

talkabout

Where we speak for ourselves

Why good nutrition matters

Taking control of your health

Stories of living with HIV and mental illness, and HIV and Hep C

The sero-discordant divide

**In another language/
En otro idioma**

SERO DISCO 3

**WHY LET HIV GET
IN THE WAY OF A
GOOD RELATIONSHIP?**

SEX and Pleasure

A dinner forum with

Vanessa Wagner

for guys in or thinking about a pos-neg relationship

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talkabout

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Contributors:

Adrian, Tim Alderman, Hugo Bausch, John Douglas, Ross Duffin, Malcolm Leech, José, Clemens Ruland, Greg Page, Hédimo Santana, Tobin Saunders

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Hédimo Santana

Communications Kevin Pyle

Website Phillip McGrath

TALKABOUT

Editor Kevin Pyle

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

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Taking care of ourselves

I made an unusual new year's resolution this year: to floss my teeth daily. OK, it might sound like a strange resolution to you, but there's nothing I had to give up and, apart from going to the gym more regularly, there was nothing else I really felt I had to do to take better care of myself. This year, I thought, I am going to improve my oral health.

There is increasing evidence about the importance of oral health. We've known for some time that HIV and ART can affect your oral health, causing dry mouth and making you prone to tooth decay, gingivitis, thrush and gum disease. Now, researchers have told us that poor oral health results in a greater risk for arthritis, diabetes and Alzheimer's Disease; not to mention a whole range of inflammatory conditions. Gum disease has been linked to increased heart disease risk and stroke. So, flossing my teeth daily seemed to make sense!

The second thing I did was make a dental appointment for the first time in more than 18 months. The last time I was at the dentist it literally ended in tears and screaming (a long story). So, it was with some trepidation that I went back to the scene of the crime.

I went to a dental centre run by one of the big private health insurers. The problem with this is that you're never sure who you are going to see or how they are going to react when reading your chart. I was a little more nervous than usual because I was certain there were detailed notes about my last visit even though it was at a different centre.

I'm happy to report that this time, I had a very positive experience. I went in for a check up and cleaning, and the dentist showed great sensitivity and care.

It was the first time that a dentist actually checked my lymph nodes, examined the inside of my mouth and asked about my overall health. I was impressed. We talked openly about oral health and the special needs of people with HIV. I felt relieved and oddly uncomfortable at the same time. I got

a good bill of health, told that I'm doing all the right things and I shared my new year's resolution with her. She reinforced for me the importance of taking care of our oral health.

This experience got me thinking about the importance of taking care of ourselves in general. I had conversations with a few possible contributors about sharing their stories and the same theme emerged. In this issue, there are some great stories about people who have taken control of their lives by taking control of their health. By taking an active role, seeking out appropriate treatment and/or support, these people have really made a difference and their stories offer hope and inspiration.

As part of our feature on nutrition, you'll read how Robbie lost weight, lowered his blood pressure and gained confidence as a result of participating in the Healthy Life Plus program. On page 10, Adrian reveals his story of living with HIV and mental illness, something he struggled with for years before seeking treatment and support.

On page 14, Malcolm shares his experience of living with HIV and Hep C and his determination to manage both conditions effectively. José talks about the importance of finding emotional support and information to help deal with an HIV diagnosis as a new migrant on page 26.

Elsewhere in this issue, you'll find some equally inspiring and amusing material. We were lucky to get in contact with Hugo Bausch and Clemens Ruland to reproduce their prize-winning works celebrating the lifting of the HIV travel ban to the USA. Greg Page muses on that crazy thing called love, while Tobin looks at the pos-neg divide in the online world. Ross reflects on the sometimes complex relationship of Mardi Gras and the experience of HIV in Australia. Finally, you'll find some nutritious recipes in 'So can you cook?' on page 28 and can run away to Amsterdam with John Douglas on page 32.

Take care of yourself and enjoy!

Kevin

What's News?



HIV Futures Six report launched

Completed by more than 1,100 people with HIV from across Australia, the HIV Futures Six survey, now in its twelfth year, is one of the most comprehensive pictures of HIV living today. It represents approximately 6.6% of the country's estimated HIV-positive population.

The survey examines issues like regular testing, current health status, additional health conditions, mental health and health maintenance. It also covers social support (including relationships and sex), access to health services and home, work and money (covering discrimination and affordability).

The data from the survey helps inform health workers, policy makers and other HIV advocates on the state of the physical and mental health, as well as social issues, of people with HIV. When compared to previous reports, you can see trends in the well-being of people with HIV over the years.

HIV Futures Five was released in 2006. While there have been some improvements in current health status and well-being in the past three years, there have been marginal declines in areas such as difficulty meeting the cost of living, poverty and discrimination in accommodation and health services. More detailed trends analysis is expected in the coming months.

You can download a copy of "HIV Futures Six: Making positive lives count" at www.latrobe.edu.au/hiv-futures/HIV%20FUTURES%206%20REPORT.pdf or request a copy from the Australian Research Centre in Sex, Health and Society.

Tel: 1800 064 398

Email: hivfutures@latrobe.edu.au

Source: www.latrobe.edu.au/hiv-futures/

Heavy drinking not good for your heart

Alcohol is likely to be related to a range of health problems in people with HIV, including poor adherence to antiretroviral treatment, liver disease and HIV disease progression. Researchers have now added an increased risk of cardiovascular disease to this list.

According to an article published in the online edition of the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*, heavy drinking increases the risk of cardiovascular disease for men with HIV.

While the link between heavy drinking, or alcohol abuse and dependency, and illnesses such as heart disease and stroke in HIV-negative people is well understood, less is known about this relationship in people with HIV.

Researchers designed a study involving 4,743 US male veterans to assess the correlation in HIV-positive people. A little more than half the patients (51%) were HIV-positive.

Researchers gathered information on alcohol use and traditional risk factors for cardiovascular disease such as age, cholesterol, high blood pressure and smoking.

The association between heavy drinking and cardiovascular disease was still present when researchers considered both traditional risk factors and HIV-related characteristics.

Study of the HIV-positive group revealed that hazardous drinking was significantly associated with heart failure, while alcohol dependency was related to heart disease and past alcohol use resulted in increased risk of stroke. Binge drinking was also shown to increase the risk of cardiovascular disease.

Source: www.aidsmap.com/en/news/45367C16-8EBC-4716-9E89-F1D17CC41DE4.asp

New HIV drug added to PBS

On 1 January, Australia's Pharmaceutical Benefits Scheme (PBS) listed the antiretroviral drug Atripla on the scheme, adding another treatment option for people with HIV.

Heralded as "the first and only complete HIV regimen in one pill daily", the drug combines efavirenz, emtricitabine and tenofovir into a single tablet. It is expected to simplify dosing schedules and potentially increase adherence to antiretroviral therapy.

"People with HIV are looking for treatments which are proven to control their HIV infection and enable them to get on with the rest of their lives," said Peter Canavan, senior coordinator with the Health Treatments and Research Unit of the National Association of People Living with HIV/AIDS. "Medications like Atripla, which are designed to lower the number of tablets needed by people with HIV, are very welcome."

The additional cost to the PBS is expected to be about \$15 million over four years. Prescription co-payments are also increasing slightly for all patients, to \$5.40 per prescription for concessional card holders and \$33.30 per prescription for general patients.

Sources: www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr10-nr-nr001.htm; www.thebodypro.com/content/news/art55006.html; <http://mcv.e-p.net.au/news/atripla-simplifies-hiv-treatment-6866.html>

Hédimo Santana

BGF client service changes

Living with HIV has changed dramatically in the 25 years since BGF was founded. During this time, it has had to evolve and adapt to meet the changing needs of people with HIV. Since 2007, BGF has been working more closely with its clients to address their individual needs, reviewing their health, financial situation, housing, employment, study, social networks and access to the broader range of community services.

To ensure the organisation can benefit the most people in the best possible way, BGF consulted with its clients and stakeholders, including Positive Life, before making any changes to services. It was important to have the voices of people living with and affected by HIV involved in the decision-making process.

During these consultations, it became clear that many people believed BGF should encourage its clients to be independent and to provide them with the skills and short-term support to do so.

BGF's client service programs will focus on helping people with HIV develop the skills and resilience needed to maximise their health and overall well-being, and help plan for the future and take control of their own lives.

BGF will continue to provide financial assistance to clients, but support will be based on five financial assistance priority areas:

- the capacity to offer access to emergency assistance
 - short-term targeted support for clients who are experiencing a period of difficulty and stress
 - capacity-building and vocationally focused assistance, linked with casework, mentoring, workshops and internships
 - health management including prescriptions, medical gap costs and dental
 - support for clients with more complex health and support needs.
- This new approach will result in

changes to the amount and duration of financial assistance and has been designed to ensure a fairer approach to an ever-increasing client base. It is also designed to provide better support to positive people through difficult periods with issues such as maintaining appropriate housing and managing debt.

For new clients, the changes took effect on 1 January 2010. For existing clients, changes will not take place until 1 July 2010 and will vary depending on your individual needs.

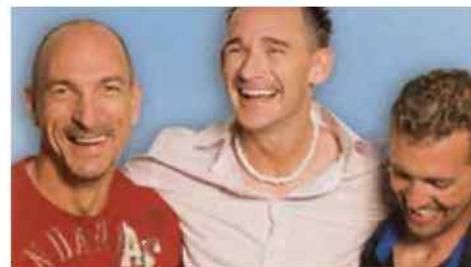
If you are an existing BGF client, you will be contacted by your caseworker in the coming months to discuss the changes and your service plans, update your personal information (including income statements) and review your budget.

BGF is not making any changes to:

- Financial counselling
- Service coordination
- Workshops such as Phoenix Workshops
- Financial assistance with the cost of HIV anti-retroviral and HIV-related medications
- Medical gap assistance for HIV-related procedures
- Assistance with costs for approved study and return to work
- No Interest Loans Scheme® (NILS®)
- Supported accommodation.

As part of its commitment to providing people with the skills and confidence to become independent, BGF's major focus will be on developing Phoenix Workshops and other programs to support clients seeking to return to employment. More information about these programs will be available as they are developed. In February, BGF will begin recruitment for an Intern Program that will employ a positive person for six months. This will be an ongoing program with a new person employed every six months and provides extensive training and paid work.

For more information about the BGF service changes visit www.bgf.org.au > Helping you > Changes to Client Services. You can also speak with a caseworker by calling 02 9283 8666 or freecall 1800 651 011.



Genesis

A safe, supportive weekend workshop for gay men diagnosed with HIV within the last two years.

19–21 March 2010
ACON's Positive Living Centre

Genesis is designed to help you make sense of the range of issues confronting you after diagnosis. It gives you a chance to meet other guys in the same situation as yourself. This happens in a totally safe, confidential and supportive environment.

This weekend workshop gives you the opportunity to:

- Explore HIV and its impact on your life expectations
- Understand how HIV and your immune system work
- Get an overview of current and future treatments
- Understand HIV and its impact on your health, sex life and relationships
- Work out who to tell about your status and when to tell them
- Plan for the future
- Access services in the community.

Genesis is a collaboration between ACON and Positive Life NSW.

Contact: ACON's HIV Men's Health Promotion Team

Tel: (02) 9699 8756

Mobile: 0439 959 119

Email: hivliving@acon.org.au

Celebrating the USA travel ban lift

Much has been written about the lifting of the long-standing HIV travel ban in the USA. Advocates worldwide rejoiced and the International AIDS Society (IAS) announced that its 19th annual conference would be held in Washington, DC.

On 7 January, Clemens Ruland made history as one of the first people with HIV to legally enter the country following the ban's removal. He and his partner

Hugo Bausch travelled to New York City following their win of the Dutch AIDS Fonds contest for creative works celebrating the policy change.

It was an emotional journey for Clemens, who contracted HIV in the USA. Although he travelled frequently to the country, he only returned once after his diagnosis and, like many others, had to lie and hide his medicines.

The pair were met by media at JFK Airport and have subsequently been

interviewed for countless articles and news programs. A humble Clemens deflected the attention saying the ban lift was a victory for "the thousands of others who were afraid to disclose their HIV status".

Talkabout contacted Hugo in the Netherlands to reproduce the couple's prize-winning works. Clemens wrote the poem 'Positive', below, while Hugo created the illustration.

You can see more samples of Hugo's work at www.hugobausch.nl/



Positive

Clemens Ruland

No more lies
No more pretending
No more hiding
In the crevices of exclusion

Honesty
to the land
where once lay my destiny
in one viral load

Free I am
Free to travel
To hug, share, love
And once more be united

Alive and proud
I turn to you, America
America, here I come
Come as I am

HIV+

Why good nutrition matters

Kevin Pyle speaks to nutritionist **Louise Houtzager** about the benefits of good nutrition and reveals some practical tips to help you eat well.

We often hear the phrase ‘good nutrition’, but does anyone really know what it means? It’s one of those expressions that gets bandied about and we are all expected to understand its implications. Unfortunately, it’s often lost in translation.

We are constantly being bombarded with nutritional advice, fad diets and detox products. One day, carbohydrates are good for you and the next day they are not. No wonder it’s hard to take nutrition seriously!

Despite all this information, there is rarely nutrition advice specific for people with HIV. You can find bits and pieces if you look hard enough, but most of us are too busy enjoying our lives, so we eat what we want and hope for the best.

Defining good nutrition

Louise Houtzager is an accredited practising nutritionist at Sydney’s Albion Street Centre’s Nutrition Development Division. She sat down with me to explain good nutrition and the importance of a balanced diet for people with HIV.

“Good nutrition is really just eating a variety of foods. While there are the five food groups in the *Australian Guide to Healthy Eating*, basically it’s about variety,” says Louise.

The *Australian Guide to Healthy Eating* defines the foods you should eat each day to get the vitamins and nutrients you need to sustain your health and well-being. It redefines and simplifies the traditional healthy eating pyramid many of us grew up with, showing the proportion of each food group that you need to choose.

The key is making sure you have lots of different foods from each group throughout the week. So, one day you might choose to have lots of vegetables and the next you could have several pieces of fruit, dairy, legumes or cereals.

“You need at least 20 different healthy foods a day, rather than just eating from the different food groups,” Louise explains. “It’s really about variety within the groups, not just eating from each of the groups. You should try to have a lot of variety and limit your intake of processed foods.”

You need lots of different colours on your plate, like an artist’s palette, to make a good meal. If you do this, Louise says, you are bound to have the variety needed to provide the vitamins, minerals, proteins and carbohydrates you need for good nutrition.

The role of nutrition in HIV

With the great improvements we’ve seen from antiretroviral therapy (ART), it’s easy to forget some of the basic things we need to do to take care of ourselves. Most people on ART have undetectable viral loads and decent CD4 counts, and only experience the occasional side effects. So, do we really need to worry about nutrition as well? The short answer is yes.

“Nutrition is important for the immune system of all people, but particularly for people with HIV. If you have poor nutritional status as well as HIV, you have two things working together to reduce your body’s immunity and increase your susceptibility to infection. This is one of the main reasons nutrition is important for people with HIV,” explains Louise.

Affordable healthy meals

For cheap, healthy meals, Louise advises to start with carbohydrates such as pasta, rice or wholegrain breads and add lots of vegetables and a moderate serve of protein such as lean red meat, fish or legumes. You can flavour this with low-fat sauces, herbs and spices. If you base your diet on carbohydrates and plant-based foods, you can save money and ensure good nutrition.

Some other top tips include:

- Buy lean red meat or poultry when it is on sale or buy in bulk. You can divide this into smaller portions and freeze it.
- Buy fresh fruit and vegetables in season, this will save you money and ensure freshness.
- Get your fruit and vegetables at markets such as Paddy’s or Flemington in Sydney. You can save up to 40% on some things.
- When you go to markets, take a friend

because they sell in bulk. You can pull resources, say \$10 each, and you will get more than enough for a week.

- The Food Distribution Network delivers fresh fruit and vegetables to your home at wholesale prices (you must meet intake criteria).
- Keep it simple. A cheap, nutritious meal, could be as simple as pasta with a few fresh vegetables or a tin of tuna or salmon mixed through. Stir frying vegetables with tofu or lean meat also makes a quick, affordable meal.



Your body needs nutrients to build and repair cells, regulate hormones, fight infection and maintain your energy levels. In addition, there is a lot of anecdotal evidence that suggests a healthy diet and good nutritional status will help you tolerate your HIV medicines better, maintain weight and muscle mass more easily and generally make you feel better about your overall health.

“Because people with HIV are living a relatively ‘normal’ lifespan, there are now more risks for other diseases that affect immunity and there are independent risk factors as well. For example, HIV is a risk factor for heart disease. If you have other risk factors like overweight, high cholesterol or insulin resistance (caused by poor nutrition) then that’s going to cause other health problems.”

So, it’s important to maintain good nutrition to keep your body and immune system strong to deal with these other risk factors.

“Good nutrition, together with ART, can really help build the immune system,” says Louise. “Your medicines won’t work well if your body is not well. You need good nutrition to have good outcomes on ART.”

It’s important to think of nutrition as part of your overall approach to managing HIV. You should consider your diet just as important as your medicines.

Eating well

It’s often hard to choose the right foods for a balanced, healthy diet and even harder to stick to one even if you’re armed with all the information.

For some of us, it’s about the time and effort involved, while for others, it’s the perceived expense of healthy eating or budget constraints that prevents us from eating well.

“Eating well is important and we often forget about that,” says Louise. “People need education about food affordability and where to access food, as well as budgeting help to prioritise nutrition.”

She stresses the need to try new foods and expand your diet. “Things like legumes are very cheap. For example, canned peas or lentils are very cheap at about \$1 a can. This can give you two meals high in protein, whereas if you buy red meat you are spending \$20–30/kg.”

“Red meat and fish can be included in a healthy diet. If you have 2–3 serves of lean red meat a week, it is actually quite good as a source of iron. You should also add fish to your diet to get your Omega-3s,” adds Louise.

You can get fish into your diet quite easily with canned tuna or salmon, which has the same nutrients as fresh fish. You can eat it straight from the can, in sandwiches or tossed through pasta. Canned salmon in particular is a good source of Omega-3 and you can often pick it up on sale.

When you buy canned fish, read the labels and check out the oil content. “If it is says vegetable oil or canola oil then that’s fine. It’s better to look for those in natural oil, brine or spring water.”

The key to incorporating red meat in your diet is portion control. The old model of half a plate of meat and some token vegetables has proven to be unhealthy. Louise offers a good tip, “Half of your plate should be coloured vegetables and the other half should be split between carbohydrates and proteins.”

And, if you are vegetarian, Louise warns, you can’t just take the meat off the plate. You need to replace meat with other sources of protein and iron, such as legumes, nuts, cereals, rice or pasta.

Protein is essential to help build muscle tissue and fight off infections, as well

as to keep your heart and lungs in peak condition. However, Louise believes it’s a myth that people with HIV need to have a high protein diet.

“You only need to have adequate energy and, in terms of metabolism in asymptomatic people, you only need to have 10% extra calories, so there are no extra energy requirements.”

Treating yourself

If you look at the healthy eating guide, you’ll see everyone’s favourite in the lower right corner. Yes, it’s the meat pie, chips, crisps, ice cream, biscuits and the like. You’ll be pleased to know that you can have these in moderation and it is ok to indulge now and then, as long as it is not the main focus of your eating.

“If a person is only eating from one area, I tell them that initially they should try to incorporate some of these other things into their diet and gradually add more and more.

“For most people, depending on their weight, one or two extra items a day is alright in moderation, but they should be in addition to the healthy items.

“For example, a piece of fruit, as well as a scoop of ice cream, or a glass of milk with a small piece of chocolate.”

It’s all about getting the right balance and not beating yourself up for the occasional treat.

Getting started

It might seem like a bit too much to take in all at once. But, you can make slow, incremental steps to improve your nutrition and there are lots of people willing to help you get started.

The Nutrition Development Division at Albion Street Centre provides free nutrition consultations for people with HIV and/or Hep C. You’ll be supported with information on oral health,

understanding food labels, choosing the best foods when eating out and food preparation. You can even attend a small group supermarket tour to learn how to shop on a budget.

ACON's Healthy Life Plus program is a free, three-month program that provides people with HIV access to nutrition and fitness advice, and includes a free temporary membership to Gold's Gym. You can read about Robbie's success with this program at right and get more information from the ad at the bottom of the page.

The Positive Living Centre (PLC) and the Bobby Goldsmith Foundation (BGF) are also great sources of support and advice. PLC offers seasonal cooking classes and community dietitians are available to provide nutritional advice. It has also introduced healthy options for its Tuesday breakfast service (10am to 12pm) and a chef is on hand to teach you how to prepare your own healthy breakfast.

Now, it's just up to you to make the first step!

Resources

Albion Street Centre

Tel: 02 9332 9600

Web: www.sesiahs.health.nsw.gov.au/Albionstcentre/

Australian Guide to Healthy Eating

Web: www.health.gov.au > For Consumers > Education and Prevention > Nutrition and Physical Activity > Nutrition and Healthy Eating

Bobby Goldsmith Foundation

Tel: 02 9283 8666 or 1800 651 011

Web: www.bgf.org.au

Food Distribution Network

Tel: 02 9699 1614

The Luncheon Club

Tel: 02 8399 3220

Web: www.acon.org.au/hiv/The-Luncheon-Club

Nutrition Australia

Tel: 02 4257 9011

Web: www.nutritionaustralia.org

Positive Living Centre

Tel: 02 9699 8756

Web: www.acon.org.au/hiv/plc/about

A healthy change

Robbie knew something had to change. Since starting his HIV medicines, he had gained weight around his stomach and it was starting to affect his health. Nerve damage had left him with a permanent limp and the extra weight meant he was having difficulties walking. Robbie also had high blood pressure and his self-confidence plummeted. He decided it was time to lose weight and take control of his health.

Robbie enrolled in Healthy Life Plus, ACON's three-month nutrition and fitness program at the Positive Living Centre (PLC).

The course includes a free 12-week gym membership and personal guided training and this made a big difference in Robbie's health. "When I exercised at the gym, I drank heaps more water and I always carried some fruit with me or healthy muesli bars."

"Obviously, you don't get results right away, but once you start to get results it really excites you."

Robbie says he received support and motivation during the health improvement discussions on Tuesday nights. He explains, "We would start off in the group by going around the circle to say what we've achieved and how we're feeling so that we

could check in and bounce off each other."

He gained valuable skills to take control of his nutrition too. "I'm pretty happy because I changed my diet in small steps. I'm more aware of what I put into my body."

"My overall health has improved. I had high blood pressure at the start of the program and that has dropped. My self-confidence sky rocketed.

"People were actually telling me I looked really good, that I had lost weight. They were saying, gosh, you look brighter and happier in yourself," Robbie enthuses.

"I've achieved weight loss, regained my confidence and I feel happier in my body."

Robbie proudly says he is determined to stick with it. "I don't want to go back to where I was because I worked bloody hard during those three months. I'm keeping up the nutrition because I'm enjoying it and I feel the benefit of it."

"I can also still follow up with my nutritionist at Albion Street Centre and that's what I'm going to do. I'm not going to forget all the people I met and I'm going to still use the services."

This is a shortened version of Robbie's story, you can read his full story at www.postivelife.org.au/Talkabout.

Healthy Life + Want to improve your health and fitness?

ACON's Healthy Life + program is now open for April 2010 intake. You will benefit from:

- A 12-week, free membership at Golds Gym
- Personal guided training (3 sessions)
- Instruction in training techniques
- Group motivation
- Nutrition consultation (3 appointments)
- Health improvement seminars and discussions.
- Seminars take place at the Positive Living Centre. The program is facilitated by appropriate health experts, ACON staff and fully-trained fitness leaders.

Contact: ACON's HIV Men's Health Promotion Team or ACON's Women & Families Project

Web: www.acon.org.au/hiv/groups-and-workshops/Healthy-Life-Plus

Tel: 02 9699 8756

Email: hivliving@acon.org.au or family@acon.org.au

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

AFFORDABLE VITAMINS & SUPPLEMENTS

The ACON Vitamin Service provides quality vitamins and supplements at discounted prices to help maintain and improve the health of people with HIV.

Popular products include spirulina, zinc, co enzyme Q10, selenium and a range of nutritional supplements.

To access the service, you need a letter or ACON vitamin 'script' from your dietician, GP or complementary therapist indicating the vitamins or supplements that suit your needs.

Visit www.acon.org.au/hiv/Vitamins, email vitamins@acon.org.au or call 9699 8756 for more information.

Fresh fruit & vegetable delivery

If you are living with HIV in the City of Sydney and surrounding suburbs, you may be eligible to have fresh fruit and vegetables delivered to your home for just \$9 a box.

The box has about 30 pieces of fresh fruit and/or vegetables and is delivered each week or fortnight.

The service is also available for older people, people with disabilities and carers, and those who need assistance living independently at home. You must be assessed for this service and places are limited.

Please call 9699 1614 or e-mail coordinator@fdn.org.au for more information or a client assessment.

The service is provided by the Food Distribution Network, a not-for-profit organisation funded by ACON, the Bobby Goldsmith Foundation and Positive Life, as well as the HACC program.

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: Hedimo on
9361 6011
hedimos@positivelife.org.au

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LIVING

on the roller coaster

Adrian always felt he was living a secret double life – juggling a dual diagnosis of HIV and mental illness with a professional career. With treatment and support, he has learned how to take control of both conditions and live a meaningful life.



I often feel like I have been on a roller coaster at high speed in a dark tunnel for 19 years without knowing where exactly the roller coaster was going. Even so, it seems strange to look back and consider the length of the rocky road I followed. I never considered telling my HIV story because it seems like giving into an inevitable finale when all I want to do is keep on living.

In the early days, so many young people died. It was all around us. Hence, being self-indulgent seemed disrespectful to them because their stories were never told. I am conscious of our relative privilege here in Australia compared to those with HIV in many other parts of the world where effective treatments are not widely available. When I was asked to share my story, I initially resisted for all of these reasons, but then something inside me said it is time to 'come out'. I also thought there might be others out there who are also waking up to the effects of HIV and mental illness and, like me, feeling paralysed by the sheer weight of this double taboo.

It might now be ok to speak out about sero-conversion and the experience of living with HIV, but the stigma of mental illness remains relatively unchanged. Admitting to living with both still seems something of a final frontier for those of us fearful of the consequences of disclosure.

The first diagnosis

I probably contracted HIV in 1990, but I was not diagnosed until 1991. I was living in Melbourne, going to uni, working two jobs and burning the candle at both ends. It came as a complete surprise and a searing shock. Those were still very paranoid times; perceptions and understandings of HIV were completely different then. It all seemed like a surreal fairy tale, as if everything were in suspended animation and the life that I might have had disappeared from that part of my brain controlling my hopes, aspirations and future vision. I remember feeling like my whole world had come crashing down around me yet still feeling slightly dissociated from the news that I had what was then called a 'terminal illness'. I did not wake from that dream for some time.

The sense of dislocation and alienation from myself was very real for me. I did

not understand it at the time, but it now makes more sense in the wider, holistic context of my dual condition.

I still remember the enormous fear and prejudice, the sense of uncertainty, the stigma and the ostracism that we experienced then. There was also an awful lot of unacknowledged ridicule on the gay scene. Memories of the 'Grim Reaper' ads shaped reactions of panic and doom in the media. People with HIV were seen as dangerous threats to themselves and those around them.

The escape

Almost unconsciously, I began to run away from myself. I packed the cerebral car and drove at high speed from a bad nightmare that I thought would perhaps just go away. I went underground and became completely immersed in other things, which seemed like a good idea at the time. While I decided not to let HIV run my life, this dissociation started to frame my relationship with the virus that I thought of as some kind of cruel punishment.

I became extremely secretive and reclusive – my escape from the virus meant that I could possibly run away from death itself. Concealing HIV on a daily basis in the years ahead became a way of life. My own sense of shame and fear guided my protective mechanisms with ever more elaborate methods of avoiding the subject. Denial was a hat that I wore very comfortably. I just wanted to get on with my life as if nothing had really happened.

As part of my escape, I went to the UK where I took up a scholarship. No-one knew about my status and I was able to avoid addressing it at all.

Confronting reality

In the mid-1990s, I had a breakdown due to the pressure of concealment and I moved to Sydney. One of my parents was also experiencing serious health problems around this time. The combination of these events meant that I had to start taking responsibility for my own health or I would probably get sick and die. I realised this after a good friend shook me and said that I needed to get help. After that, I started to slowly wake from a state of denial but it was still hard for me to accept my diagnosis.

I did not take well to early medications and found the side effects toxic and

disturbing. I often felt very nauseous, the lipodystrophy began to change my body shape and the banging headaches seemed to last forever. On some drugs, such as efavirenz, I experienced hallucinations and was unable to control my bodily functions.

I decided to stop my medications and try alternative therapies. In particular, I found Ayurvedic therapy very transformative and Chinese herbal medicines helped boost my immune system and provided some relief.

As medications became more palatable, I was able to find a combination that suited me after 2000 with the help of my incredible doctor, whom I still see. His advice enabled me to live a relatively 'normal' life at that time.

I started to slowly wake from a state of denial but it was still hard for me to accept my diagnosis

I resumed my studies again after a prolonged absence and tried to get back on the rails after feeling I'd fallen off completely. Nevertheless, pretending to be a person without HIV was a fantasy of the person I wanted to be. It seemed almost possible as I buried myself in work and study as strategies to keep busy and keep the virus at bay. It never stopped me from doing my job and my transformation into a diligent, yet directionless, workaholic saw me take on too much in an obsessive attempt to prove to the world that I could beat the virus.

Revisiting the past

I was born and brought up in the UK, the product of a mixed-race marriage. I have always been very proud of my father's south Asian origins, but the HIV diagnosis made me want to dig deeper than my family really wanted me to. Despite my diverse, multiracial background, there was a lot of pressure to be white, British and heterosexual. While this was a trifecta

that I was never going to win, I did not feel comfortable with those categories. This became more pronounced when I embraced Australian gay culture where my sense of belonging shifted so that I was able to explore the diversity of my own heritage.

The resistance to my British side and the newly found zeal for my Asian side, however, also became a bit of a diversionary tactic that prevented me from dealing with aspects of myself that I just could not accept. I failed to acknowledge the hidden history of debilitating mental illness in my family, despite confirmed diagnoses and evidence to the contrary. In retrospect, this was the real history that created the circumstances of my HIV diagnosis and my reactions to it.

My childhood was marked by erratic and dramatic change. We often moved house at short notice. I changed schools regularly and we ended up migrating to Australia without much consultation with the rest of the family. There were things that you did not talk about.

As a child, I did not think it strange that one of my parents had two distinct names and personalities. I thought nothing of it. In fact, it added a lot of colour and drama to the pace of ordinary life. Another family member was always very ill with 'postwar stress' but only in the last years of his life did I discover the extent of his true condition. As the eldest, I was responsible for protecting my family and keeping their secrets despite the fact that I was often being pulled out of class by social workers, often disappearing completely for a rest.

The dark clouds

I guess that all coming out stories are specific and unique. Mine is not special or extraordinary, but something sinister hung like a dark and repressed cloud over my experience of living with HIV. In some ways, this darkness sometimes eclipsed my relationship to HIV completely.

From an early age, I was predisposed to colourful behaviour and I just assumed that my escapades were my apprenticeship to the world of camp. As a child and teenager, my emulation of popular culture icons bordered on the obsessive. For a time, I thought I was Morrissey, then Adam Ant, and then Boy George, and then Madhur Jaffrey became an unlikely role model as gender didn't seem to come into the equation.

When I came out as gay at 18, my friend 'Brooke', who was very well-known on the Melbourne drag scene, used to take her young friend to the Prince of Wales Hotel in St Kilda on Sunday nights. Gender-bending was big in the 80s and the gay scene was both theatrical and ambiguous. I also remember my Hare Krishna phase, the fascination with French and Russian historical figures, and the bookish recluse who was a bit like Boo Radley in *To Kill A Mockingbird* who hid in the library and only emerged when it was completely necessary to do so. Fortunately, my hunger for reading and knowledge often pulled me back to some sense of normality where I also remained serious and studious. I was a floating chameleon who was a polar combination of extrovert and introvert, of joyousness and melancholy, of exotic and ordinary, of theatrical and scholarly.

Whereas adolescent forays into harmless escapism were one thing, psychotic delusions were quite another thing altogether. Because of the nature of my childhood and peer experiences, my extravagant, excessive and self-indulgent behaviour was always naturalised as an expression of my 'eccentric personality' and quickly swept under the carpet.

I began to experience paranoid and persecutory delusions and these became both intense and serious. Ranging from delusions of grandeur to distortions of reality, the chattering voices in my head had different accents and characters, and were often projected externally as distinct personalities. Everyday functions such as going to the supermarket or going to work became battles to contain myself.

My mood swings were very intense and unpredictable. The periods of invincible and confident 'highs' were inevitably followed by periods of crushing and worthless 'lows'. I started to seek help when I felt unable to manage both the effects of living long term with HIV and what was a noticeable and alarming change in both my personality and behaviour. I felt out of control but, more alarmingly, I felt that I had little control over my own perceptions.

There were also moments when the HIV symptoms and these behaviours clashed with each other, forcing my cerebral car off the road altogether and putting my life in turmoil. These identifiable patterns were extremely debilitating causing me to break-down and feel completely unable to cope.

The second diagnosis

While I was originally diagnosed with bipolar disorder, this was later revised to schizoaffective disorder due to the acute nature of my symptoms. I was able to put a name to the cloud that seemed to hang over my life but I was confused about what it actually meant.

I remember feeling shocked with the diagnosis, as if I was immune from my own genes. It never really occurred to me that my family's secret had affected me too or that I was suffering from another chronic illness that needed separate treatment. It was also like being diagnosed with HIV all over again. It forced me to look at myself in a microscope and ponder how on earth I managed to get up every day and function.

With good medications, counselling and time out, I am now able to control the onset of psychotic delusions and keep the voices at bay, enabling me to feel more in control of myself. However, it is still a struggle to come to terms with the longevity of my symptoms and my addiction to the extreme feelings of pleasure and pain that they produced.

Because the symptoms of mental illness are on public display for all to see, those of us living with it are left with a fair amount of embarrassment and guilt. We look over our shoulders to see distinct and repetitive patterns of damage that our behaviours may have caused. However, these feelings are often exacerbated by the exasperation and ignorance from those around us with little knowledge about the impact of delusory episodes or their intensity when we experience them.

Acceptance

Dealing long-term with HIV as well seems almost insurmountable, but in some ironic way, having something 'bigger' to deal with meant that I was able to put HIV into a wider context of everyday challenges. Losing control over your own conscious decisions and the boundaries of your own sense of self is one of the most frightening illnesses you can ever experience.

Whereas HIV affects the mind and body in ways that can be quantified and monitored, mental illness seems to twist your perception of reality to the point where the boundary between what is real and what is not is often blurred.

In some ways, this meant that HIV could be dealt with through the lens of delusion. Was it real or not? Was it happening to me, or to someone else? Would I wake up one day and be told that one of the voices in my head was HIV-positive but I wasn't? But in the end, the truth of HIV always managed to surface to take a leading role.

I went to extraordinary lengths to conceal my status from others and to attend medical appointments 'incognito' without telling anyone where I was going, but symptoms emerged that could not be dismissed as imaginary. I started to have problems with low platelet counts and was diagnosed with idiopathic thrombocytopenic purpura (ITP), which meant I had to have some immunoglobulin transfusions.

Taking ownership of my health, telling my family about my diagnoses and reaching out to those who experience dual conditions has been very liberating

Other HIV-related symptoms that emerged were managed with the same 'cloak and dagger' attitude. I ran to and from doctors' appointments in between teaching classes like a chicken with its head cut off. As a result, I often felt that I was running in repetitive circles but not really getting anywhere at all.

I've also experienced the onset of some HIV-related cognitive abnormalities. It was hard for me to distinguish what was an existing mental health condition and what was HIV-related, and it all became incredibly confusing. With a thud, I hit a brick wall.

The advice and treatment that I am getting is fantastic and I'm always completely overwhelmed by the thankless support available to HIV-positive people

every day. Taking ownership of my health, telling my family about my diagnoses and reaching out to those who experience dual conditions has been very liberating.

This journey has helped me wake up to myself and strive to get better in a space of reality and acceptance. The support and friendship of my partner of 12 years has been an important factor in sustaining my survival and keeping me sane. I feel humbled and blessed that we've managed to weather the effects of two illnesses in our lives because of his love and understanding. In many ways, he's the unsung hero of my life. He never wants any praise or acknowledgement but without him, I possibly wouldn't be here.

One important thing that I've learnt from living with a dual condition is that education or some form of training can be a lifebuoy for people with disabilities. Running at high speed in denial might have seemed irresponsible, but education gave me a sanctuary and sense of purpose when I was lost and confused. It became a refuge from the pain of stigma, enabling me to do something that had a real social purpose.

Passionate and inspirational teachers have provided me with an avenue to think of something other than my own sense of mortality. Looking beyond your own needs can be a very cathartic way of seeing the bigger perspective in life. The opportunity to get a tertiary education acted like a safety net when I often felt like jumping out of the window due to despair. When completely out of control, it was often the only thing that kept me going on a daily basis.

Life didn't end post-HIV diagnosis. In fact, life actually began for me and opened up all sorts of possibilities that were not there before I was diagnosed. I've been very grateful to have had educational opportunities that my parents could never have imagined.

On reflection

What would I have done differently? Telling the real story behind my denial and concealment is really painful because it might attract fear and stigma in an era where I feel that there is still a considerable amount of ostracism and ridicule facing people who are living with mental illness and HIV. But, by sharing my experience, I hope it might help to change attitudes

or to encourage others out there to seek support and treatment earlier than I did. Earlier detection and management would have saved me (and those around me) from a lot of suffering and pain.

We learn strategies of denial very early in life and shame is never an easy thing to deal with, but taking charge of mental health issues is the first step to healing and acceptance. In some ways, it might have been better to face the impact of my dual conditions earlier, rather than living through 19 turbulent and painful years in a closet of my own making. I realise now that 'running away' from myself was no solution either. While I can't change the past, or the impact of my illnesses, I can change the present. Living with HIV is still a roller coaster, but I'm no longer in the dark. Getting help, not losing hope, having faith in myself and taking responsibility for my own health decisions are far better options for living a meaningful life.

Resources

If you are concerned about your mental health, speak with your GP or specialist.

SANE Australia is a national charity that conducts programs and campaigns to improve the lives of people living with and affected by mental illness.

Web: www.sane.org

Tel: 03 9682 5933, 1800 187 263

Mental Health Association NSW

Web: www.mentalhealth.asn.au

Mental Health Information Service

Line: 1300 794 991

Anxiety Disorders Information Line:
1300 794 992

Schizophrenia Fellowship of NSW (SFNSW)

Web: www.sfnsw.org.au

Infoline (9am–5pm): 02 9879 2600,
1800 985 944

AIDS Dementia & HIV Psychiatry Service (ADAHPS)

Web: www.health.nsw.gov.au

Tel: 02 8382 1810

LIVING WITH HIV & HCV

Malcolm shares his experience of searching for the right treatments and how talking openly with his healthcare team helped him take control of his health.



To live with one virus can be challenging enough, but to live with both the HIV virus and the Hepatitis C Virus (HCV) has presented challenges that quite frankly I would have rather done without.

I live with both and to the medical profession this is referred to as co-infection or being co-infected. These are terms that I do not particularly care for as it labels me as a couple of viruses or some disease rather than as a person who has these viruses. My doctor just says I have a lot come on and that is an expression that I have no issues with.

One of the issues of having both is that there are less HIV treatment options available as some are too toxic for the liver. That is not to say there are not the treatment options available, but back before I started treatments the options were less.

When I became too sick to work many years ago, my doctor suggested it may be a good time to consider what was then the new trial for the treatment and cure of HCV. He suggested that if the treatment worked, I would not only have one virus less to contend with but there would be more HIV treatment options available.

While I knew that the treatment for

HCV was particularly unpleasant, it may be worth giving it a go as I had not yet started HIV treatment. I was having my bloods done regularly and the good old CD4 cells were in a state of decline. I was in a kind of a state of denial as I was finding it difficult dealing with my health at that time. In other words, I had not taken control of it as I have now.

After considering my doctor's suggestion, I made an appointment to see the HCV specialist. He was fantastic and explained everything thoroughly and pulled no punches about the treatment. He did not pretend that it would be a walk in the park, but depending on my geno type, the success rate at that time was around good odds. It is better now but 40 per cent was still fairly good odds, I thought, and I am not even a betting man.

My doctor told me to consider it and make the decision. As I was not working, I thought I would do it as I preferred trying to get rid of HCV before starting HIV treatment.

The next thing I had done was a liver biopsy to determine my geno type. Like most people with complex medical issues, I have had to endure quite a few medical procedures that are not particularly pleasant and I put this one close to the

top. To me it was more akin to torture. I was told that the result was good as I had geno type three, which seemed to impress my specialist and my doctor as the chances of cure was fairly good.

Starting treatment

I began a combination of pegylated interferon, injected once a week into the liver, and six ribavirin tablets per day. I remember starting treatment very well when I injected myself under the CNC's guidance at the Immunology B Ambulatory Care unit at St Vincent's hospital. I felt a strange sensation going through my body, but I accepted it for what it was.

I stopped sleeping after about a week and then started to cry all the time, which is completely unusual for me. I never cry and yet I had started crying for no apparent reason. The next thing I experienced was racing thoughts and I literally started to think I was losing my mind. Then I started talking to the walls in my flat, bus shelters, trees and shop windows. People, who I considered friends and who knew that I was on treatment, were spreading rumours that I was a crystal junkie. This, I will admit, hurt a lot, particularly as I was not even drinking alcohol at the time. I was trying to keep myself fit while I was on treatment.

After two weeks, I had to see my HCV specialist to get more scripts. He did not want me to continue treatment, but I was insistent. I don't recall much of the visit and I don't recall that the nurse drew blood; I was told that at a later visit.

The weekend after I saw my specialist was a bit rough for me. I decided to suicide, but for some bizarre reason I decided to see my doctor in case there was a magic drug he could give me. It was never my intention to tell my plans for the future.

When I walked into his surgery, the first thing he did was congratulate me on the time I had done HCV treatment and that we were stopping it that day. I tried to argue but he informed me that my HCV specialist had contacted him and was concerned about me. He then told me to drop my pants and look at my legs, which were shaking. The peripheral neuropathy was too much and then he told me that I was not going to kill myself. I asked how he knew that and he replied that he knew me.

I was diagnosed with mania and he told me that this would take time to go away, but it would. In the meanwhile, I was to see him three times a week, a psychologist once a week and my specialist once a week. These people became the glue that held me together during the next few hideous months.

A welcome diagnosis

Life experience has always taught me that out of every bad experience a good one will follow. One day when I was in his surgery, I told my doctor there must be some drug he can give me to stop what was going in my head. Then I clearly remember saying to him "You try to live with all this *!?!# going inside my head without all this other *!?!# going on".

He looked at me and said he thought I might have bipolar affective disorder. A light turned on inside my head for all of a sudden the past 45 years of my life were now explained. I decided I had! He told me to stop self diagnosing. He believed I could not as he had known me for too long and was going to send me to a psychiatrist at H2M at St Vincent's to assess me.

I went to H2M and was diagnosed with bipolar. I have to say this is one of the best diagnoses I have had because if you are compliant and take your medication, bipolar can be controlled. I will admit

that when I started taking epilum, I found it difficult. You lose those incredible highs, but I certainly did not miss those incredible lows.

For me, it was a relief, although a friend was not happy when I told people I was bipolar because it is a mental illness. "So what," I thought. Twenty-five per cent of Australians have a mental illness and if my story could help one person then I would be happy. There was nothing to be ashamed of here.

After awhile, the mania was starting to be controlled. While in a manic exhausted haze, if such a thing can exist in parallel, I was starting to feel some sort of normality.

Taking charge of my health

My CD4 cells were declining rapidly during this time and I was concerned and thought that I should start antiretroviral treatment. My doctor and HCV specialist were less concerned as they wanted to hold off on treatment until the toxins from the HCV treatment had cleared my body to give my body a rest.

However my persistence won out. I had started to take control of my health for the first time. My doctor sent me off to my HCV specialist to discuss treatment options as he knew that no-one could prescribe me anything unless I had some knowledge of what I was taking.

I did that and my specialist suggested trizivir, which I thought was fabulous as it is a combination of three drugs in one. I read the information and discovered that abacavir, one of the drugs, can cause hypersensitivity in 5 per cent of people who take it. Again, the odds looked good to me and I decided to start it.

Ten days later I woke up to discover I was covered from head to toe in a painful rash. I felt so ill that I thought I was about to die. I went to see my doctor who told me to stop taking the drug immediately and then made an appointment to have a biopsy done by a doctor in St Leonards. The last thing I felt like doing was travelling by bus and train to St Leonards to have this done, but I had no choice after he wanted to confirm the diagnosis.

The results came back and the diagnosis was confirmed. I thought that treatments and I just do not seem to get on very well together. I asked my doctor where we would go from here. He told me that he had had a conversation with my HCV

Resources

If you want more information about HCV, speak with your GP or specialist. The organisations listed below also provide information and support for people living with or affected by HCV.

Hepatitis Australia

Web: www.hepatitisaustralia.com
Tel: 02 6232 4257

Hepatitis C Council of New South Wales

Web: www.hepatitisc.org.au
Tel: 02 9332 1853

Hep C Infoline

Tel: 1300 437 222

H2M (HIV/HCV Mental Health Service)

Web: www.stvincents.com.au
Tel: 02 8382 3433

Multicultural HIV/AIDS and Hepatitis C Service (MHAHS)

Web: www.multiculturalhivhepc.net.au
Tel: 02 9515 5030
Translating and Interpreting Service: 131 450

specialist and that I was to be treatment free for awhile until the toxins had cleared my system.

With declining CD4 cells and a high viral load, I decided I needed a rest. I mentioned to a few friends that I decided to go to Bali for two weeks. I had not been for years and thought that it was just what I needed. A few thought that the suggestion was ridiculous, maybe they thought I was still not well enough and were being overly protective about my health. My doctor basically told me to plan the trip immediately and go as soon as possible.

I was very compliant and took my doctors advice! It was the best thing that I could have done at the time and I came back with more CD4 cells! I called them my Balinese cells.

Keeping it under control

In January 2004, after the horror year of 2003, I started another combination. Kaletra, lamivudine and tenofovir were suggested as the best for me. The drugs were proving their effectiveness, but I was not a happy chappy. Kaletra and I did not make good friends. I was becoming an expert on the public toilets in Sydney, which was not the best experience with so many near misses and some that did not miss!

After six months, I told my HCV specialist that enough was enough and I wanted a new combination. I was getting the feeling that there were not many left. So it was suggested that I try a new drug called atazanivir which would be taken with norvir (part of kaletra), lamivudine and tenofovir. For once something seemed to be working. One of the main concerns my doctor had was jaundice, a side effect of atazanivir, but I cared less than he did and said that if it worked and I turned yellow I would buy makeup! Fortunately the buying of makeup was unnecessary, even though I did go a little yellow for a

few days, it disappeared as soon as it came.

This combination worked well for me and I stayed with it until I spoke to my doctor 14 months ago about dropping the lamivudine and tenofovir for another drug, truvada, which is a combination of emtriva (FTC), a drug similar to lamivudine and tenofovir.

Last year I went to see my psychiatrist as I wanted to change from epilum to another drug if possible. I had put on a lot of weight since taking epilum, but he informed me that none of these drugs are good for losing weight. There was one however that might be better depending on my kidney function and that is lithium. So we tried it. I maintained my epilum dosage while adding lithium and having my bloods done regularly. As it turned out, the kidney functions were not good, so we stopped the lithium.

Since then my kidney functions were not getting any better and so my doctor has taken me off truvada, as it contains tenofovir and can hurt the kidneys. I am now taking lamivudine again and raltegravir, which is good as the latter

crosses the blood brain barrier and has slightly improved my neuropathy.

As far as the HCV is concerned, it still lives with me and I am learning to deal with it. The major issue I have is the lethargy that comes with it, but the interesting thing is that when you have something for a long time you understand the signs and you learn to manage it.

I recently had another liver biopsy to discover that I have neither liver cancer nor cirrhosis. This is great news after the time I had had with HCV. The other great news is that there should be a cure for HCV available to me in about five years.

I am not trying to alarm people about the current state of HCV treatment, as this was my personal experience and everyone reacts differently to medications. As I mentioned, living with both viruses is not easy as medications can be toxic for the liver. If you have HIV and HCV and have not considered treatment for HCV, it may be worth doing so as considering it costs nothing to your health as long as you keep yourself informed.

Monthly Hep C support groups

Hepatitis NSW is facilitating support groups for people affected by Hep C.

The groups provide people with a chance to meet others and share their experiences in an informal, friendly and safe environment. Anyone affected by Hep C is welcome to attend. Food and drink will be provided.

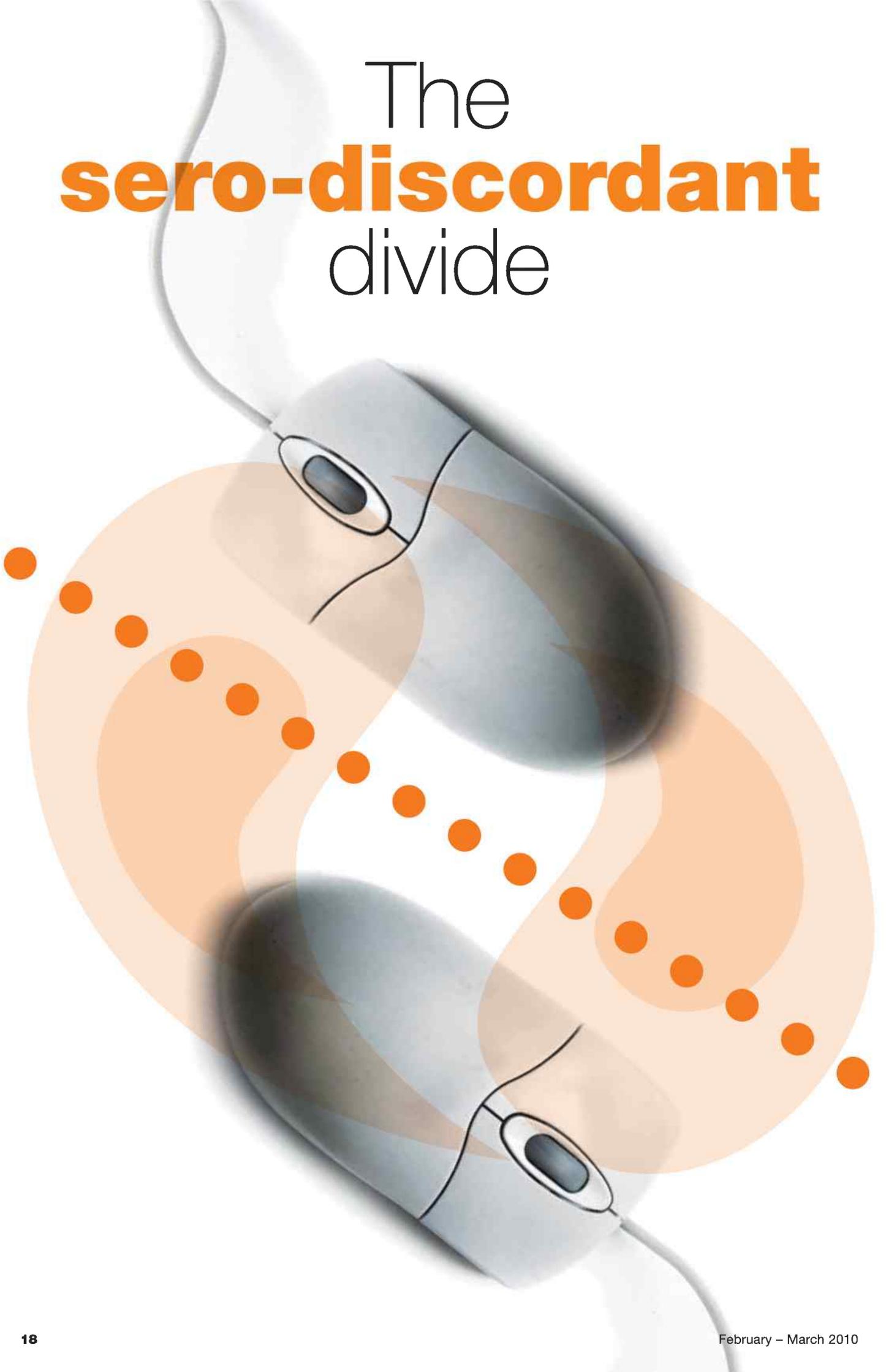
When: 3rd Tuesday of each month, 6–8pm

Where: Hepatitis NSW, Level 1, 349 Crown St, Surry Hills

Contact: Niki or Toby on 1800 803 990

Web: www.hep.org.au > Talking Hep C > Support groups

The **sero-discordant** divide



Tobin muses on the changes that online dating has brought to our sex lives, recalling some of the highs and lows of revealing his HIV status, and why some of us choose sero-sorting to keep things simple.

Sero-Discordance. It sounds like a post industrial nightclub or an over-funded performance art group from Europe. It certainly isn't, but it can be as confusing and confounding as arcane performance art. It's not exactly a horny or alluring word pair and it isn't the best way to start a date conversation!

From my trusty but not always conclusive Macquarie dictionary, 'sero' means serum or blood, 'discord' means 1. Lack of concord or harmony between persons or things; disagreement of relations, 2. Difference of opinions. I'll spare you the musical definitions but I will just say discordant music is rarely a mellifluously pleasurable experience.

Relationships and sex are supposed to be fun and stimulating; they aren't always a walk in the park, but definitely worth the effort – and at times – drama! Do opposites attract or do we find ourselves wanting the comfort of similarity or indeed familiarity?

I'm going to try to explore some aspects of these grand questions, albeit from a rather personal angle, as a sexually active human being in this spooky board game we call life. I happen to be a gay man, no lifestyle choice or social reaction, just the way I was born and with this identity/label/life comes specific challenges and hurdles.

The dating revolution

It could be argued that gay men in the west have achieved a certain level of recognition and acceptance in the eyes of mainstream society. In reality, many of us still feel like cockroaches, scuttling from place to place – home, SOPV, club, bar, etc – in small ghettos that allow a certain level of freedom as long as you keep things reasonably discrete. It could also be argued that unlike the hetero-normative paradigm, many of us lead a life with more emphasis on sex. Depending on

how discriminating your taste may be, it can be reasonably easy to pick up in a gay pub, bar, beat, club, sauna or some other sex venue.

But like a lot of the modern world, many have taken to the internet as a social service, like a thirsty queen to a cold schooner of lager! Some will argue that it's a safer way to meet people for dates or random hook-ups and sex. When you have such a variety of sites and profiles that leave little to the imagination, why would you bother with all the chatter, noise and annoying guesswork of old-school dating? It seems much of our identities are entwined, embroiled and

Sex and dating nowadays comes with a whole lot of asterisks, conditions, warnings and fine print

irreversibly tied up in all things sexual. Did we choose to go there ourselves or did we do it unwittingly?

Sex and dating nowadays comes with a whole lot of asterisks, conditions, warnings and fine print; a veritable lexicon of risks, diseases and a plethora of acronyms and awkward terms. What was once a joyous and oft spontaneous activity has now become a negotiated contract with demands, discussions and disclaimers. Not to mention insensitive and confusing state and territory laws.

Throw in the hysterical tabloid media and you have a dish that is potentially on the nose!

There is no place more pungent with contradiction and confusion than the good old World Wide Web. Many use it for news, shopping, socialising and even dating. It's become a convenient, at home, one-stop shop for all things modern and fab. You can choose how much people see you, adjusting your anonymity knob to the level of your own comfort.

Along with Youtube trolls and other faceless cyber bullies the internet is crawling, like a Google spider monster, with folks of all persuasions! The internet has been called democratic communication, de-monopolised media and even an unregulated free for all. You do sometimes have to sift through a lot of crap to find a gem, but maybe that's the appeal, just like dating only wider!

Picking and choosing

The term sero-sorting (horny, huh?!) is relatively new and it attempts to define or describe the way people choose their sexual partner on the basis of perceived or actual HIV status. It seems most aren't as concerned about Hep C, herpes or the many other nasty infections; HIV reigns as the contemporary disease of choice and the trendy virus of hysterical contention!

Now, I happen to be in a poz-neg relationship. I've been lucky enough to meet a fella who didn't find my HIV status as a threat or a reason to panic unnecessarily. I've been poz for 20 years this year (no cards please) and it's been a rocky road, especially when it comes to dating and partnering. To be honest, I spent a lot of time avoiding intimacy for fear of rejection due to my HIV status, so I just went for the 'easy' take out version. There was rarely ANY discussion but, of course, safety was on my mind at all times. Safety, because I didn't want another STI or a nasty drug-resistant strain of HIV

from some person who might be highly virulent because they didn't even know they were positive.

Now there are some great folks out there who don't panic, who educate themselves and have no real issues with partnering with an HIV-positive person, but I've experienced and heard some shockers over the years. Shockers in the way some respond on hearing of your poz status.

I've had the "I think your lovely, but I don't want to have to bury you" or the "it really worries me and I guess I'm not prepared to take the risk" or the simply chillingly cold automated "thanks for taking the time to look at my profile but I don't think we match". None of this is great for building confidence and healthy self-image, so you could almost see why some poz folk sort to only date other poz people, just to avoid the humiliation and shame. This is not to say that poz-pez (sero-concordant?) sex or relationships are a breeze.

It's a social Darwinian minefield out there, what with your "D&D free", "no fats or fems", "not into Asians", "no pandas", "if your over 30 don't even bother", "hung muscle seeks same", etc, ad nauseum! A real gem was one hot Lebo guy who wrote in his "what I like" section on gaydar that went something like this: "If you have a Southern Cross tattoo then we probably won't get on, in fact, you'll probably end up in hospital". Interesting how extremism can foster extremism but it gives us an idea of how sensitive and picky we can be at the expense of other peoples feelings.

No wonder some folk opt for the less romantic option of 'take-out' or 'stand-up' sex at the relatively anonymous environs of a dark sex venue. For a start, talking is usually frowned upon and disclosure of just about anything is considered gauche. We are there to get off, not to talk about

who was wearing what when or what she said to him or what not. Mind you, a simple introduction shouldn't be too much to ask!

Why can't we all get along?

What intrigues and alarms me around the fear palpable from both sides of the sero-discordant divide is the 'don't ask, don't tell' cone of silence that pervades so many sexual encounters. Ignorance is bliss, therefore no discussion is comforting? I don't think so! This occurs often and is a sad reflection of ... lot's of things.

It's a social Darwinian minefield online, what with your "D&D free", "no fats or fems", "if your over 30 don't even bother" etc, ad nauseum!

If, for example, one is up front about their HIV status in their online profile, then one can expect far less hits. If, like myself, I choose to bring the issue up at a time that suited, I would often get either a "thanks, but no thanks" or a barrage of questions from people who should know better. Has our education failed in some places or is the ostrich look a real goer these days? Sometimes I have the time and patience to be the unpaid teacher but not all the time!

Maybe a laissez-faire vibe has permeated HIV in our neck of the woods; seen as less of a threat, a completely manageable illness or an old gay man's disease. The balance between vigilance and freedom remains complex and difficult.

In an ever-evolving world where some think the Swiss Statement* is a fab new eatery we must be wakeful in keeping people abreast of science and social change. Don't get me started on our failing education system!

This is not just a poz person's problem, it involves us all and HIV-negative people can alleviate the burden through empathy and understanding, all helping to make the 'other' less daunting.

HIV for most has become a social/emotional rather than a physical dilemma and in some ways that can be harder to negotiate or 'treat'. The word 'normalise' is often used and it's a profoundly important things. Who on Earth wants to be bung, crook or strangely different?

In the famous words of a Depeche Mode song, "People are people so why should it be, you and I should get along so awfully"?

*The Swiss Consensus Statement was released by the Swiss Federal Commission for HIV/AIDS in 2008. It generated a lot of debate because of its conclusion that people with HIV who are on treatment cannot transmit HIV providing they meet select criteria. See *Talkabout* #164, page 15.

Positive Life NSW is currently working on a new internet-based campaign around pos-pez sex and sero-sorting. For more information, contact Kathy at kathyt@positivelife.org.au or call 02 9361 6011.

HIV positive
HIV negative

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LOVE GAME

Greg Page fastens his seatbelt on the roller coaster of love for another wild, crazy ride that even heartbreak, hot guys and HIV can't make him stay away from.

For Bette Midler it was a rose, for Donna Summer it was a healer and for Lady Gaga it was just a game. Yes, we're talking about that ole devil called love again.

Love in the age of the internet, mobile phones and *Avatar* is a complicated thing, as we all know. Still, it can be found and it can be real and I'm here to state the case for it. You have been warned.

Six months ago I was heartbroken. I travelled overseas to visit my boyfriend of five months. We'd chatted online for a while before he landed in Sydney for a month's stay, which he eventually extended to three months. We clicked instantly and I figure if you buy an anal douche together on your first date, then the signs are you're pretty much going to shack up fairly soon.

We dated tentatively for the first few weeks, but it wasn't until the night of Mardi Gras, when we suddenly locked eyes on each other after having gone separately to the party, that we realised we were in lurrve!

It was good too. We did some travelling together – we hit Byron Bay and beyond for a week or so – and found that we were even compatible travelling, which is usually the true test of a relationship.

I know plenty of couples who have not survived the dreaded 'car-gument'.

We went to art house movies together, we shopped for cheap T-shirts together at Cotton On and could even wear each other's clothes because we were the same size (another benefit of gay coupledom!). We ate way too much chocolate at Max Brenner, as you do when you are in that icky, gooey state known as love.

Then his mother got sick and he had to leave the country immediately to be with her. We planned for me to go to see him as soon as I could.

I managed to work out with my boss to get two weeks off, as special leave, so I could head over to be with my boyfriend. I wanted to see if there was a future for us, either in the country where he lived or back in Australia where he was thinking of moving.

Unfortunately, when I got there, I realised after a day or two that something was wrong. It got worse and worse between us until I finally discovered the reason, purely by accident, on his computer.

I found a series of photos of him and a young handsome guy, frolicking merrily about on a nude beach, dated just a week prior to my arrival. I confronted him about this and when he said he didn't know if he loved me, I took that to mean that he didn't.

I also knew that he'd had issues with my HIV status from the word go, but I'd never realised that it was such a big issue for him. He hated condoms and hated having to use them. For him to be able to bareback his partner was such a big thing that he was willing to give me up for someone who was HIV-. This was something that I couldn't change, even if I could only just barely understand the logic, so I just had to accept it and swallow hard.

I also had my own personal hard and fast rule that I can only be in love with someone who is in love with me. So I broke it off and moved out of his place. I went to stay with a mutual friend for the rest of my holiday.

Because I have learned from previous mistakes and bad break-ups, we patched up the friendship after a few days. It would have been silly not to as we got on too well together. I even got to meet the secret boyfriend.

I figured that life is too short to hold on to bitterness, hurt and anger. As with many other things, life goes on down its own path, despite the best laid plans you have. I have survived cancer and survived being diagnosed with AIDS, so I knew there were worse things than a broken heart.

I came back to Australia and felt like I needed to make some changes in my life. I moved out of the beach apartment where I was living and into a new inner city house that I shared with two other people. I started to get serious about my gym regime.



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I told myself that I was going to go out and meet new people and just enjoy life. I didn't need to fall in love, but just be friends with people and be friendly. Maybe I would have some hot sex on the side and get the love that I need from my friends and family.

Well, that was the plan anyway. Sometimes love has a sneaky way of creeping up on you when you least expect it.

I had long planned an overseas trip of four weeks over summer to spend some quality time with myself, meet new people and just travel and experience things.

Two weeks before I left, I happened to be on gay dating site, and a cute guy sent me a message. He was free right then. Well, he looked very cute, but I had a birthday dinner on that night. I told him I could meet him after work. So he met me at a park and seemed nice and we went to my place where we had sex. As you do. But there was something more to this guy.

I surprised even myself by telling him I'd like to see him after the birthday dinner and if he would like to stay over at my place I'd like that. He said he'd like that too. So that's what he did. Then he slept over the next night and the next night. In fact he slept over pretty much every night.

I think I knew it was love not because we had great sex (which we did) or had great conversations (which we also did), but from the way we slept so well together.

I'm someone who adores wrapping myself around the other person in my bed like a cocoon, not wanting to let them go and with hands and feet and everything else interlocking at various times during the small hours. The cute boy was pretty much the same and we just interlocked and plugged in, as if I were pre-programmed to be the AC to his DC.

Now as I write this I am but a few days away from ending my long trip and I can't wait to get home and be with him. We used the "L" word about a week before I left and it felt right and proper to do so.

We Skyped while I was abroad and we also said "I love you". That too didn't feel silly or tacky, but felt, well, perfect. The other great thing is that he has no issue with my HIV status, has no problem with us using condoms and is taking an active interest in my health, my meds and what my doctor tells me. Now, that's what I call love!

I know some people say that nothing is forever, and maybe they're right too, but love is such a wonderful, strong and satisfying emotion that even if it doesn't last forever, there's certainly no harm to keep trying to make it do so. My last long term relationship was 14 years, so I figure I have a pretty good track record already. So don't wish me luck ... wish me love! I'd do the same for you.



Mardi Gras Parade, 1997

Mardi Gras memories

Ross recalls the long history of Mardi Gras parade and party, and its reflection of our response to HIV in Australia.

Mardi Gras season is coming around again. There was a time when I found the prospect incredibly exciting – when I was of that age where Mardi Gras was the annual gathering of your ‘gay family’. There is still a need for a ‘gathering’, but now I play cards with a few older friends and reminisce. Having been at the first Mardi Gras and attending every party in the 1980s and 1990s (but none this century), I have a lot of reminiscing material.

You can't tell the history of Mardi Gras without also telling the parallel story of HIV and our response to it – although the juxtaposition of the two has not always been comfortable. This is a personal story constructed from my memories and anecdotes.

By the time 1984 came around, we knew AIDS was here but most of us hadn't really started to take it seriously. Storm clouds were on the horizon and it felt like this was going to be the last 'pre-AIDS' Mardi Gras – so we'd better party hard. It definitely felt ominous.

I was living in a house with someone who was a mad Elton John fan. We were shocked that he suddenly got married on Valentine's Day in Sydney, just before the Mardi Gras parade. Our response was to go into the parade mocking this sham

marriage. We got four white T-shirts, put large letters on each one to spell P-O-O-F, wore large Elton glasses and just wandered up with the parade.

Our cheap and simple costumes had an enormous response. Parades in some way seemed more creative, participative and less controlled than they do now. Sadly, two of the four 'Eltons' had HIV already (or got HIV soon after), although they didn't know it, and didn't get to see Mardi Gras in the 1990s.

All night at the party people would approach me and ask "where's the F?" (He was the cute one.) His usual way of doing the Mardi Gras party was to arrive, spend a bit of time seeing friends and then head for the stables, a sacred place where a lot of on-site sex happened. Of course, once HIV arrived, and was taken seriously, we could have none of that.

Reality strikes

A year later, the reality of HIV was well and truly accepted and the gay community response began. The first phase of AIDS was an epidemic of conferences and meetings and, of course, if you could schedule national meetings around the time of Mardi Gras, people from interstate loved you. If you lived here, however, it meant a week of meetings and organising.

In 1985, there was a small set of 'HIV' floats. The main theme was the Bobby Goldsmith float, 'so many men, so little time', which was a clever use of an existing slogan to be both pro-sex and sad depending on how you read it. I was involved in organising the AIDS Council of NSW's first parade presence.

HIV put a new set of political pressures on Mardi Gras. In the era of HIV, an event so associated with sex and drug taking was bound to come under scrutiny. Indeed two doctors at one point called for Mardi Gras to be closed theorising that it would lead to '50,000 HIV infections'. Some 25 years later, there have been just over half that number of infections in Australia. Mathematical modelling is sometimes a very precise 'science'.

Paradoxically, it was sometimes HIV organisations who encouraged Mardi Gras not to give in to anti-sex moralism. It was sort of inevitable that the immense on-site sex spaces had to go in the era of HIV, but in reality it just shifted them off-site.

In 1985, the size of the parade and the watching crowd felt huge. The parade had begun to transition from 'street party' to 'show'. For me, the street party was more fun.

The first year we handed out condoms was 1986. This has become a somewhat tedious ritual, in my opinion, but hey it



Mardi Gras Parade, 1999

was new and different then. It was also the first year the Reverend Fred Nile prayed for rain. On the day of the parade it rained all day. About an hour before the parade was due to start, the rain stopped. Just as the parade ended it began to pour. Seems like someone was sending a message that they like parades.

The few of us handing out condoms at the entrance were besieged by thousands fleeing the rain. Drag queen make up is very sensitive to rain! Most weren't interested in condoms; they just wanted to know where they could change. Many just gave up and stripped to their underwear. It made for a great party.

Water was involved in another Mardi Gras and HIV beat up. There was concern that the Mardi Gras swimming festival would infect the hallowed waters of the Andrew Boy Charlton swimming pool. During the first decade of HIV, paranoia and misinformation about HIV transmission was rife and the traditional homophobes were never loathe to use misinformation.

A growing presence

Each progressive year, the educational and HIV presence in the parade got larger. When I got diagnosed with HIV, my interest changed from prevention to the experience and politics of positivity.

In those early days, if you were positive and had a lot of friends who weren't well, Mardi Gras took on a totally different meaning. It became the event you stayed alive for, and, as the years went on, an event that was inevitably filled with sadness and memories of who was not there. How I remember those conversations

with positive friends about 'making it to another Mardi Gras' or 'I think this will be my last'. It certainly put a different sort of pressure on the event to work for you.

The first year I switched from 'prevention' to 'positive', I was involved in helping some people who weren't well participate in the parade. We pushed them along the parade route in wheelchairs. The response from the crowd was overwhelming. Somehow having thousands of people scream "We love you" jarred badly. The person I was pushing told me that if one more person told him they loved him he would "lose it in their face". But these were the years of major psychic disturbance as the reality of AIDS hit.

One year we all went as diseases or drugs ... we later realised this wasn't a good pick-up strategy

I had begun working in the HIV Support Project. It was a project that thrived on black humour – a humour that would probably jar shockingly in 2010. David McDairmid helped the project create a float and costumes that were incredibly well designed. We all went as individual diseases or drugs in these simple costumes that matched the main design; there was

a collection of "Teresa Toxoplasmosis" and "Paula Pentamidines". We later realised running around as a disease or a drug wasn't a good pick-up strategy.

There was sometimes a tense relationship about how much HIV should be represented in the parade. We didn't want being gay to be defined by HIV, but in the 1980s that's sort of what happened. Gradually gay and HIV got disentangled as AIDS went from epidemic to endemic.

In 1991, when deaths had started to peak and when the Australian drug approval system was still hopelessly slow at providing access to life-saving drugs, Mardi Gras to its credit put ACT UP at the front of the parade. ACT UP formed in Sydney in the early 1990s and was significantly involved in agitation to change Australia's archaic drug approval system.

The transition years

During the 1990s, the HIV presence became mega, but its impact seemed to be less and less. It was usually all together in an 'AIDS section' of the parade that often took 30 minutes to go past with hundreds of volunteers. Somehow, a yearning for the separation of 'gay' and 'HIV' meant we didn't want to see Mardi Gras and HIV so inextricably linked.

PLWHA NSW (now Positive Life) was involved in setting up a time out room for people with HIV. I had a couple of my best parties just hanging out there. The condom and health presence got larger and more creative, but also increasingly tedious and repetitive.

In many ways the best part of this story is that 'gay' and 'Mardi Gras' have both survived the 'AIDS crisis'. I could never have imagined we'd have effective HIV treatments and that I'd still be alive; nor could I imagine we'd reach this moment without some huge celebration.

Maybe we haven't celebrated because there is a deep unresolved sadness that is so often unspoken about the impact of AIDS from the mid-80s to the mid-90s. And maybe that same sadness is what prevents me from dusting off the party frock, looking for biscuits and slapping my friends into revisiting the past. But, I'm still so glad Mardi Gras is here and I hope for those of you who still enjoy it that it is indeed happy.

The RecharGe LounGe at Mardi Gras

For partygoers whose health,
disability or age means you need time
out to rest, chat & chill

Look for The Recharge Lounge near
the Dome. See you there!

If you have any questions contact
Positive Life NSW on 9361 6011 or email
hedimos@positivelife.org.au

A collaboration of Positive Life NSW, ACON, People with Disability
and New Mardi Gras.

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New Mardi Gras
Sydney Gay & Lesbian Mardi Gras

In another language

José left his native Peru for a new life in Australia. Here, he shares his story of being diagnosed with HIV in his new country and the support and confidence he found in the Genesis workshop.



When one migrates to another country in which your native language is not spoken, the adaptation process can be difficult. Well, depending on your ability to speak the other language you will confront communication issues.

New words, different meanings and diverse accents and intonations are a few of the obstacles that immigrants from non-English speaking origins will encounter on a daily basis. This problem becomes even more serious when one is diagnosed HIV positive as the logical reaction to this news is concern about how to communicate one's needs appropriately. You want to gather all the information possible and to convey your feelings in a foreign language, to speak it and above all to understand it.

Being diagnosed HIV+

I was diagnosed HIV positive about seven months ago. It was a heavy blow and one of the many questions I asked myself was how to communicate in a formal sense to doctors, medical personnel and groups which offer support. I also wanted to communicate with other positive men who, like myself, were recently diagnosed with HIV.

I discovered that this is a process which unfolds daily and it begins on the day one receives his diagnosis. Once you begin to confront your new reality, I also learned that you can lose some details in the communication process. There is so much more to gain than there is to lose in this process, although at first these gains reveal themselves bit by bit.

Fortunately for me, my ability to speak some English allowed me to communicate appropriately with my specialist in hospital. As I was conscious that the information was not being absorbed 100%, I could ask a translator to assist when it was necessary. And since then, my physical condition has improved.

As to the social aspect of my condition, I was able to ask for support at ACON and use their services for newly diagnosed positive gay men. They referred me to

Genesis at the Positive Living Centre (PLC).

Logically this workshop would be in English and my greatest fear was that I would not be able to understand what was being said. Perhaps I would miss out on important information and I also worried that others would not be able to understand me and that I could not express myself correctly. Ultimately, I decided that this experience was not to test my command of the English language but rather something more important. So I decided to attend the weekend workshop, despite my fears.

Genesis workshop

It was an excellent decision to attend the Genesis workshop, and one which I shall never regret. From the moment I arrived, I was made to feel comfortable and with regards to the language barrier I felt at ease and felt that people understood me.

My fears dissipated thanks to the human warmth that I discovered at Genesis and also thanks to the facilitators who were all too ready to ease my doubts. And it wasn't only the organisers, but the participants as well who assisted me in comprehending that which I did not understand. This has been one of the most gratifying experiences which I have had in the past few years.

My fears originated from the fact that I have only lived here three years, so my command of the language of Shakespeare is not yet total. I decided to apply some of the strategies learnt during my study of the English language. The first strategy is to remain calm and allow the information to flow and arrive by itself. The second strategy is to focus on the principal idea, which is generally given by the title of the discussion. In this way I could anticipate what was being said and this contributed to a greater understanding of the subject at hand.

The third strategy was to ask for clarification when I had a question, not worrying if I was expressing myself correctly or with proper grammar. It helped to remind myself that this was a workshop in how to live positively with HIV and not

an English class, though it was a fantastic opportunity to practise the language.

My absorption of the material during the weekend was assisted in great part by the format of the workshop. We did not focus only on one theme but rather delved deeply into the issues at hand. This increased my comprehension of the subject discussed. In this way, for example, I was able to understand that I could live a long and healthy life with my new condition.

I learned about the structure of the HIV virus and how it progresses in the body, about treatments available and how to formulate a relationship with your doctor. I learned about sexually transmitted infections and how to protect oneself and others as well. And I also learned of the care one must take with respect to disclosing ones status.

The pamphlets and publications that we were given, and which I later read at home, assisted further in helping me understand a bit more about all of this.

I am sure that I missed out on a few details, but I sincerely believe that I was able to absorb the most important things. These things were processed, understood and are being applied in my life on a daily basis.

Furthermore, the sense that I am not alone in this and that others like myself are working to live healthy, fulfilling lives with HIV is encouraging. I found a place in the PLC, where I can express my thoughts and feelings and where I feel that I am an improved human being with more internal strength and hopes than before I was diagnosed.

For more information on Genesis, contact ACON's HIV Men's Health Promotion Team. The next Genesis workshop is being held 19–21 March 2010.

Web: www.acon.org.au/hiv/groups-and-workshops/Genesis

Tel: 02 9699 8756

Email: srodriguez@acon.org.au

En otro idioma

José dejó su país natal, Perú de una nueva vida en Australia. Aquí, él comparte su historia de ser diagnosticado con el VIH en su nuevo país y el apoyo y la confianza que encontró en el grupo Génesis.



Cuando migras a otro país en el que no se habla tu idioma materno el proceso de adaptación puede resultar algo difícil pues, dependiendo de tu manejo del otro idioma, enfrentas problemas de comunicación especialmente en el idioma hablado.

Nuevas palabras, diferentes significados y diversos acentos y entonaciones son algunos de los tantos obstáculos con que los migrantes, con diferente origen al inglés y limitados conocimientos del idioma, nos topamos en nuestra vida diaria para el correcto entendimiento de la otra lengua. Este problema se vuelve aún más serio cuando te han diagnosticado VIH positivo y a la normal reacción que produce semejante noticia se suma la preocupación del como comunicarte apropiadamente, querer saber toda la información posible, la de querer transmitir tu mensaje en el otro idioma, hablarlo y sobre todo entenderlo.

Ser diagnosticado VIH positivo

Fui diagnosticado como VIH positivo hace cinco meses, el golpe fue muy duro y una de las tantas preguntas que me hice fue la de cómo comunicarme en forma fluente con los doctores, personal médico y grupos de ayuda que brindan apoyo psicológico y anímico a personas que como yo fueron diagnosticadas recientemente con VIH. Descubrí que este es un proceso que se desarrolla diariamente y que empieza el mismo día del diagnóstico y en el momento en que decides enfrentar tu nueva realidad; también descubrí que, si bien puedes perder algunos detalles durante la comunicación, es mucho más lo que puedes ganar de lo que puedes perder y que aunque poco al principio los beneficios se irán incrementando día a día.

Afortunadamente mi nivel de inglés me permitió comunicarme apropiadamente con mi especialista en el hospital y, siendo consciente de que la

información no llega al cien por ciento, puedo pedir la ayuda de un traductor cuando lo crea necesario; por lo que la parte física de mi problema está resuelto. En cuanto a la parte anímica y psicológica decidí pedir la ayuda de ACON y sus servicios para personas recientemente diagnosticadas con el VIH, allí me sugirieron asistir al taller de Génesis en el P.L.C. Lógicamente este taller sería en inglés y mi más grande temor fue el que posiblemente no podría entender lo que allí se hablaba y que tal vez perdería información importante, me preocupaba el que no pudieran entenderme y el que no pudiera expresarme correctamente. Creo que ayuda el pensar que uno va allí no para un examen de IELTS sino para algo que es mucho más serio, por lo que decidí asistir al taller pese a mis temores.

El Taller Genesis

Fue una excelente decisión el asistir a este taller, de la cual nunca me arrepentiré, pues desde el principio me sentí cómodo y pese a la barrera del idioma me sentí acogido y comprendido. Mis temores se desvanecieron gracias al calor humano que allí encontré y a la ayuda de los organizadores siempre prontos para ayudar a disipar mis dudas; pero no solo ellos, también los participantes trataban de ayudarme a comprender aquello que no entendía. Fue esta una de las experiencias más gratificantes que haya tenido en los últimos años.

Mis temores se debían a que tengo viviendo aquí solo tres años, por lo que mi manejo de la lengua de Shakespeare no es total. Decidí aplicar algunas de las estrategias adquiridas durante mi aprendizaje del idioma, la primera, estar calmado y dejar que la información fluya y llegue por sí misma. La segunda, enfocarme en la idea principal, que por lo general está dada por el título del discurso, así pude anticiparme a lo que se pudiera decir lo que contribuía a un mejor entendimiento de lo que se estaba

tratando. La tercera fue preguntar en caso de duda, no temer si gramaticalmente lo estás diciendo en forma correcta y recordar que este es un taller para vivir positivamente con el VIH, no una clase de inglés si bien es una gran oportunidad para practicarlos.

Durante el desarrollo del taller mucho ayudó el modo en que este fue dirigido, no solamente se hablaba sobre un tema sino que se mostraba gráficamente lo que se quería explicar, lo cual incrementaba mi comprensión de lo tratado. Es así que pude entender por ejemplo que pudo vivir mucho y bien con esta nueva condición, como es el VIH y como se desarrolla, los tratamientos disponibles, sobre la relación con tu médico, sobre las enfermedades de transmisión sexual y los cuidados que debemos tener al respecto y sobre cómo y a quién revelar tu condición de seropositivo. Los panfletos y publicaciones que nos entregaron y que leía después en casa ayudaron otro tanto a comprender un poco más sobre lo anterior.

Indudablemente habré perdido algunos detalles, pero creo sinceramente que lo importante lo recibí, lo entendí y lo estoy aplicando en mi vida diaria. Además de eso, la sensación de que no estoy solo, que muchos como yo están luchando diariamente para vivir mejor es alentadora, que encontré un lugar donde expresar mis pensamientos y que siento que soy un mejor ser humano con más fuerza interior y con más esperanzas que antes de ser diagnosticado con VIH.

This article first appeared on ACON's website and is reproduced here for *Talkabout* readers.



So can you cook? No 39 Saturday is takeaway!

Tim Alderman

It doesn't matter whether you watch the morning programs on TV or the so-called current affairs programs at night, there is bound to be someone, at some stage, telling you what you should, or more often than not, should not eat. I don't know about you, but I get a bit sick of it – you just don't know what to believe!

Okay, I don't eat the super diet that I supposedly should be, but my diet, by and large, isn't all that bad. I do cook my own meals 4–5 nights a week, and they do usually involve salads, meat, poultry, fish, fruit and vegetables. They are, what I consider to be, reasonably balanced.

I eat breakfast, I have a light lunch and that on its own is pretty good going as far as I'm concerned. However, I refuse to be a food nazi, someone who views food as 'just fuel for the body', or an out and out vegetarian or vegan.

I like meat and no one is going to tell me that I shouldn't eat it.

I don't believe in diets (and aren't there some idiotic diets out there!), nor do I believe in stupid trends like 'detox' diets. Everyone knows that the kidneys and liver are there specifically to do that: detox. If they are working properly, they don't need any help, though those making money out of the products probably don't agree.

What it really boils down to, and a point that is often ignored, is to enjoy eating, making it a pleasure and something that can be used to help you wind down. My lazy night of the week is Saturday night. I don't cook – full-stop. It can be a pizza or hamburgers or fish & chips or even, heaven forbid, one of the three or four times a year when I will say "let's do Hungry Jacks". But we do it and we enjoy it because we are not doing it all the time.

As for comfort foods, well, they are just that. As are junk foods provided they

aren't the be all and end all of your diet. I enjoy my Krispy Kremes, potato chips and chocolate (Mmm) and during winter, my hot chocolate with a couple of Tim Tams, and nobody is going to make me feel guilty about it.

I drink full-cream milk, eat full-fat cheese and have about 4-6 eggs a week (not to mention the bacon I often have it with). And it is the enjoyment aspect of it that I like to emphasise. I eat healthy meals on most occasions and I can see absolutely nothing wrong with a treat or a comfort food being thrown in there when I feel like it.

It is all about balance and not feeling guilty about having a little extra something here or there.

So, the following recipes are for the 4–5 nights a week when we do eat healthy, nutritious meals – what we do the rest of the time is our little secret ... so enjoy!

Toasted Grain & Nut Cereal

125g unsalted butter
¾ cup honey
1½ teaspoons vanilla essence
500g rolled oats
1 cup unsalted sunflower seeds
1 cup slivered almonds
1 cup shredded coconut
¾ cup unsalted pumpkin seeds
1 cup rye flakes (try Health Food stores)
1 cup chopped, dried fruit such as sultanas, apricots or apples

Preheat oven to 170°C. Place butter, honey and essence in small saucepan. Cook gently over a low heat, stirring occasionally, for 5 minutes or until honey and butter are combined. Place remaining ingredients, except fruit, in a large mixing bowl and mix well. Slowly stir in the butter mixture, making sure that each grain is evenly coated. Spread the cereal over a large baking tray and bake in the oven for 25 minutes, or until the grains are crisp and very lightly browned.

Stir occasionally to stop mixture sticking to the baking dish.

Remove cereal from oven and allow to cool. Add dried fruit and stir through evenly.

The muesli can be stored at room temperature in an airtight container for up to 1 month.

Makes 1.5 kg

Goat's Cheese and Lentil Salad w/Roasted Beetroot

4 medium-sized beetroots
2 tablespoons olive oil
Sea salt
Freshly ground black pepper
1 Cup of Puy lentils
¼ cup diced Spanish onion
¼ cup seeded and diced tomato
3 tablespoons extra-virgin olive oil
1 tablespoon balsamic vinegar
1 tablespoon finely chopped mint
¼ cup finely chopped parsley

To serve

Mint leaves

8 asparagus spears, blanched and cooled
200g goat's cheese
Extra-virgin olive oil, to drizzle

Preheat oven to 220°C. Place beetroot in a small baking dish and drizzle with the olive oil, salt & pepper. Cover with foil, place in the oven and bake for 40-45 minutes, or until tender when pierced with a knife. Remove from oven and allow to cool. Set aside.

Place lentils with 1½ cups water in a medium saucepan and bring to the boil. Reduce heat and simmer for 15 minutes. Strain.

Place warm lentils, Spanish onion, tomato, extra-virgin olive oil, vinegar, salt and pepper in a bowl, stir and set aside.

Peel beetroots by rubbing gently with your hands (I recommend using gloves and wear an apron) until they come off. Slice beetroot vertically into 1cm thick slices.

Stir mint and parsley through lentils.

To serve, divide lentils among 4 plates, top with a few sprigs of mint and the asparagus. Slice goat's cheese into generous slices and place on top. Add beetroot, and drizzle with extra-virgin olive oil.

Serves 4

Spicy Chicken Salad with Lime

4 Chicken breast fillets
Olive oil
Sea salt
Freshly ground black pepper
1 cucumber
1 cup coriander
1 cup mint leaves
1 teaspoon ground Szechuan peppercorns (spice section of supermarket)
1 tablespoon fish sauce (or to taste)
1 teaspoon sesame oil
3 tablespoons lime juice
2 spring onions, thinly sliced on the diagonal
To serve
2 cups finely shredded iceberg lettuce
Lime wedges

Preheat oven to 200°C. Brush chicken with olive oil and sprinkle with salt and pepper. Brown chicken in a frying pan, then transfer to a baking dish. Bake in oven for 15 minutes or until the juice runs

clear when pierced with a knife or skewer. Remove from the oven and leave to rest for 20 minutes. Shred chicken into strips.

Slice the cucumber in half lengthways, remove seeds using a teaspoon and discard. Slice thinly on the diagonal.

Place chicken, cucumber, coriander and mint in a large bowl. Sprinkle with Szechuan pepper, fish sauce, sesame oil, lime juice and spring onion, and toss until well combined.

To serve, divide iceberg lettuce among 4 plates and pile chicken mixture on top. Serve with extra lime wedges.

Serves 4



Fresh Tomato Pasta

1kg vine-ripened tomatoes
1 tablespoon sea salt
½ cup extra-virgin olive oil
2 tablespoons red wine vinegar
Juice and zest of 1 lemon
2 cloves garlic, crushed
1 small red chilli, finely chopped
Freshly ground black pepper
300g spaghetti
1 cup lightly packed basil leaves, torn

To serve

Parmigiano Reggiano

Score a cross in the base of each tomato. Place tomatoes in a large bowl and pour boiling water over them. Drain after 10 seconds, then peel the skin away from the cross. Halve the tomatoes and squeeze to remove the seeds and excess juice (or use a teaspoon to scoop them out). Chop tomato flesh roughly, place in a sieve over a bowl and sprinkle with sea salt. Leave to drain for 30 minutes.

Place drained tomatoes, olive oil, vinegar, lemon juice and zest, garlic chilli and pepper in a bowl and stir. Leave for 20 minutes for flavours to combine.

Cook the spaghetti in rapidly boiling salted water according to packet instructions, drain well. Toss through the tomatoes with torn basil leaves and serve with freshly shaved Parmigiano Reggiano.

Serves 4

**Do you have a Social Security problem?
Need help with Centrelink?**

Free advice and advocacy

Welfare Rights Centre



For information or advice:

Phone: (02) 9211 5300

Toll Free: 1800 226 028

**TTY: (02) 9211 0238 or visit
www.welfarerights.org.au**

Remembering **Robert Attwood**

On 6 January 2010, people with HIV in NSW lost a good friend and valuable community service worker when Robert Attwood died at home. He had been sick for the last few years with motor neurone disease.

Michael Dwyer, John Rule and John Trigg remember some things about Robert's life and contribution to the HIV-positive community.

Those who were privileged to know him through his work at AIDS Dementia & HIV Psychiatry Service (ADAHPS) can count themselves fortunate that he came into their lives. Bob's sense of loyalty and dedication to others was reflected in the way that those others responded to him.

His parents Cherry and Dennis left their lives in England to come to Sydney to be involved in his care for the last 18 months of his life. Their devotion to him made it very obvious where he had learned his sterling values and the qualities that made him a valued colleague and treasured friend.

Robert had been involved with the HIV community in Sydney all his working life. In 1992–1993, he worked at the People with AIDS Day Centre in Bourke Street, Surry Hills, and continued when the Centre moved to a laneway off William Street. The place had a lot going for it – good food, great view over East Sydney to the harbour – but it was a difficult time for many because of the number of deaths that were happening in the community. And there was Robert, a young, fair-haired, good-looking lad from Bristol in the UK, at the helm organising the whole shebang seemingly effortlessly and with good humour. Someone recalled on first seeing him working there, “Gosh, if this is one of God's waiting rooms, they sure picked one hell of an angel to oversee it.”

He completed studies in community welfare and presented information at the NSW HIV Rural Conferences. He also presented on the use of new technologies in assisting case management and client services at the Australasian Society of HIV Medicine conference in Melbourne and

on the case management model in HIV services in Australia at the International AIDS Impact Conference in Milan.

Bob liked life to be fun and he was able to lift spirits with his impish sense of humour and quick wit. But when life proved to be anything but fun for either his friends or clients, he was able to instantly respond with care, concern and empathy, and go straight to the core of whatever the issue was in ways that were always appropriate and constructive. This ability in his work was reflected in the high regard with which his ex-colleagues continued to hold him long after he was forced to retire due to the increasing difficulties that the disease imposed on his physical abilities.

Bob had a big, booming laugh to match his imposing physical presence. Despite the terrible toll which the disease took on his ability to function physically, it was his humour, sometimes dark and devilish, but often with a comic one-liner, that continued until the end.

He was a big-hearted bloke and he will be missed by many.



Concerned about your oral health?

The Nutrition Division at Albion Street Centre is trialling an oral health referral process and is looking for people with HIV to participate.

Who qualifies: People with HIV, concerned about their oral health

Who is conducting the study: Dietitians at Albion Street Centre together with the Royal Prince Alfred Hospital and Sydney Dental Hospital

What's involved: Four short questionnaires about your oral health, symptoms and smoking history, followed by an oral health exam at Sydney Dental Hospital

To thank you for your time, you'll get a Hoyts movie voucher after your oral health exam.

Contact: Louise or Lia on 02 9332 9600

On the Amstel

John Douglas shares his images of the Dutch capital of Amsterdam, a city renowned for its canals, culture and cool, bohemian vibe.

1 Gay café De Engel Van Amsterdam, Red-light district

De Wallen is a designated area for legalised prostitution and is Amsterdam's largest and most famous red-light district. It comprises a network of roads and alleys containing several hundred small, one-room apartments rented by sex workers who offer their services from behind a window or glass door, typically illuminated with red lights. The area also has a number of sex shops, sex theatres, a cannabis museum and a number of coffee shops offering various cannabis products.

2 Windmill de Adriaan, Haarlem

Although capital of the country, Amsterdam is not the capital of the province in which it is located, North Holland. That honour belongs to Haarlem – the town that inspired the naming of New York district Harlem. The original Windmill de Adriaan dates from 1779 and the mill has been a feature of the Haarlem skyline for centuries.

3 Man in the Mirror

This sign was discovered on Reguliersdwarsstraat, the main street for the GLBT community and nightlife.

4 Café Sappho, Lesbian Café

The Netherlands is justifiably well known for its promotion of all human rights and homosexuality is generally accepted and open in Dutch society. The Amsterdam Pride is an annual gay festival in the centre of Amsterdam, organised in the first weekend of August. The event is one of the largest public events of the Netherlands. The peak of the festival is during the canal parade, a large parade of boats on the first Saturday in August.

5 Canals

The Amsterdam canal system is the result of meticulous city planning. In the early 17th century, when immigration was at a peak, a comprehensive plan was developed based on four concentric half-circles of canals culminating at IJ bay. The town plan also comprised interconnecting canals along the radii, the laying of parallel canals in the Jordaan quarter (mainly for transport purposes) and the construction of more than 100 bridges.

6 Sissy Boy Homeland

A chain of housewares shops. For some reason I like the name, I can't say why, but I really do.

7 Homomonument

The Homomonument pays tribute to all gay men and lesbians who have been persecuted because of their sexuality. Located on the banks of the Keizersgracht canal, the monument comprises three large pink triangles made of granite set

into the ground to form a larger triangle. It was designed by Karin Daan to "inspire and support lesbians and gays in their struggle against denial, oppression and discrimination".

The alignments of the three points of the larger triangle are deliberate and symbolic. One points towards the National War Memorial on Dam Square. Another points towards the house of Anne Frank and the third points towards the headquarters of COC Nederland, the Dutch gay rights group founded in 1946.

8 Parked bikes

Amsterdam is one of the most bicycle-friendly large cities in the world and is a centre of bicycle culture with good facilities for cyclists. Bike paths and bike racks pervade the city.

9 Royal Palace

The Royal Palace in Amsterdam is one of four palaces in the Netherlands at the disposal of Queen Beatrix by Act of Parliament. The palace was built as a city hall during the Dutch Golden Age in the 17th century. The building became the royal palace of King Louis Napoleon and later of the Dutch Royal House. It is situated in the west side of Dam Square in the centre of Amsterdam.

10 Church, Amsterdam

Gay dance party and cruise club, Church, features regular theme nights inspired by a Sydney gentleman's club.

11-12 Coffeshops

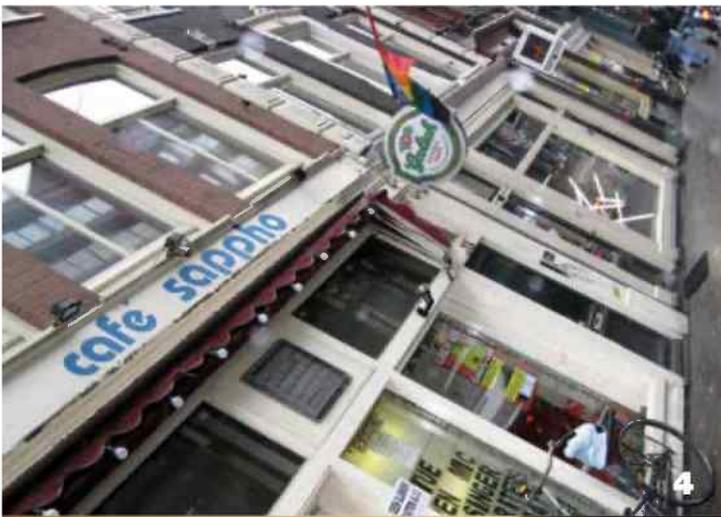
Amsterdam has many cafés, which are considered slightly differently than coffeeshops (one word in Dutch). Coffeeshops sell small quantities of cannabis for personal use under license. The concept was introduced in the 1970s to keep hard and soft drugs separate. Coffeeshops also serve drinks and food, but are not permitted to serve alcohol or other drugs.

For more information, visit:

Amsterdam Pride, www.amsterdampride.nl
Amsterdam Tourism, www.iamsterdam.com
Café De Engel Van Amsterdam, www.engelamsterdam.nl
Church nightclub, www.clubchurch.nl
COC Netherlands, www.coc.nl
Gay Tourist information Amsterdam, www.gaytic.nl
Gay News, www.gaynews.nl
Homomonument, www.homomonument.nl
Schorer, www.schorer.nl
Sissy Boy Homeland, www.sissyboy.nl

Photos: John Douglas,
www.JohnDouglasArt.com





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Olga's personals

Men Seeking Men

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**

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 30YO. 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 scenery and shallow. Nationality not important, chemistry is. **Reply 50108**

Friendly, passionate Greek/Aussie 164/79, 66 years old but well preserved and younger looking. Completely healthy A1 condition. Looking for mature guy – looks unimportant but good character and disposition a must. Still employed and planning a good and optimistic future (LTR). Loves kissing, hugging and close intimate sexual encounters. Broad interests and curious about most things. Good conversation and well-read a necessity. **Reply 160209**

Single 35 YO active/versatile. Slim athletic body. HIV+ healthy ISO 18-35YO slim, skinny bottom/versatile. Looking for friends, relationship. I'm mild to wild in bed. WLTm adventurous guys with few limits. Pen pals into kink welcome. **Reply 180209**

Mature HIV+ man living in Northern Rivers. I'm affectionate, caring & looking to share my life & experiences. 76kg, slim built, fit & versatile. Age, nationality & beliefs no barrier. ALA. **Reply 070409**

I'm a totally active guy, well presented, and I would like to meet a quiet, easygoing, home-loving passive guy for a long-term 1:1 relationship. Looks & build are not important. You must be 100% totally passive, enjoy lovemaking often and be under 40 years. **Reply 220409**

35YO Aussie in gaol to 2010, looking for pen pals maybe more. I'm genuine, honest & caring. Love hairy guys & into leather. Very lonely. I'm 5'10" slim, 70 kg healthy dude. Love country living and animals. ALA. **Reply 140509**

Nude yoga master needed CBD or nearby. Mowhawked muscled PA pierced mature guy who enjoys the art of Ashtanga yoga seeks nude yoga with 1:1 gay teacher. **Reply 200509**

Tall and dark and handsome, late thirties, fit masc caring DTE genuine fun non-scene passionate top Aussie guy. WLTm other masc genuine poz guys for friendship, fun or LTR depending on chemistry. **Reply 250509**

Mid North Coast – 55YO HIV+ average build/looks, versatile, honest, DTE, GSOH, NS. ISO regular buddy for friendship and good times together. Age and nationality not important, but honesty, GSOH and discretion are. ALA. **Reply 290509**

Melbourne, Victoria – 48YO HIV+ guy, 5'10" short dark hair, blue eyes, goatee, muscular build (85-90kg) passionate & versatile. ISO F/Bs (or more) who are aged 40-50, are passionate & versatile, DTE + GOSH. **Reply 020609**

Country NSW - 35YO good looking masculine build (92kg) and Caucasian. Likes keeping fit and spending time with friends and family. Poz for three years and in great health. Seeking other poz guys up to 45yr with view to becoming friends and maybe more. **Reply 280609**

Newcastle – Mature guy, HIV+ for 20 years. Seeking genuine one-to-one friendship to LTR. I am caring, affectionate, versatile and well presented. ISO similar partner. 5'10, 34" waist, 69 kg. Prefers mature age and stability. Appearance/area no barrier. Just be yourself. **Reply 290609**

Greek 32 years, very fit, attractive HIV+ male, accounting finance student (Parramatta area) ISO specifically to make friends and have LTR with other guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE. **Reply 160608**

46YO Oz-Poz GWM in good nick. Virgo/Tiger. Rural & O/S background. Well built 184cm/88kgs. Layback smoker only. Into music, cars and travel. City flat. Looking for compatible Oz GWM, DTE, GSHO, town & country, for LTR & Passion. **Reply 070809**

Sydney Lilyfield area: 48YO Poz guy, 78kg, mo + goatee, hairy chest, 5ft 8, non-scene. Looking for LTR with Poz guy to 55. Quiet nights, GSOH, single. ALA. **Reply 271009**

Men Seeking Women

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**

Mid North Coast NSW. Straight young 48yo guy non user. HIV+ unstoppable in life. GSOH. Definitely individual but like us all has moments. Genuine, sincere, wants children, seeking lady wanting the same. Kids OK. Discretion given and expected in return. **Reply 150409**

Carpe Diem. 40 years young and attractive Sydney male. I'm kind, considerate, new-age spirited, intelligent and artistic. I want to meet a lady to adore, worship and share life forever. Hopefully I've made you smile! Seize the day! **Reply 160709**

Looking to grow in love, to be resourceful in how one lives life and transcends everything which can drag you down. Do interesting things. In my 40s, youthful, healthy, HIV+. 6 ft tall, Caucasian; Work at maintaining a good appearance and attitude. Is there a Soul to match? **Reply 061009**

Victoria. Youthful and energetic 38YO guy working in Melbourne, caring and understanding, and happy to have kids sometime. Seeking to meet that soul mate who accepts my HIV status and is happy to spend her time with me and enjoy life together. **Reply 021109**

Port Macquarie NSW. Young 48yo guy straight non user HIV+. Tired of being single seeks lady wanting same. Genuine, sincere. Discretion given and expected in return. Nothing to lose so drop me a line and see how things go. **Reply 201009**

Women Seeking Men

Share love & life with a woman positively in love. Today was a beautiful day in Sydney, I had time and spirit to share. I stretched my hand but there was no one there... Hi Mr. Awesome what are you waiting for? Do not die with your song within you! **Reply 170110**

Sydney - Spicy & very attractive dark skin girl seeks a special, secure & independent guy to share the journey of life with. I am caring, honest, DTE person. I love to laugh and I do believe in LOVE. **Reply 210110**

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

When placing and answering personals

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

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

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

When meeting someone:

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

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

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

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

How to respond to a personal

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

How to place a personal

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

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

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

Yes, I want to be a member of Positive Life NSW

Please tick

Full member (I am a NSW resident with hiv/aids)

Associate member (I am a NSW resident)

Disclosure of positive hiv status entitles you to full membership of Positive Life NSW with voting rights. Members' details are confidential.

Membership entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

Subscriptions to *Talkabout* only

I don't want to become a member of Positive Life NSW but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)

I am a New South Wales resident living with HIV who does not receive benefits – \$20

I am an individual and live in Australia – \$33

I am an individual and live overseas – \$77

Organisations:

Full \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

Concession \$44 (includes plwha groups and self-funded community owned organisations)

Overseas \$132

Personal & Health Information Statement

We collect this information to add you to our database and to notify you of information and events relating to Positive Life NSW. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting us, phone 02 9361 6011 or freecall 1800 245 677, email admin@positivelife.org.au

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

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst
Mailing address: Positive Life NSW
Reply Paid 831
Darlinghurst NSW 1300
You do not need to put a stamp on the envelope.
Phone: 02 9361 6011
Freecall: 1800 245 677
Fax: 02 9360 3504

Name

Postal address

State

Ph

Email

Donations

I would like to make a donation of \$

Subscription to *Talkabout*

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

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

Please charge my VISA MasterCard

Expiry Date

Signature

Name on card

Total payment \$

Cash payments can be made at our office.

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

Signature

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

Health Promotion Fact Sheets

- 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**
- 12 Changing Horizons – Living with HIV in Rural NSW
- 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
- 19 Living with HIV and hep C
- 20 Balancing act: HIV and cancer

The content of our fact sheets was checked for accuracy and all references to programs and contacts were accurate at the time of publication. Please note that some facts are no longer available for distribution, but can still be found on our website where we will include links to more recent or relevant information.

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 and 4 postcards with key campaign messages.

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

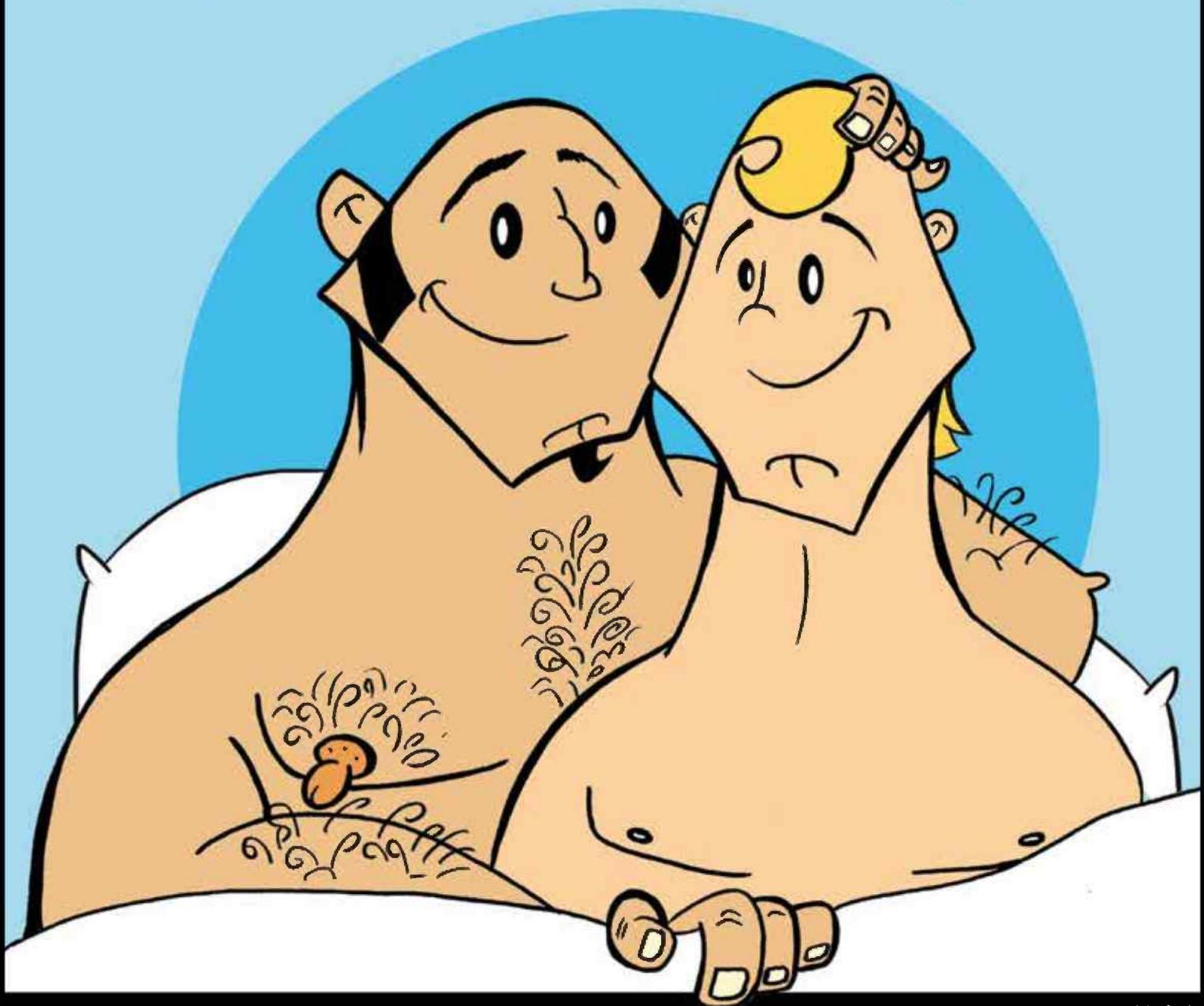
taking meds into MARDI GRAS

When you go through the gate, tell the security staff you have prescription medicines and ask to speak to a New Mardi Gras Medical Team member.

They will take you aside and discuss your medications discreetly. These discussions are private and confidential. New Mardi Gras Medical Team members have up-to-date information about current prescription medications, including HIV medications.

You must bring your medicines in their original containers to make it easier to authenticate the medication. Once medical staff confirm the medication is legitimate, you will be allowed into the party.

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



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