf>



What's coming

up

at Poz Het

**Friday
6 March
7pm - 9pm**

**Open House
Treatment Update
at the
Tree of Hope**

**For more details:
Freecall number
within NSW:
1800 812 404**

**You can also email
Poz Het
at
pozhet@pozhet.org.au**





Do you live in the Greater Southern Area of NSW?

We would like to invite people with HIV and their partners to a **DINNER** with us in Albury Monday 30 March, 6.30pm

We would also like to invite you to meet with us on **Tuesday 31 March (daytime)**, at **Albury Sexual Health Clinic**, to talk about issues, needs, and services for people who live in this area.

Positive Life NSW, the Bobby Goldsmith Foundation, Poz Het and ACON will be there. The project has been funded by the HARP (HIV and Related Programs) Unit, Greater Southern Area Health Service.

For more info, or to RSVP please call Harry at Positive Life on 1800 245 677 or email: harryr@positivelife.org.au or talk to the Albury Sexual Health Clinic staff.

Assistance with transport and fuel costs is available.

HIV 101

Have you been recently diagnosed?
Do you have any unanswered questions about HIV?

Talk and learn more about the issues that affect you

Meet and connect with others

One day workshop

All men and women living heterosexually with HIV and their partner or a family member or friend are welcome to come along

Saturday 9th May
Lunch provided

Book now. Limited places available. Please RSVP to Kate Reakes 1800 812 404 or kate.reakes@sswahs.nsw.gov.au

Assistance available for transport and accommodation for people in rural areas. Please let us know if you require child care.



PositiveLifeNSW
the voice of people with HIV since 1988



Camp Goodtime: share, learn and have fun

John Coady reviews a unique camp available to families and kids affected by HIV.

Camp Goodtime is an annual four day volunteer camp. It originated in 1990 with the Paediatric HIV Service at Sydney Children's Hospital as part of a national support network for families living with HIV.

The camp provides education, medical updates, and psychological, social and peer support to reduce isolation. It offers a recreational and therapeutic environment where families from around Australia can share valuable experiences with others in similar situations. Issues such as stigma, discrimination, disclosure, marginalisation, isolation, the changing nature of HIV management and long term care are addressed within a safe semi-structured environment. Medical staff are onsite, and two social workers support the parents in addition to a camp facilitator, who conducts informal support meetings for the mothers. A research project was undertaken to consider the father's group programs. These programs facilitate peer support and develop self support strategies for continuing care once the families return home.

Since 1990 Camp Goodtime has provided support for up to fifty parents, and about sixty children annually. Trained volunteers provide a break for both parents and kids. Specialist medical and allied health information is given to parents, with discussion focused on HIV related issues such as medical updates, medication, pregnancy, dental care, teenage sexual health. There is a range of workshops for the parents, with specific groups for mums and dads to discuss their particular issues. Some shared meetings for all parents are also held including the 'get to know you'

at the start of camp and the remembrance ceremony which honours those from previous camps who have died.

The kids are allocated into age groups and each is assigned a volunteer. Some parents state they hardly see their kids because they're so busy with their friends, with plenty of activities such as ropes course, waterslide, arts and crafts, boating, abseiling, archery, rock climbing and canoeing. Some of these fun activities are also available for parents, plus creative writing, facials, meditation, yoga, and making the annual camp HIV Quilt. There's time for just catching up, having a cuppa with old friends, and a parents' night out to relax and socialise. On the final night there is entertainment and a show for the kids with the parents dressed up for a theme party. Quite a night! The parents agree the camp is mainly for *'the kids enjoying themselves as well as seeing friends'*, but also is an opportunity for *'freedom from secrecy and support from peers'*

For many parents and kids, this is the only opportunity they have to connect with other families affected with HIV. *'The only time we get to talk about all the issues is coming here, it means a lot.'* They come from all over Australia, with some having attended camp for up to fifteen years. In 2007, 26 families attended with 48 children from all states and territories to the camp held on the outskirts of Sydney. They come from many backgrounds and types of families: parents, step and foster families, grandparents, carers, uncles and adopted families. All are different yet share HIV in common. Here they don't need to censor themselves or watch what they say. *'Most of the year you keep it all inside.'* There's often

a sense of relief expressed that they can just be themselves for four days, take it all in and not worry about it. *'It helps with the whole experience of living with secrecy.'*

Men who were familiar with the camp acknowledged the impact of the group. *'Now we have a greater chance of sharing and experiencing problems encountered by being an HIV + family.'* The group helps remove barriers with the other men as they state: *'We do not have the same ability as the women to just sit and start a conversation.'* This group process leads to informal connection between the men, and is *'rewarding when you have those private conversations: my perception has changed about how I view HIV.'*

Living with stigma and discrimination remains a central issue for this client group, and they can find relief by sharing their experiences while at camp. *'It helps us cope with the cynicism and prejudice we sometimes receive from the public sphere.'* The information and peer support helps reduce social isolation: still a significant aspect of their lives, and offers rewards that can assist them to manage their situation at home *with their partners after they leave camp. 'I've become stronger for my partner; my fear of losing her has diminished'* and *'As I am HIV negative and my partner is HIV positive, she is grateful that I have someone to speak to'*

Camp Good Time will be coming up in March. For more information on Camp Goodtime contact Angela Miller at Sydney Children's Hospital on (02) 9382 1851

Have you met the HIV Community Team?



HIV Community Team members Janet and Leo.

The HIV Community Team is a specialised community health service available to all clients living in the South Eastern and Illawarra Health Service. This region comprises of 13 local government areas including: Botany, Hurstville, Kiama, Kogarah, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, City of Sydney (part of), Waverley, Wollongong and Wollahra.

The team is made up of two Clinical Nurse Consultants, two Clinical Nurse Specialists, two Social Workers, one Dietitian, and one Occupational Therapist. The staff can visit clients in the home and provide services such as counselling and support services, health education/monitoring, housing support, medication adherence/management, mental health assessments and nutritional assessment/management.

Talkabout spoke with the two social workers in the team to get a sense of what working in the community at the coalface means to them.

What were your work backgrounds before joining the team?

Janet: I have been working in the HIV field for a period of ten years. My first job after university was with the HIV Team at Redfern Community Health. I then spent eight years at St Vincent's Hospital (seven years in the HIV Outpatient Unit and one year in the Palliative Care Inpatient unit). I have now been working with the HIV Community team since it commenced operation 15 months ago. Working in the community at the coalface seemed the logical progression from the hospital based services. Knowledge of the hospital system, networks and hospital contacts

has greatly benefited my work in the community.

Leo: My social work experience over the past ten years has primarily been in the Drug and Alcohol and Mental Health fields. I have worked in both the non-government and government sectors with client groups from various age groups and cultures. This diversity has allowed me to develop skills and knowledge in many areas of social practice including complex case management, counselling, family work, group work, and program and community development.

What attracted you to working in the area of HIV?

Janet: I have always been passionate about working in the area of HIV. My best mate died of an AIDS related illness in 1998 before the anti-retroviral combinations were so readily available. Supporting him through his illness the years prior to his death gave me the fire in my belly to want to try and make a difference to the epidemic and to people living with HIV.

Leo: For many years now I have admired the richness, tenacity and drive of the HIV sector and what it has achieved both politically and socially for those living with this illness. These same qualities are what attracted me to working with HIV positive people who are now living fairly long and fruitful lives despite the complexity of their illness.

What are your special interests in the area?

Janet: I have a big interest in counselling especially in the area of depression and anxiety. A few years ago I completed a Masters in Behavioural Science to better equip me in supporting people in the

counselling process. I thrive on seeing the positive changes people make within themselves and in their lives over the weeks and months of counselling.

Leo: I developed, due to the health sectors I have worked in, an interest in co-morbidity (the coexistence of two or more conditions) and how this impacts on people's overall wellbeing. People living with more than one condition – ie drug and alcohol misuse, mental health problems, Hep C, face many challenges in dealing with this complexity. My aim is to empower and assist HIV positive people in this journey to live rich, fulfilling and meaningful lives.

What issues are you confronted with from a day to day basis in the community?

Janet: There are so many, such as housing, financial, stigma, discrimination, health and psychological issues. But I guess the two that stand out to me the most and seem to be the most difficult to resolve are isolation and loneliness. So many of my clients spent Christmas Day alone. To counter this, our team this year is planning to have a barbecue on Christmas Eve to help alleviate some of this isolation.

Leo: Developing and maintaining meaningful and ongoing links and partnerships with HIV positive people from a culturally and linguistically diverse (CALD) and Aboriginal backgrounds, as well as their communities, continues to be a challenge. This is paramount to ensure that we develop and deliver our services in an appropriate and sensitive manner. Oh yes and also avoiding parking and speeding tickets on a day to day basis is no easy feat, especially those school zones.

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

 (02) 9515 5030

Translating and Interpreting Service
131 450



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

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

AMHARIC የኤይዘቭ ቫሪየንት ቡተመላከተ ግንዛቤ እንዲሰጥዎት እስኪሰጥዎት ድረስ እርሳችን እናቀርባለን። በዚህ ክልል ውስጥ በራሳችሁ ቋንቋ የተጻፈ መግለጫ (ቋንቋ) እንዲሰጥዎ ብያብ። ማንኛውም አገልግሎት በሚሰጥር የሚያዘና ከነፍህ ገንጠል።

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

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

SERBIAN Možemo da vam pružimo podršku i razumevanje u vezi HIV-a/ Side. Na klinici možete upitati za brošuru na vašem jeziku. Sve usluge su besplatne i poverljive.

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

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

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

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

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

THAI เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์
ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ ที่คลินิกนี้
บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

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



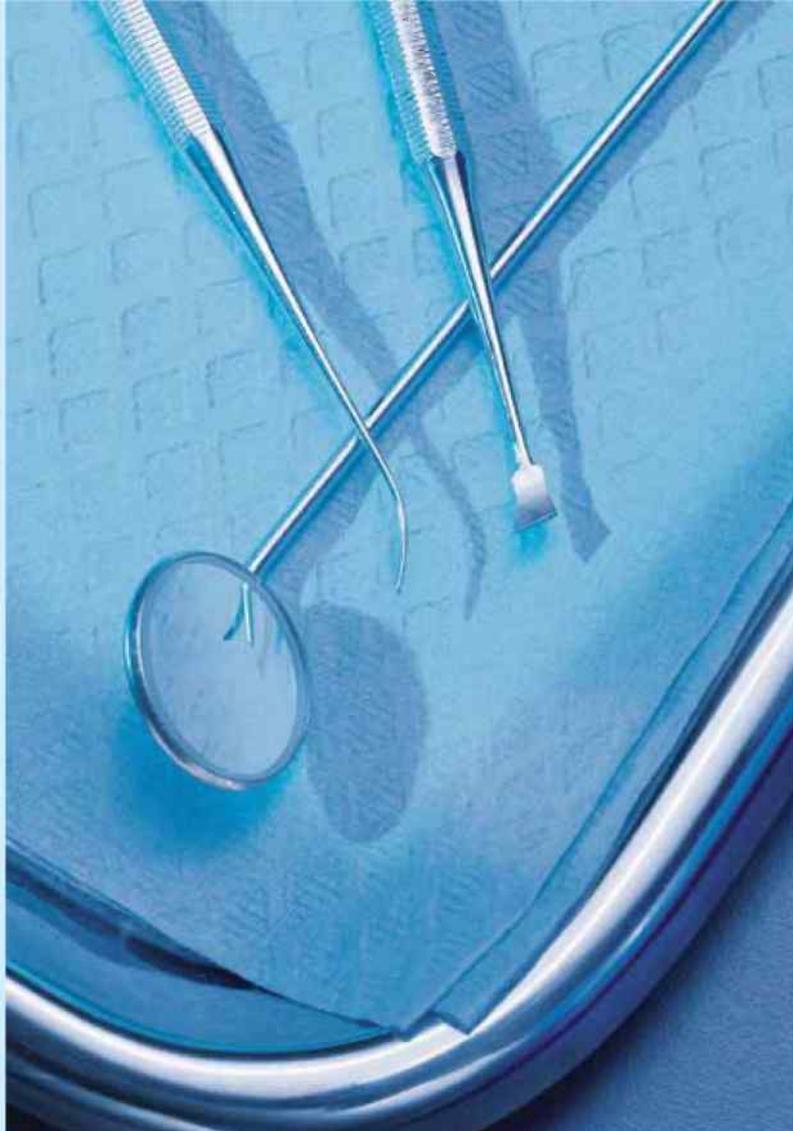
Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

Advocacy Update

Lance Feeney updates *Talkabout* readers on where we're at advocating for your rights

Dental scheme still in place – for now



The Commonwealth Dental Health Program! will provide \$290 million over three years to deliver public dental services to states and territories and help clear the backlog of people waiting for public dental visits. The program is still on hold, pending the withdrawal of the Medicare Enhanced Primary Care (EPC) scheme introduced in November 2007 by the Howard Government. You can read more about this at <http://www.health.gov.au/internet/main/publishing.nsf/Content/dental-commonwealth>

The Minister for Health Nicola Roxon has indicated strongly in dealings with the Australian Dental Association (ADA), that the two systems will not coexist and that the government wants to wind-up the EPC scheme. The scheme is uncapped and facing a budget blow-out. Ms Roxon has said that \$290 million over three years will have to be withdrawn from the Commonwealth Dental Health Program, if the Medicare EPC scheme continues. She said this would reduce spending on the federal program and would mean that

NSW patients in the public system would lose 327,200 public dental services at a cost of \$90 million.

Minister Roxon believes the scheme is poorly targeted because only people with chronic medical conditions qualify for the program. The Association for the Promotion of Oral Health (APOH), analysing data on the use of the scheme, refutes these claims. APOH Chairman, Hans Zoellner reported that: "Analysis of most recent Medicare statistics indicated a generally balanced use of Medicare funds (...) Most patients have three to four extractions, surgery or other treatment for pain – it's not cosmetic or for fun (...) Patients average 2.7 preventative services, 0.14 root therapies, 0.76 dentures, and 2.26 routine fillings each".

The Australian Dental Association (ADA) is concerned about the appropriate use of the scheme and has written to the NSW Director General of Health. In communications with Medicare, they have not shown a concern with providing greater guidelines, due to the intention to wind the program down. Although the

ADA is supportive of auditing to ensure clinically appropriate outcomes, as the professional representative body, they are disappointed where some dentists may take advantage of the scheme. The ADA notes, however, that inappropriate use of the scheme is still small and that a lot of people are getting appropriate benefit.

While the Senate blocks the government's attempts to dump the EPC dental scheme, it will continue - but for how long? The Senate is due to sit in early March 2009. There will have been much lobbying of independents (The Greens, Family First, Senator Xenophon), by a range of interest groups. There is (and will continue to be), growing pressure on senate members who opposed the government's last attempt to dump the scheme, to vote with the government and end it.

We advise all people with HIV (who are either using the Medicare EPC Dental scheme or contemplating using the scheme) to progress treatment as quickly as possible.

Employment, the Job Capacity Assessment, and Centrelink: Minister announces commitments

In 2008, the Federal Minister for Human Services Joe Ludwig conducted a review of the Job Capacity Assessment program. Positive Life provided a submission to the review. You can read our submission at: <http://positivelifelife.org.au/content/submissions>

The Job Capacity Assessment (JCA) program assesses your ability to work. It also provides referral to employment and related support services and assesses ability to work for income support purposes (such as for Disability Support Pension, as well as partial capacity to work and exemptions from activity-testing (if you have a medical condition lasting more than 13 weeks).

In response to the review Minister Ludwig has announced:

- The outcomes of the National Mental Health and Disability Employment Strategy and the outcomes of the Disability Employment Services Review will be taken into account.
- Job Capacity Assessors will be appropriately qualified allied health professionals.
- Customers will be matched to the assessor, or combination of assessors, best placed to help them.
- The qualifications of Job Capacity Assessors and the under-use of specialist medical and psychological assessment by specialist will be addressed, so people have access to specialist assessment when they most need it.
- Centrelink and Job Capacity Assessors will implement secure electronic transfer of medical information, to maximise privacy protections for customers.

- New standardised arrangements will be put in place to assist with claims checking and processing.

These announcements follow on from the desired outcomes announced by the government in August 2008 including:

- funding to help people on Disability Support Pension (DSP) who want help finding work;
- new frameworks to ensure that assessments meet high standards of quality, timeliness and effectiveness;
- practical improvements to services to ensure that regional and remote communities get high quality face-to-face assessment;
- new approaches to make better use of skilled senior allied health professional assessors.

Positive Life NSW will continue to advocate for a fair, responsive and flexible social security system. Such a system provides people with the opportunity to find gain from employment, and the flexibility to move in and out of the workforce, as their circumstance and health dictate.



- 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.



HIV Men's Health Promotion Officer

Are you looking for a rewarding and diverse job?

We're looking for a motivated, dedicated and dynamic HIV Men's Health Promotion Officer to work with HIV+ men to improve their health and wellbeing. You'll conduct ongoing peer and support groups, social events, workshop courses, and assist with the development of targeted campaigns and other health promotion resources including web content, pamphlets and brochures. Group facilitation skills are essential.

This is a full-time position (70 hours/fortnight) and it's based in Sydney.

Applications for both positions close Friday, 27 February 2009. For all the details, download the specific job pack from the ACON website (www.acon.org.au/about-acon/jobs) or contact our reception after 11am Monday to Friday on (02) 9206 2000.

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

Positive Living Centre (PLC) Cook

We need an experienced cook to work as part of our team at the PLC.

You will be creative, motivated and be required to prepare nutritious lunches once a week. You will work with a small group of volunteers and, through a range of services, you'll provide targeted nutritional and meal preparation information to people living with HIV/AIDS. As the PLC cook you will have an understanding of health promotion and the issues relating to people living with HIV/AIDS.

This is a part-time position (18 hours/fortnight) and it's based in Sydney.



Not good enough

NSW Parliamentary Inquiry into the operation of the Health Care Complaints Act 1993 and the Health Care Complaints Commission (HCCC)

In November 2008, The Parliamentary Joint Standing Committee on the Health Care Complaints Act 1993 invited Positive Life NSW to make a submission to its Inquiry.

The HIV/AIDS Legal Centre (HALC) also has relevant expertise and experience in this area. HALC has agreed to work on a joint submission with Positive Life. You will be able to read our joint submission when it has been released by the NSW Parliamentary Standing Committee at: <http://positivelife.org.au/content/submissions>

In the meantime, here is a précis of the submission:

Positive Life NSW and HALC have raised a range of concerns in relation to the operation of the Health Care Complaints Act 1993:

- The identification and removal of unnecessary complexities in the NSW health care complaints system;
- The appropriateness of the current assessment and investigative powers of the Health Care Complaints Commission (HCCC)
- The effectiveness of information-sharing between the HCCC and Area Health Services and Registration Authorities in NSW. Specifically we noted the following issues of concern in relation to the HCCC:
 - The lack of awareness by HCCC staff of legal and medical HIV related issues, particularly in regard to HIV stigma, discrimination, confidentiality and HIV (pre and post test) counselling.
 - The prolonged process and time period elapsing before progress (if

any) is observed on a complaint.

- The inadequacy of the HCCC to provide tangible outcomes to complaints via either conciliation or assisted resolution.
- The inadequacy of the HCCC in fulfilling a boarder mandate in providing feedback, correction and improvement to health care provision in NSW via an advisory and potential governance role.
- The need to be able to go to court if complaints are not resolved by the HCCC.
- The current perception that the HCC is designed to defuse complaints rather than resolve them and provide remedies.

There are significant shortcomings in the current scope and practise of the HCCC. The HCCC is currently not responsive to non-prosecutable complaints, provides no effective outcomes for complainants, and is increasingly abandoned by many people not satisfied by the quality of health care provision.

This points to a significant vacuum in the translation of health care complaints into systemic improvements and evidence based practice, policy, and legislative change.

The problems identified, point to an opportunity for effective changes in HCCC policy and practice. Systemic change, and effective feedback mechanisms that consistently and incrementally improve the standard of services and healthcare provision generally, will provide great benefit to both to complainants and the health care system. These models exist and have been well tested in the Human Rights sphere.

It's not over yet

Application to list Sculptra on the Pharmaceutical Benefits Scheme (PBS)

Sculptra is used for the treatment of facial lipoatrophy (facial wasting) in people with HIV. The company applied for listing of the drug at the Pharmaceutical Benefits Advisory Committee (PBAC) November meeting. A recommendation for listing by the PBAC would mean that the cost to the patient is subsidised by the Pharmaceutical Benefits Scheme (PBS). Currently one treatment of Sculptra in both cheeks may cost in the vicinity of \$700.

The National Association of People Living with HIV/AIDS (NAPWA), Positive Life and ACON, have been working to get Sculptra listed by the PBS. You can read our submission to the PBAC, which is available on our website at: <http://positivelife.org.au/content/submissions>

Pharmaceutical Benefits Advisory Committee (PBAC)

The Pharmaceutical Benefits Advisory Committee (PBAC) makes recommendations and gives advice to the Minister about which drugs should be made available.

The Committee considers both the effectiveness and cost of a proposed drug compared to alternative therapies. The Committee can either recommend a drug

- be listed,
- not recommend a drug be listed
- or defer the matter for further consideration.

PBAC decision (this time)

Although the PBAC recognises a clinical need for the drug, it rejected Sculptra on the "first time" application because of uncertain cost effectiveness. In response, Sanofi-Aventis will work with the PBAC to try and find a way forward for the benefit of people with HIV.

Jo Watson, Executive Director of NAPWA (the National Association of People with HIV/AIDS), reports that the PBAC has invited Sanofi-Aventis to make a new submission to the committee in 2009. Sanofi-Aventis has agreed. However, a decision regarding the re-application for PBS listing of Sculptra by the company would be unlikely before the middle of 2009.

Positive Life will advocate and work with NAPWA, ACON, the PBAC and manufacturers to provide effective and affordable treatment for facial lipoatrophy.

RESEARCHERS FROM GFK BLUE MOON WOULD LIKE TO TALK TO GAY MEN WHO, IN THE PAST SIX MONTHS:

- Had sex at a private sex party or sex on premises venue
- Participated in group sex sessions
- Have had more than 20 casual sex partners

AND

- Used fisting and/or toys and drugs to enhance these sexual experiences

Sessions are open to gay men regardless of their HIV status.

The research will be completely confidential (you don't have to give your real name). You won't have to talk about your experiences in detail, only give your views on a recent campaign.

Sessions will be with groups of 5-6 people in central Sydney and will last around an hour and a half.

We will reimburse you for your time and travel expenses.

Please call Shannon on 02 9565 1233 if you are interested in taking part or finding out more.

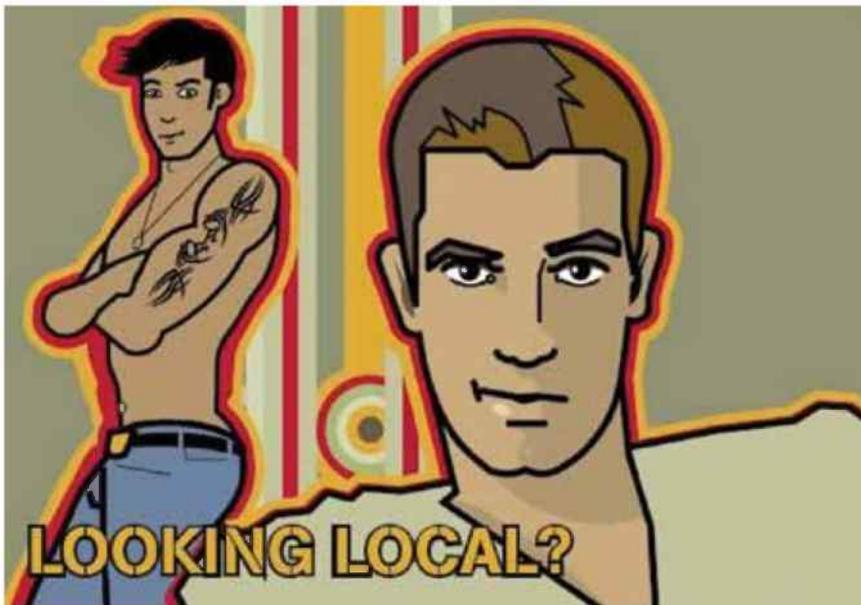


Quitting Smoking? What are the challenges for you?

We are planning a new campaign on smoking cessation. If you are HIV positive and smoke, one of the steps you can take to improve your health is to quit. We would like to talk to you about your experiences.

If you are interested in coming along to a discussion group or confidential interview please call 9361 6011 or email: kathyt@positivelife.org.au

You will be remunerated for your time.



LOOKING LOCAL?

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

HIV and cancer

We would like to include women's experiences in our new fact sheet on managing HIV and cancer

You will be remunerated for your time. If you are interested in a confidential interview please call Kathy on 9361 6011 or email kathyt@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
glennf@positivelife.org.au

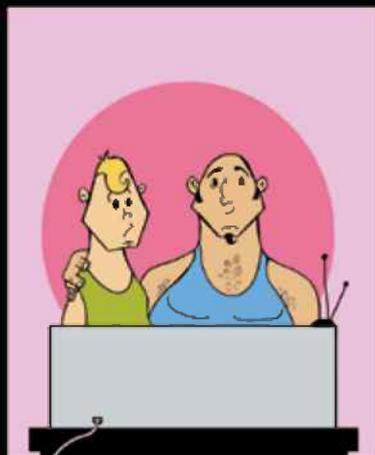
PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING



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

SERO DISCO
with **ROZ & Greg**



Andrew Georgiou

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

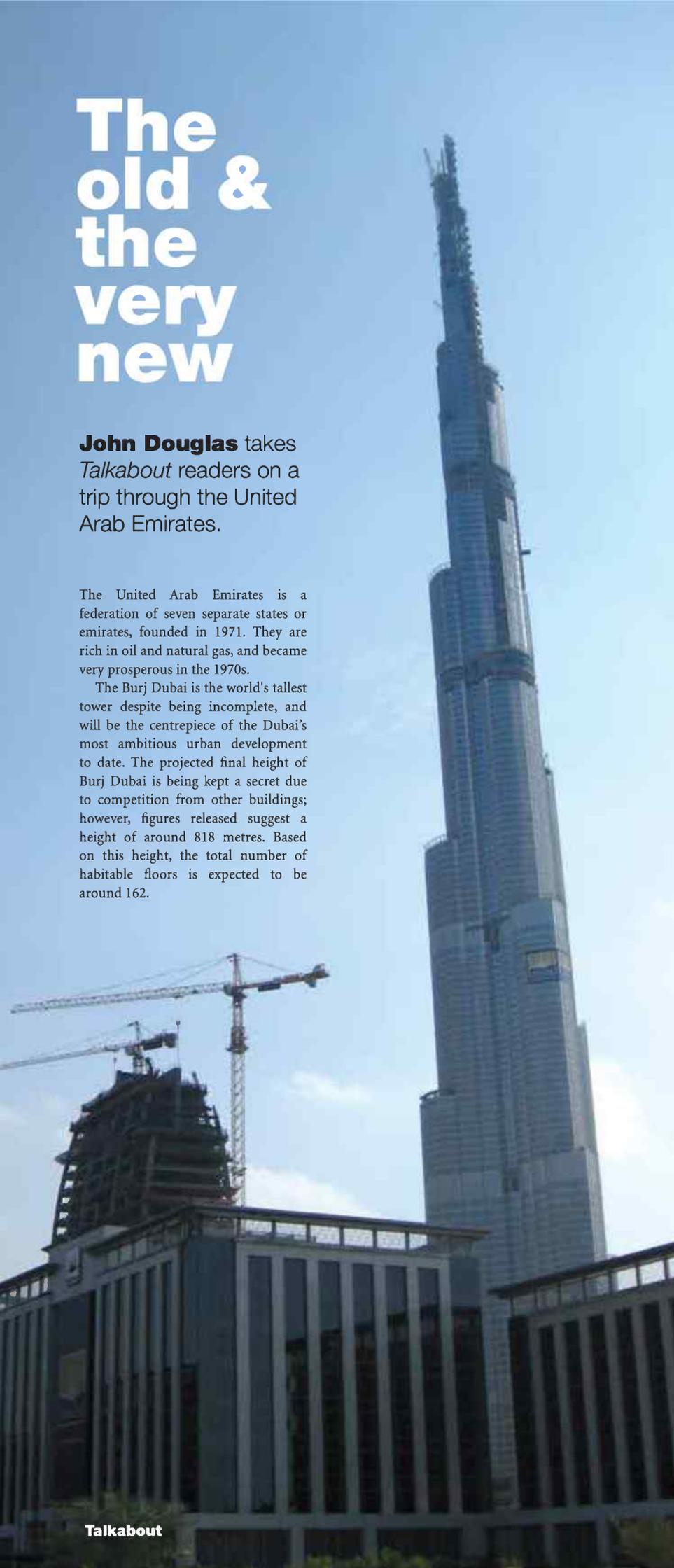
PositiveLifeNSW
the voice of people with HIV since 1988
www.positivelife.org.au

The old & the very new

John Douglas takes *Talkabout* readers on a trip through the United Arab Emirates.

The United Arab Emirates is a federation of seven separate states or emirates, founded in 1971. They are rich in oil and natural gas, and became very prosperous in the 1970s.

The Burj Dubai is the world's tallest tower despite being incomplete, and will be the centrepiece of the Dubai's most ambitious urban development to date. The projected final height of Burj Dubai is being kept a secret due to competition from other buildings; however, figures released suggest a height of around 818 metres. Based on this height, the total number of habitable floors is expected to be around 162.



Above & top: Sheikh Zayed Grand Mosque, Abu Dhabi
The third largest mosque in the world. This carpet has no seams as it is a single carpet, 45 tons in weight, 5700 square metres in size. As for the tiny light fitting...
The Sheikh Zayed Grand Mosque was designed to be the largest ever, but the folks at Mecca didn't like that idea so the project has been scaled down to its current form.



1

1: Sunset Prayers

2: HIV Map featuring UAE

According to official figures, the prevalence of HIV is less than 1% of the general population.

The role of women in HIV prevention has been highlighted with the recent campaign "Woman! Take the Lead...Leaders! Keep the Promise – Stop AIDS in the UAE." The UAE has a national program to control HIV. Each district has a committee to follow up on the program. Nine laboratories have been set up throughout the Emirates for blood tests and screening to ensure early diagnosis.

A survey conducted by doctors at the UAE University campus at Al Ain found that knowledge of HIV/AIDS was low among 75% of those surveyed, with only 1% showing high levels of knowledge.

Also, attitudes towards those with HIV were "neither friendly nor tolerant". Many of the students felt that HIV positive people should be made to live separately from the general population.

3: Arabian Oryx.

An endangered species that no longer exist in the wild, the oryx have found a good home on Sir Bani Yas, an island off the south-western coastline of Abu Dhabi. A private island of Abu Dhabi's royal family, since the 1970s it has been also a reserve for 23 species of animals and some two million trees, all individually irrigated.

4: On the plus side this quote about HIV was featured on the front page of the national newspaper Gulf News.

Dr. Farida Al Hosani, Senior Regional Officer of Public Health and Policies at Health Authority Abu Dhabi feels very passionately about the plight of those with HIV and is doing great work in raising awareness and tolerance in the region. The Ministry of Health is preparing a law that will outline the rights of those with HIV, and improve their access their access to employment and education within specific guidelines.

5: Dune Silhouette. Two men atop a 200metre high sand dune.

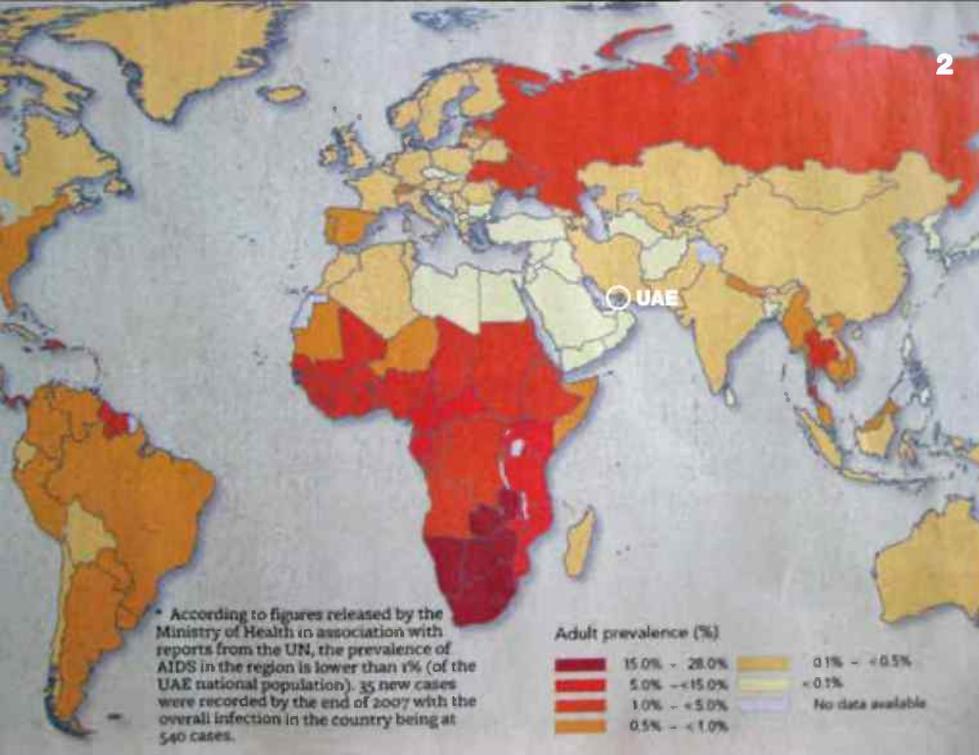
6: Bedouin Camel Markets, Al Ain.

The markets operate 24 hours a day, seven days a week. Business is a bit slower now everyone wants to drive cars, but there is still demand for a good racing camel.

7: Mobile Mosque

Slightly more modest than the Grand Mosque

8: The Mall of the Emirates contains a large indoor ski resort within the shopping complex, complete with ski chalets. It has five ski slopes and a chair lift, perfect for those moments when you get the urge to go for a quick toboggan or snowball fight between purchases.



2



3

4

QUICK VIEW

QUOTE OF THE WEEK

“ In many instances it is not the woman's fault as they contract the disease from their husband, but they are still treated inhumanely. In some countries, people with Aids are rejected by their families and deprived of any financial support. ”

Khalid Alloush
Resident representative, UN Development Programme, speaking on the need to educate people on how to deal with people with Aids

NATIONAL



Grand events
The buildings of National Day celebration Cultural centres

Etih

6



7



5



Talkabout

8





So can you cook? No 34

Beat the heat

Tim Alderman

During the hottest days of summer, there are certain words which can create images of relief. Words such as watermelon (or melons in general), sorbet, gelato, plums, peaches, mangoes, limes, oranges, salads, ice, spritzer, mint, basil and berries etc all evoke images of coolness to make you feel better in the oppressive heat and humidity.

The whole idea of food preparation for summer is to keep it simple, hassle-free and cool. No roasts or heavy meals at this time of the year. Whatever can be thrown on the barbie or served straight from the fridge is the order of the day.

It is also the time of the year to fully use and appreciate the fantastic array of tropical fruits, berries and citrus available at this time of the year. They are great for breakfast, for snacks or for desserts.

It is also the perfect time of the year for brunches, for long lazy lunches, and get-togethers with friends in the cool of early evening. Throw some cold meats and salads into a bag and head to the beach, or go for a long drive and just stop at some attractive spot along the way and lunch.

I don't know about anyone else, but thoughts of this time of the year are what get me through winter - I loathe the cold.

Hopefully, all the following recipes will help you cool down this summer.

Watermelon Dessert

4kg ripe seedless watermelon
200g caster sugar
75g cornflour
20ml rosewater (supermarket, deli, health food stores, chemists or 'Herbies')
50g pistachios, shelled & slivered or crushed
40g pashmak (persian fairy floss) - Middle-Eastern food suppliers, Norton St Grocers

Cut a 2kg wedge from the watermelon and set aside. Trim the skin from the

remaining watermelon and roughly chop the flesh. Put the flesh in a food processor or blender and pulse until pureed, then strain through a fine sieve.

Put sugar and cornflour in a small pan and stir to combine. Gradually whisk in watermelon puree until smooth. Bring to the boil over a medium-low heat, stirring constantly until mixture coats the back of a spoon. Pour mixture into 8 serving glasses and refrigerate for 30 minutes or until set.

Using a melon baller, form balls from reserved watermelon and put in a large bowl. Add rosewater, swirl bowl gently so that the melon absorbs the rosewater and refrigerate until ready to use.

Spoon melon balls into prepared glasses, then top with pistachio and pashmak. Serve immediately.

SERVES 8

Iceberg Salad with Parmesan & Crispy Prosciutto

1 iceberg lettuce, finely shredded
200g thinly sliced prosciutto
½ cup shaved parmesan cheese
Dressing
½ cup light sour cream
2 tablespoons lemon juice
1 tablespoon Dijon mustard
1 garlic clove, crushed

Preheat grill to medium. Place prosciutto in a single layer on an oven tray. Grill for 2-3 minutes until crisp.

DRESSING - in a small jug whisk all ingredients together thoroughly. Season to taste.

Combine lettuce, prosciutto & parmesan in a large bowl. Pour dressing over salad and toss well. Season with cracked black pepper to serve.

SERVES 8

Lemon Iced Tea

1 litre boiling water

4 tea bags
1 cup caster sugar
2 lemons - juiced
2 lemons, thinly sliced
3 cups cold water
Ice, to serve

In a large bowl combine boiling water and tea bags. Set aside for 2 minutes. Discard tea bags.

Add sugar, stirring until dissolved. Allow to cool.

Stir in lemon juice, and half the lemon slices. Chill overnight.

When ready to serve, stir in cold water and remaining lemon slices. Serve over ice. SERVES 8-12

TROPICANA

2 cups pineapple juice
2 cups orange juice
4 passionfruit, pulp only
Crushed ice
½ cup mint leaves
½ cup guava juice

In a large jug, combine pineapple and orange juice, and passionfruit pulp. Place crushed ice into serving glasses.

Top with an even amount of mint and juice mixture. Carefully pour a little guava juice into each glass

SERVES 4

Berry, Yoghurt & Muesli Parfait

2 x 250g punnets strawberries, hulled, quartered
150g punnet blueberries
120g punnet raspberries
1 kg tub berry yoghurt
1 cup toasted muesli

Fill the base of 8 parfait (or other) glasses with mixed berries, reserving a few for garnish.

Top each glass with yoghurt. Sprinkle with muesli. Serve topped with reserved berries

SERVES 8

Mango Passion Sparkling Wine Dessert

1 cup water
¾ cup caster sugar
4 mangoes, cheeks removed, peeled, chopped
1 cup sparkling wine
½ cup passionfruit pulp, strained, seeds retained
2 egg whites

Combine water and sugar in a saucepan on low heat, stirring until sugar is dissolved. Simmer, without stirring, for 10 minutes. Remove from heat. Cool to room temperature.

Place mango and syrup in a food processor or blender. Process until pureed. Stir through passionfruit juice and wine.

Pour into a large bowl or cake pan. Freeze for three hours, stirring occasionally with a fork.

Spoon mixture into a food processor or blender. Add egg whites. Process until smooth. Fold in passionfruit seeds.

Return to pan and freeze overnight.

Serve in scoops

SERVES 6-8

Mixed Berry & Chicken Salad

1 tablespoon olive oil
2 small chicken breast fillets, trimmed
100g baby spinach leaves
120g punnet raspberries
150g punnet blueberries
150g feta cheese, crumbled
½ cup mint leaves
1 small red onion, thinly sliced
¼ cup flaked almonds. Toasted

DRESSING

125g strawberries, hulled, chopped
2 tablespoons apple cider vinegar
2 tablespoons olive oil
1 teaspoon honey
1 teaspoon Dijon mustard

Heat oil in large frying pan on high. Cook chicken filets for 4-5 minutes each side until browned and cooked through. Cool & slice thinly.

In a large bowl, combine chicken slices with remaining ingredients except almonds.

DRESSING - Place all ingredients in a food processor or blender. Process until smooth, Season to taste.

Sprinkle salad with tossed almonds.

Drizzle dressing over salad just before serving.

SERVES 6

Feta & Lemon Dip with Crispy Pita & Tomato Salad

4 small pita bread
Olive oil, for drizzling
250g cherry tomatoes, chopped
¾ cup basil leaves
¾ cup mint leaves
1 tablespoon olive oil
1 teaspoon finely grated lemon rind
1 teaspoon white balsamic vinegar (supermarket)
Sea salt & cracked black pepper
Feta & lemon Dip
200g soft feta, chopped
2 teaspoons finely grated lemon rind
2 teaspoons lemon juice
1 clove garlic, crushed
2 tablespoons olive oil

Preheat oven to 220°C. To make the lemon & feta dip, place the feta, lemon rind and juice, garlic and oil in the bowl of a small food processor and process until smooth. Set aside.

Place the pita bread on a baking tray and drizzle with oil. Bake for 10 minutes or until crispy. Set aside.

Place the tomato, basil, mint, oil, lemon rind, vinegar, salt and pepper in a bowl and mix to combine.

Serve with the dip and crispy pita bread.

SERVES 4

Oysters with Lemon & Vodka Granita

½ cup caster sugar
2½ cups water
½ cup lemon juice
⅓ cup vodka
18 oysters

Lemon wedges, to serve

Place the sugar, water, lemon juice and vodka in a saucepan over low heat and stir until the sugar is dissolved. Pour into a shallow 20cm x 30cm metal pan and place in the freezer for 1 hour. Use a fork to take the top off the granita and freeze for a further hour. Repeat every hour for 3-4 hours or until set.

Grate with a fork to produce snow, and fill tiny shot glasses.

Serve with the oysters and lemon wedges.

SERVES 6

White Peaches in Pink Champagne Jelly

3 cups pink champagne or sparkling wine

2½ teaspoons gelatine powder

½ cup caster sugar

3 white peaches, sliced

Place 2 tablespoons of the pink champagne in a bowl, sprinkle over the gelatine and stir well to combine. Place the remaining Champagne and sugar in a saucepan over medium heat and stir until dissolved. Bring to the boil and cook for 1 minute. Remove from the heat, add the gelatine mixture and stir until dissolved.

Place the peaches in a 5 cup capacity jar and pour over the jelly mixture. Refrigerate for 2 hours or until set.

SERVES 6

Waldorf Salad with a Twist

4 Granny Smith apples, thinly sliced
1 stalk celery, thinly sliced
1 cup walnuts, chopped
2 cups watercress sprigs
Blue Cheese dressing
¼ cup whole-egg mayonnaise
2 teaspoons lemon juice
2 tablespoons water
Sea salt & cracked black pepper
100g soft blue cheese, chopped

To make the blue cheese dressing, place the mayonnaise, lemon juice, water, salt, pepper and blue cheese in the bowl of a small food processor and process until smooth.

Arrange the apple, celery, walnuts and watercress on serving plates and spoon over the dressing to serve.

SERVES 4

Raspberry Vinaigrette

This easy, delicious dressing will go with just about any salad.

3 tablespoons light extra-virgin olive oil
1½ - 2 tablespoons raspberry vinegar
1 teaspoon caster sugar
1 teaspoon Dijon mustard
Salt & pepper, to taste

Place all ingredients in a screw-top jar, and shake well.

SERVES 4

Health & Fitness: Ask Ingrid

Ingrid Cullen answers readers' questions with some tips on gently building strength and tone.

Starting back after a break

Well you guys certainly know how to ask good questions.

The first one is:

Hi Ingrid,

Hope you have some advice for me. I'm 54, pos 16 years, relatively fit, and have exercised at the gym regularly (3-4 times a week) for more than 20 years. I had my prostate removed due to prostate cancer, was done by robotic laparoscopic surgery so the six wounds are small and have healed quite well. Up till now I haven't given a thought for gym or exercise, just recovery. But I saw the surgeon for follow -up one week ago and he said it was ok to start gym work again, slowly, doing small exercises, but not overdoing the weights as that could have an adverse effect on the wounds, internal and external.

Can you suggest some exercises so I can start rebuilding my fitness, while at the same time avoiding putting any strain on the surgical area (abdomen, groin, bladder etc).

I'm sorry this question is such a bloke's issue, as opposed to a general fitness issue.

Thanks in advance for any advice you can offer.



Try doing some dead bugs and other easy core stability exercises.

Hi 'Bloke's issue',

I am quite happy to answer such a bloke's question as many of the readers will be blokes and core muscle strength is a subject important to everyone.

When starting back after a longish break from exercise, plus recovering from surgery, start with the 40% rule. This means do 40% of the exercise you would normally do.

Your workout should take less than half the time you would normally spend at the gym. Do less than half the weight, and just under half the number of sets for all weights exercises. For exercises that involve body weight (such as crunches, leg lifts, chin ups etc) do 40% of the repetitions. Any cardio work should start at half the time and at half the workload. Keep it low impact for the first 8-10 weeks. This means bike, rower, cross trainer or treadmill (so we're talking walking, not running).

The other exercise to avoid for the first two months is swimming. If you don't have good abdomen strength, you can't maintain a safe position for your back and groin areas in the water.

When starting back into exercise, take extra care to increase all effort very slowly.

One week, increase the time at the gym. So you might add another set to 2-3 exercises.

The next week, add about 5% weight to most exercises.

The third week, you would add another set to 2-3 more exercises

Then the fourth week, add another 5% to the amount of weight you are using on all the weights.

If you weren't doing much abdominal work before your operation, try doing some dead bugs and other easy core stability exercises. Your gym instructor should be able to show you any of these exercises. It's important to very gradually strengthening this area, and if you neglect it you will find that you never really get back to where you were before. Stomach, groin, lower back and glutes are all core stability muscles and very important to keep in top condition as we age. Without strength in these areas, you won't have a strong foundation for the rest of your muscles to strengthen and build again.

Look at the next few months as a chance to really make sure you are building everything up evenly, and balance out any areas that may have been getting left behind a little bit.

When metabolism slows down

The second question is:

Hi Ingrid,

A query for suggestions from the guy who has the column next to yours in *Talkabout*.

I'm 55, 175cm tall, and weigh 72kg. As you can see, my weight is pretty good-and never varies - along with good blood pressure etc. I get daily exercise by walking the dog twice a day, and have a healthy diet (despite what gets printed in my *Talkabout* column), but am finding that I am at that age where what little fat I do have is settling around my middle, and that the tits are getting a bit floppy. I still like to dress well, but don't feel very sexy when stripped down these days.

Do you have any suggestions for a short, effective exercise program that will pull my stomach into shape, and firm my pecs up a bit? I do yoga, but am a bit erratic with it-more because of space limitations than anything else, and I have peripheral neuropathy, so anything with balancing is out of the question. I'm not a gym person, so need things I can easily do at home, maybe for around 10 minutes or so a day.

I am currently using your stretch suggestions, especially the lower back ones, and am finding them really effective.

Any suggestions appreciated

Regards

Tim

Hi Tim,

Sounds like you have been doing pretty well so far, but now starting to notice that your metabolism is slowing down. Keeping fit and eating healthily has held you in good stead, but loss of muscle mass (happens to us all gradually from about forty on) has caused your metabolism to slow down. So a bit of strength training to build and firm up the upper body in particular is just what is needed.

Walking and carrying your body weight around, your lower body would be getting some strength training. You could always look at past *Talkabouts* for some lower

body exercises to add to your home work out after you establish a routine. You can also find *Talkabout* online at www.positivelife.org.au/talkabout. For the upper body, look back at the "Ask Ingrid" column in the August/September issue from last year ("Working out at home") or go to the Positive Life website and type in working out at home in the search field. Add the side push-ups, one arm rows and dead bugs to your stretching and yoga that you are doing at home. These three exercises along with stretching will only take about five minutes in the beginning, but will end up as a nice little ten minute workout as you gradually do more repetitions and sets. To begin with, do as many pushups on each side until you can start feeling your chest and arms working. Then do the same with the one arm rows, feeling it in the upper back and biceps. Finish off with some dead bugs for the abdominal muscles (keep the feet high, and only lower them after a week or so as you feel the abdominals start to strengthen).

This will give you a workout that consists of one set of repetitions on each side for each exercise. After a week add in another set and finally after three to four weeks add in a third set. Then you can make the exercises harder by going lower, adding more weight or doing more repetitions. Start gradually and over time add in another couple of exercises to keep your muscles growing and adapting. Muscle growth will take a little while, and will initially show up as toning.

If you stick with it and gradually make the home workouts harder over time, you will notice a definite change in body shape that should see you happy to strip down. After six to eight weeks of doing the three exercises I have suggested you may want to try a few exercises from previous *Talkabout* articles. Alternatively wait for next issue when I will be showing four more exercises that can be added to your workout at home.

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

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



Bio Pride Design

Sydney Australia

**LIVE PROUD, LIVE LONG, LIVE.
DISCLOSE WITH PRIDE**

info@biopridedesign.com.au



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

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**

Tweed Valley. Handsome HIV 50. 5ft11, 75kg. Adventurous, athletic, articulate, discreet. Great sense of humour, N/S, versatile, magic hands/mouth etc seeks like minded to similar age for totally nil-bullshit mutually satisfying fun times. **Reply: 011208**

Kiwi male 38 HIV+ GSOH DTE living inner west, working, in great health, 198 cm blue eyes, black hair, average looks. Looking for friends/buddies/partner. Open to suggestions. If you want to know more, why not take a chance and drop me a line, nothing to lose, a great friend to gain, maybe more... **Reply: 201208**

33 year old newly diagnosed looking for mates (maybe more?) under 50 yrs. I'm into healthy living, yoga, swimming, gym and love getting into nature. Like socially conscious guys with warm hearts and compassionate souls who embrace life. **Reply: 231208**

+ve W'gong 30 yo. Smart, good looking, loves nature, professional btm ISO similar for whatever works (good times or LTR). Work in Sydney but prefer quiet life, would suit someone tired of things sceney and shallow. Nationality not important, chemistry is. **Reply: 50108**

35 yo Aussie guy in jail till 2010. Lonely, wants penpals, maybe more later. Genuine guy, healthy DTE, loves country living and loves animals. **Reply: 290108**

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 Relation-
ship	
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

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

Quantity Item

Social Marketing Campaigns

- 10 reasons to test for STIs** encourages regular testing for sexually active positive gay men. – *Available on the website only*
- Positive or Negative HIV is in Our lives**
– **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**
– *Available on the website only*
- 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.

KNOW THE FACTS SEX AND HEP C (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.

SERO DISCO Why let HIV get in the way of a good relationships? gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness.

One-off lifestyle magazine, 4 postcards with key campaign messages and t-shirt (one design, black or white)

Workshop Resource

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

Simple Pleasures (Workshop Guide) builds on material presented in our booklet **GETTING ON WITH IT AGAIN Living longer with HIV**. The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

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

IN
DARKNESS
ALL COLOURS
AGREE!

Black



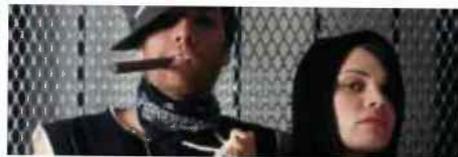
INDIGENOUS MARDI GRAS SEASONAL EVENTS 2009



Fair Day and Mardi Gras Launch

Sunday, 15th February 2009: 10am-Late
Victoria Park: Cnr Parramatta Rd and City Rd, Camperdown
Cost: Free

Come and spend the day relaxing in Victoria Park, listening to live acts on the main stage, browse the 100 odd stalls and enjoy the queer festivities with friends and family. Be at the main stage at 3:30pm to witness a flawless set featuring some of the Indigenous acts appearing LIVE at the House of BlackSTAR on the 28th February. There'll be a black tent that will feature Indigenous DJ Silver B, a chill out area and lots more.



STILL BLACK

20 February – 15 March: 10am–4pm
Boomalli Aboriginal Artists Co-Operative: 55-59 Flood St, Leichhardt
Cost: Free
Ph. 02 9560 2541

Still Black is a visual statement by Indigenous and non-Indigenous artists of various sexual textures, exploring the concepts of categorising, profiling and identifying. It is about accepting the different aspects of our person whilst refusing to be kept in one little box.

Artists: Tony Albert, Brook Andrew, Lisa Doust, Jenny Fraser, Adam Hill, Daniel Wallace and many more...

Please join us for opening performances and refreshments on 20th February from 6–10pm.



Strong Black – NSW Indigenous Gay Lesbian Bisexual Transgender and Sistergirl Symposium

Friday, 20th February 2009: 10.00am-4.30pm
VENUE: TBC, Leichhardt
Ph. 02 93679246
Cost: Free

The Strong Black Symposium will discuss the issues and challenges faced by the Indigenous GLBT&S community. It will be a forum where GLBT&S community members, friends and supporters can debate honestly and safely on the issues that affect the community, with a view to help shape future support and programs.



Black – Indigenous Parade Entry 2009

Saturday, 7th March 2009: 7.45pm onwards
Oxford St
Cost: Free
Requirement: Registration

The Parade is the jewel in the crown of the Mardi Gras Season. This year's Indigenous float is no exception. Come and share in the glitz and glamour of our final event of the season and reflect on the year that was and the year that is. The Parade and its unrivalled reputation for glitz, glamour, satire and sass is a celebration of pride and diversity that never forgets to deliver its messages with humour and pizzazz.

If you are part of the GLBT&S community or a supporter we would love to have you be part of our BLACK: In Darkness All Colors Agree Entry. Be quick to register by contacting ACON's Aboriginal Project on freecall number 1800 063 060 or 02 92062000.



House of BlackSTAR - Dance Party

Featuring International Headliners "The ONES" and "PEPPERMINT"

Saturday, 28th February 2009: 7pm-Late
Oxford Art Factory: 38-46 Oxford St, Darlinghurst
Cost: \$25.00, Tickets through Moshtix

The House of BlackSTAR is a community house, one of stature, honor and loyalty. In the house, race, age, gender and religion are over looked. Our premise is One Family, One Love. The house brings a new era of electro-cultured dance party to the 2009 Sydney Gay and Lesbian Mardi Gras Season with a showcase spectacular that brings New York to Sydney for one amazing night of music, dance and cultural performance. Ten incredible hours, featuring International headliners. Experience legendary everything!

acon
BUILDING OUR COMMUNITIES
HEALTH & WELLBEING

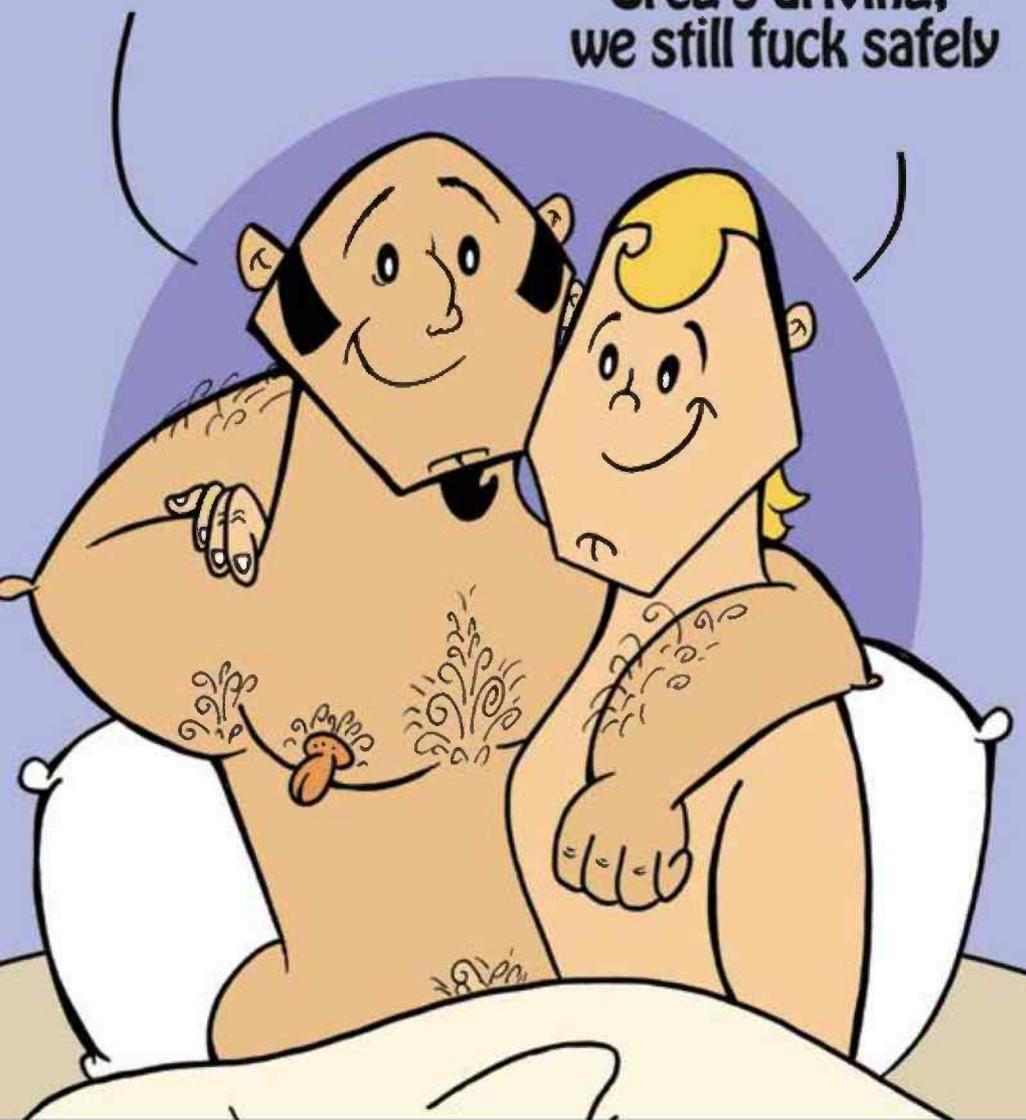


**SYDNEY GAY & LESBIAN
MARDI GRAS
2009**

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

Like his car keys,
Roz's viral load
is undetectable.

But unlike
Greg's driving,
we still fuck safely



Andrew Georgiou

In some relationships guys are using undetectable viral load without condoms to reduce their risk of passing on or getting HIV.

An undetectable viral load decreases the risk only if -

- ✓ You never miss a treatment dose
- ✓ Your viral load has been consistently undetectable over a six month period
- ✓ You and your partner do not have an STI

Condoms can take the stress out of all these uncertainties

Keep talking to each other about slip-ups or any sexual risks you take

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

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