

talkabout

Where we speak for ourselves

#167

April – June 2010

Positive Life NSW the voice of people with HIV since 1988

BGF client service changes

An interview with Bev Lange

Experience sharing

Tips for living long-term
with HIV

Lifestyle matters – Conference report

Candlelight memories

***Talkabout* reader survey**



PositiveLifeNSW
the voice of people with HIV since 1988

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

 (02) 9515 5030

Translating and
Interpreting Service
131 450



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

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

AMHARIC የእርስዎ ስጦታዎ በተመለከተ ግንዛቤ እንዲያገኙዎት፣ እስከሚገባዎት ሆስፒታል እርዳታ እና ቅጂዎችን ይጠይቁ።
በዚህ ክልል ውስጥ ቅጂዎችን የተጻፈ መግለጫ (ቅጂዎችን) ጋንዲሲባቸው ጠያቂ።
ማንኛውም እገልግሎት በማይኮስፍ የሚያገኙዎት ክፍያ የሌለው ነው።

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

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

HEBREW מוזמנים להעניק לכם תמיכה ופיקודים בלשון חב"ד-אידס. על הקליניקה תוכלו לראות את הברור על שפתכם. כל השירותים הם בסודיות וחינם.

HINDI हम आपको सहा, आई. वी.एस. विषयों के बारे में सहायता और जानकारी प्रदान कर सकते हैं।
आपकी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें।
सभी सेवाएं गुप्त और मुफ्त हैं।

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

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

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

SHONA Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunza pakiririkidzino zvinyorwa zviridzira mumutauro wenyu. Rubatsiro rwese haruna muripo uye hapana munwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

THAI เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เมื่อเอชไอวีและโรคเอดส์ ทางการแพทย์แผนพื้นข้อมูลในภาษาของท่านใด ที่คลินิกนี้ บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่คิดค่าใช้จ่ายใด ๆ

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



Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

talkabout

contents

03

What's News?

Pregnancy rates rise in Sub-Saharan African women on ART; Homophobia, complacency and the global increase in HIV; In brief

23

Women & HIV fact sheets launch

Project partners Family Planning NSW, Multicultural HIV/AIDS and Hepatitis C Service, Heterosexual HIV/AIDS Service and ACON's Women and Families Affected by HIV Project launch the Women & HIV fact sheet series

05

Keeping you informed

Rob Lake discusses the recent work of Positive Life NSW

25

Talkabout reader survey

Tell us what you think about Talkabout

06

BGF client service changes

Talkabout speaks to BGF CEO Bev Lange about the upcoming client service changes and addresses a number of reader concerns

28

So can you cook? No 40

The end – Tim Alderman shares some of his past favourites in his last column in the series

10

Remembering Stephen Gallagher

32

Santiago surprises

John Douglas discovers the Chilean capital's Conquistador past and a thriving street art scene

12

Candlelight memories and evolution

Lance Feeney writes about the candlelight memorial service, memories of lost friends and how to create an enduring legacy for those lost

34

Olga's personals

16

Experience sharing: 27 years and counting

David Patient offers some tips for a healthy mind and body

18

The changing face of HIV medical care

Ross Duffin reflects on the key messages from the 17th Conference on Retroviruses and Opportunistic Infections. The verdict: lifestyle matters!

20

Eating in or eating out?

Greg Page explores whether gay men are better off single or coupled

Contributors:

Tim Alderman, John Douglas, Ross Duffin, Lance Feeney, Rob Lake, Greg Page, David Patient, Hédimio Santana



Positive voices

CURRENT BOARD

President Malcolm Leech

Vice President Richard Kennedy

Treasurer Paul Ellis

Secretary Bernard Kealey

Directors

Brett Paradise, Tim Parsons,
Russell Westacott, James Wilson

Staff Representative Kevin Pyle

Chief Executive Officer (Ex Officio)
Rob Lake

CURRENT STAFF

Chief Executive Officer Rob Lake

**Manager Organisation and Team
Development** Harry Richardson

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

Systemic Advocacy Lance Feeney

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

TALKABOUT

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

Printed by Crackerjack Communications
on 50% recycled paper

ISSN 1034 0866

DISCLAIMER

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

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

Over the years, there have been many changes to *Talkabout*, but the one thing that remains constant is the passion many of you, our readers, express towards the magazine. Love it, hate it or simply glad it is here, you often let us know what you think through our surveys and focus groups, or the occasional email or letter.

Well, it's time once again for you to let us know what you think. This year's *Talkabout* reader survey is on page 25 and I hope you'll take the time to share your thoughts. You can also complete the survey online at www.positiveliving.org.au/talkabout.

Talkabout has evolved organically in response to reader and community feedback, as well as the changing nature of living with HIV. In its early days, there was a bigger focus on treatments, complementary therapies, positive sexuality, services and legal issues. Over time, this has given way to personal stories, lifestyle and general health, fitness or nutrition information.

The magazine is unique in its dependence on contributions from the people living with or affected by HIV and thus our tagline, 'where we speak for ourselves'. This, however, creates some challenges often beyond our control. Although we may want to have a theme for an issue, feature a regular column or cover a particular topic, we can only do so if someone is willing to share their story or get involved. So, that's why columns like 'The joy of pets' seem to come and go.

The upside of this model is that once someone contributes to the magazine, they often take to the task with zeal and become a regular contributor! This is great because it means that we can count on regular content, but it also means our range of contributors may appear limited.

We try to represent the diversity of living with HIV in NSW in every issue. We can always improve this and we are counting on you to help us. We have also been talking to area health services, Pozhet, Multicultural HIV/AIDS and Hepatitis C Service and ACON's Community Development team to

encourage contributions that represent the diverse experiences of living with HIV today.

If you don't see yourself represented in the magazine, let me know. You could become a valuable contributor. Remember, you don't need to be an experienced writer to share your story – you just need a willingness to talk to someone about it. We can help you do the rest!

You can also have your voice heard by sending story ideas or writing a letter to the editor by emailing editor@positivelife.org.au. We have some guidelines on comments available at www.positivelife.org.au/about/comments, which also apply to letters to the editor.

The last issue's community service announcement from BGF prompted some passionate letters. A few of you expressed disappointment that we did not write an investigative article about the client service changes, but deadline pressures made this impossible. So, in this issue, we have an in-depth discussion with CEO Bev Lange beginning on page 6.

This issue also features regular contributors Ross Duffin writing about the changing nature of HIV medical care on page 18, Greg Page discussing love versus sex on page 20, John Douglas's pictorial of Santiago on page 31 and Tim Alderman's last 'So can you cook?' column on page 27. Tim will continue contributing to *Talkabout*, but in a new format.

I was pleased to get in touch with David Patient, who lives in South Africa, and reproduce his success story about living with HIV for 27 years on page 16. Lance Feeney reflects on the candlelight memorial service on page 12 and we remember the life of Stephen Gallagher on page 10.

I attended the launch of the 'Women and HIV' fact sheets in March and report on these valuable resources on page 23. The Pozhet 2010 events calendar is on the inside back cover, so tear this out and keep it handy!

It's a full issue and I hope you'll enjoy it. Let me know what you think!

What's News?



Pregnancy rates rise in sub-Saharan African women after ART

With the advances in HIV care and the rapid expansion of antiretroviral therapy (ART), women with HIV are living longer, healthier lives and this includes the desire and decision to have children.

According to a new study published in the February online edition of PLoS Medicine, an HIV-positive woman's chance of becoming pregnant increases over time on ART to nearly 80% higher than those not on treatment in Sub-Saharan Africa.

The study analysed data from the Mother-to-Child Transmission-Plus (MTCT-Plus) Initiative which took place in sub-Saharan Africa. The MTCT-Plus Initiative is an HIV care and treatment program for women, children and families. A total of 4,531 women were enrolled at 11 sites from February 2003 to January 2007. The study authors compared pregnancy rates among those on ART and those not on ART during this period.

A total of 589 pregnancies were seen among all women; 345 among those on ART compared to 244 among those not on ART. The authors note this suggests an association between increased pregnancy rates and starting ART as 30% of all women on ART became pregnant.

The authors highlighted independent factors associated with increased risk for pregnancy, including younger age, lower educational status, having a male partner, the partner being enrolled in the program, not using non-barrier contraception such

as injectable hormones and having higher CD4 cell counts.

The study emphasises the importance of fertility and childbearing among young women with HIV, particularly those living in sub-Saharan Africa. It also draws attention to the need for governments and family planning agencies to implement pregnancy planning and management as a key component of HIV treatment and care for women.

The authors note that while the increase in rates of pregnancy among positive women on ART may not be clearly understood and additional research may be required, "HIV care and treatment programmes have an important opportunity to address women's fertility intentions and to shape their services to address the needs of the women and their families over time".

Source: www.plosmedicine.org



Homophobia, stigma and the global increase in new HIV infections

On the eve of its third decade, the HIV epidemic faces a new challenge: an increase in the number of new infections. While the success of antiretroviral treatment has heralded a new development with people with HIV leading 'normal' lives with an increasing life expectancy, a disturbing fact has emerged: all over the world, the rates of new HIV infections are increasing, after having reached a plateau in the last few years, at least in some developed countries.

The factors contributing for this new increase are diverse, even though those currently being infected with the virus are still those who have traditionally been targeted: homosexual men, injecting drug users and prostitutes. One important cause associated with the increase in infections among men who have sex with men (MSM) is homophobic laws, some of which have been recently enacted. Around 85 countries still have laws that criminalise same sex relations among consenting adults, while Uganda, Iran, Mauritania, Saudi-Arabia, Sudan, United Arab Emirates, Yemen and Nigeria impose the death penalty for gays.

These extreme laws not only halt the efforts of programs aimed at universal access to HIV treatment, but also inhibit those most affected by HIV like homosexual men, prostitutes and injecting drug users as they don't seek help because of laws that criminalise their practices. Nearly 33% of new HIV infections in countries such as China and Kenya are in MSM, while 70% of new infections occurring in Eastern Europe

and Central Asia occur among injecting drug users. In Nigeria, where there are 1,000 new HIV infections every day, more than 30% are in vulnerable groups such as injecting drug users, sex workers and homosexuals. Michel Sidibe, the head of UNAIDS, said that this situation "is unacceptable".

Meanwhile, in developed countries, complacency has been blamed for the new increases in HIV infections. In the United States, more than 50% of new HIV infections last year occurred in homosexuals. Parts of Europe and even Australia have seen new increases, particularly among gay men. The upcoming battle against HIV will include a push to overturn laws that criminalise homosexuality in 85 nations as well as efforts to confront what Sidibe calls "complacency" among young people who haven't been exposed to as much information as other age groups about HIV and how it is transmitted. Sidibe is calling for "a prevention revolution" including a campaign in major cities around the world.

Sources: www.bloomberg.com/apps/news?pid=newsarchive&sid=aCWyKVY9ljkE#, www.washingtonpost.com/wp-dyn/content/article/2010/03/16/AR2010031604320.html

In brief

Health authorities have warned of an alarming increase in gonorrhoea cases in the NSW port city of Newcastle while urging Novocastrians to have regular sexual health checks and to practise safe sex. The warning follows the diagnoses of 41 cases of the sexually transmitted infection (STI). By comparison, there were 29 cases in 2008 and 13 cases in 2007.

Similar to chlamydia, the infection has been increasingly seen in teens and men and women in their 20s. However, as Hunter New England Health Director of Sexual Health Treeny Ooi says, "men who have sex with men have (also) been identified as a group particularly at risk".

Noticeable symptoms of gonorrhoea may include discharge from the penis, anus or vagina, and pain when passing urine or during bowel motions. If left untreated, the infection can lead to infertility. Dr Ooi says using a condom

during sex offers good protection, and people who are sexually active should have routine tests for STIs.

Meanwhile in Queensland, the number of reported HIV infections in the state is steadily climbing when compared with 166 notifications the year before, Queensland Health says.

There were 178 new cases of HIV reported in Queensland last year, the highest number ever been reported in the state. Queensland's Chief Health Officer Jeannette Young says the figures are worrying, as the highest notification rates were in the 25-34 years age group.

Dr Young says the increase may be due to an aggressive campaign encouraging gay men to get tested for HIV, while stressing the importance of safe sex.

Sources: <http://news.smh.com.au/breaking-news-national/rise-in-gonorrhoea-cases-in-newcastle-20100315-q702.html>, www.medicalsearch.com.au/News/QLD-HIV-AIDS-data-prompts-new-warning-on-safe-sex-43584

Hédimo Santana



DIVERSITY & OLDER PEOPLE'S CARE NETWORKS

- Are you aged 60 years or over?
- Do you identify as gay or lesbian?
- Do you receive care or emotional support from other people in relation to a health need or disability?

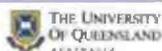
We need you for a research project funded by the University of Queensland about the networks of people who provide care to gay and lesbian seniors.

We would like to interview you, as well as the people involved in your care. This may include partners, family members and friends, as well as paid or employed care providers.

Total confidentiality guaranteed. If you change your mind about participation - no worries! Interviews at times and places convenient to participants

If you would like to be involved or know someone who might be interested or for more information contact:

Mark Hughes T: 0405 385 976, E: m.hughes@uq.edu.au
Sue Kantlyn T: 3379 7273, E: dryad@internode.on.net



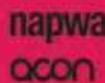
Ahead of Time:

A practical guide to growing older with HIV

This booklet is specifically designed to help people living with HIV make the best decisions about their health as they begin to grow older.

It contains the latest information on the medical and social challenges of growing older with HIV. Some of the topics covered in this new booklet are: cardiovascular, liver, kidney and bone health, cancer screening, menopause and more...

NOW Available from
ACON



Keeping you informed

Updates on the work of Positive Life

This regular column is a chance for me to describe the current work of Positive Life, emerging issues and, perhaps, encourage you to share your views.

It's been a busy year and we will soon begin consultations for the 2011–2014 Strategic Plan. There will be a range of ways you can have your say, hopefully you will make the time to call, write, meet with and talk with us about the work you think we should do over the next three years. Harry will be working with the Board to promote ways for you to get involved.

Kathy is finalising the development of our education and information campaign for HIV-positive gay men who look for partners of the same HIV status. This sexual health campaign looks at a range of issues and includes resources, video interviews and a website for information and discussion. Following this campaign, we'll begin consultations with people with HIV about

mental health needs and how services should be responding to them.

On the policy front, the NSW *Public Health Act* is under review. This is an opportunity for us to seek changes to the way this law works. We will be suggesting better ways to support safe sex and sexual health strategies to counter the current requirement for HIV-disclosure in NSW. Lance is also developing a pilot program to support people when their health needs change. The program will help people adapt to and better use the healthcare system, as well as offer tips, support and understanding of their rights as health services users.

As you can see in this issue, Kevin has begun a reader survey to find out what you think about *Talkabout*, and also where to find our information more generally. Phillip and Kevin continue working to make our website easy to use, relevant and up to date. So expect some changes to come.

We have just completed the first four pilot

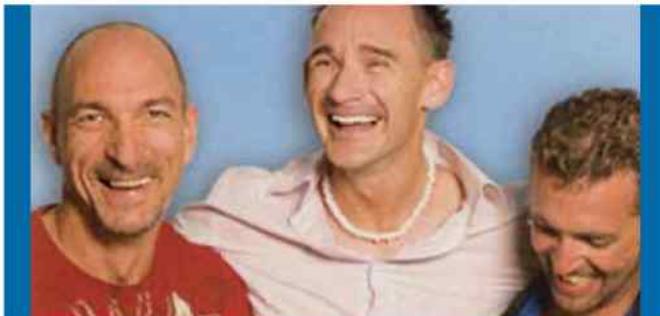
talks to St Vincent's nursing staff by members of the Positive Speakers Bureau. The nurses involved were all enthusiastic and we will now look at ways to work with other hospitals to build on this. In addition, Hédimo recently led the first peer support teleconference with people with HIV living in areas around Albury, Wagga Wagga and Queanbeyan.

We have been evaluating the way we do peer support. The research report is close to completion and, once finished, we will be asking group participants to help us work out how to put the results into practice to improve our peer support work.

We continue to look for opportunities to build on our work outside Sydney. PSB speakers will travel to Parkes later in April for a series of workshops.

If you'd like to find out more about any of these projects, call us at the office on 02 9361 6011 or 1800 245 677 or email admin@positivelife.org.au.

Rob Lake, CEO



Genesis

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

**8 – 20 June 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

BGF

client service changes

Talkabout received a number of enquiries and passionate letters about the BGF client service changes. We sat down to talk to BGF CEO **Bev Lange** to put forward some of your concerns. Here, she discusses the refocussing of financial assistance, explains the limitations of BGF's funding sources (and explains those 'other expenses') and talks about how they will help clients make the transition.

Talkabout: *The announcement of the latest round of client service changes has many people talking and there is a lot of speculation. So, let's start at the beginning. Can you give us a brief overview of the current round of changes: What are they and why are they being made now?*

Bev: When BGF first introduced financial assistance, it was very short term, making sure people who were very unwell could maintain power for heating and refrigeration, keep a telephone to minimise social isolation and other medical assistance.

People living with HIV now have a longer life expectancy, their needs have changed and our assistance has to change as well. Planning for the future, supporting greater self reliance, maintaining health and developing new skills are a greater priority for many of our clients.

The current changes will direct BGF's financial assistance away from the daily costs of energy and telephone towards assistance with antiretroviral therapy and non-PBS prescriptions, alternative therapies, dental health and medical gap costs.

We are also building on the successful Phoenix Workshops, providing employment and training programs such as the BGF Intern Program, in addition to the vocational guidance we currently provide. BGF is also exploring pilot programs which will create a more direct pathway to employment for those who are interested.

Our assistance will be based on the needs of the individual and this will ensure those needing greater or different assistance will continue to be supported.

Talkabout: *Some people are upset at the prospect of losing a trusted source of financial assistance for utilities, particularly long-term clients who may have been receiving this support for some. How can BGF stop offering this financial assistance?*

Bev: BGF is not stepping away from financial assistance but it is changing the focus. As some clients have told us, there is a need for people to be supported individually, but many people are able to support themselves with minimal help from us. We want to be here for PLHIV for many years, and these changes are based in better assessing and supporting individual needs, helping people plan for the future and ensuring our assistance is available for everyone in need.

Talkabout: *So, as you said earlier, BGF will continue to provide direct financial assistance for medical expenses. This is surely a good thing. I think this is something makes BGF unique – the payment of money to meet living expenses. Although, you note that BGF will continue to provide a similar level of direct financial assistance, there is some concern about how clients will meet their utilities costs. Are there other means of support for those clients concerned about expenses no longer covered by BGF?*

Making the transition

- You should work with your caseworker to identify your needs and priorities for support. Together, you will create an annual Individual Service Plan that will be reviewed each year.
- If you receive financial assistance, you will now need to provide a Proof of Income (generally a Centrelink Income Statement) once a year if you are on a Disability Support Pension or Aged Pension and every six months if you are on Newstart Allowance or a low income.
- If you receive financial assistance, you will have greater attention to ensure you understand and manage your spending and cashflow challenges. Your caseworker will help you complete a spending plan/budget.
- You will receive assistance to organise deductions through Centrepay for your energy bills and, in some cases, direct debits for rates, rent, telephone, etc.
- You will receive information about other BGF services and/or you may be referred to external programs that may be able to help you.

Bev: BGF is unique. To my knowledge, no other service provides direct financial assistance to people with HIV.

It is important to note that in addition to the Disability Support Pension the following supplements are available:

- **Mobility Allowance** – The Basic Rate is \$80.50 per fortnight, payable to those travelling to undertake paid or voluntary work or vocational training for 32 hours every four weeks. The Higher Rate is \$112.70 per fortnight, payable to those working 15 hours a week, or looking for work that will be 15 hours per week.
- **Pension Supplement** – \$56.10 per fortnight. From 20 September 2009, the following payments will be rolled into the new Pension Supplement which will be automatically paid to pensioners and other eligible income support payment recipients with their regular fortnightly payment:
 - Pharmaceutical Allowance (PA)
 - Utilities Allowance (UA)
 - GST Supplement
 - Telephone Allowance (TAL).
- **Education Supplement** – \$62.40 per fortnight. This payment (or Abstudy PES for indigenous students) helps with the costs of full or part-time study.
- **Energy Rebate** – \$33 per quarter. A NSW Government Energy Rebate is available through each energy provider. This may have lapsed and a new application may be required – caseworkers can assist clients. If the rebate is current, it will be noted on your quarterly bills.
- **EAPA Vouchers** – \$30 per month. Energy Accounts Payment Assistance (EAPA) vouchers are provided to community services agencies, including BGF, to assist people experiencing difficulties paying their energy bills. It should be noted that EAPA vouchers are for emergency and occasional use only and not as a regular income replacement.

Talkabout: How will BGF help people plan for and manage the transition of financial assistance towards medical and dental expenses?

Bev: Briefings are being held across NSW to provide the opportunity for as many clients as possible to ask questions of BGF staff. Caseworkers are contacting clients to take them through the changes

and review the potential impact for each individual. These changes won't commence until 1 July for existing clients, giving sufficient time to understand the changes and for caseworkers and clients to develop new plans.

Individual needs will continue to be met by BGF and I encourage all clients to talk with their caseworkers about any financial matter as we can provide substantial information.

BGF has established a Client Services Advisory Committee to consult on a range of matters including the changes to financial assistance ... BGF, in consultation with the Committee, is developing an evaluation program to ensure people are not negatively impacted by these changes and this will be reviewed at the quarterly meetings after 1 July.

Talkabout: Positive Life has asked BGF to let clients know about the ability to appeal individual decisions and has also asked that BGF keep track of the impact of these changes on clients. How will you do this?

Bev: People are encouraged to speak with their caseworker or escalate to the Client Services Director, myself or the Board if they would like to appeal a decision about financial assistance.

BGF has established a Client Services Advisory Committee which comprises ACON, Positive Life, Positive Central, HIV Community Team, Social Workers in AIDS (SWAIDS) and NAPWA. The Committee has been consulted on a range of matters including the changes to

financial assistance. The Committee will continue to meet quarterly to discuss the development of other programs, changes in HIV that need to be addressed, provide feedback about existing programs and particularly feedback about the changes to financial assistance.

BGF, in consultation with the Committee, is developing an evaluation program to ensure people are not negatively impacted by these changes and this will be reviewed at the quarterly meetings after 1 July.

Separately, all service providers are encouraged to provide feedback regarding any issues a client might have with BGF, which will be monitored.

Services and support

Talkabout: In addition to the direct financial support, BGF provides a range of services focussed on practical and financial needs for people with HIV. Can you tell me a little about the staff and the work they do?

Bev: BGF has one full-time and one-part time financial counsellor to assist people manage debt arrears; negotiate with creditors on clients' behalf, which often results in improved or reduced repayment plans; and provide advice on complex financial matters.

There are eight full- and part-time community support workers who support people remain in their own homes. Community support workers also staff Bobby Goldsmith House, undertake in-home care, and support and work with people who have issues with alcohol and other drugs.

Case workers provide case coordination, develop plans and budgets with clients, process requests for financial assistance, liaise with creditors where circumstances are complicated, undertake outreach across NSW and process No Interest Loans Scheme (NILS®). I should note that in the last financial year, we distributed almost \$100,000 in NILS® loans [that's in addition to direct financial support reported elsewhere].

Caseworkers also develop workshop programs, intake new clients and liaise with other service providers.

Talkabout: I imagine there are a lot of administrative time and cost involved simply in paying client bills. Can you explain a little bit about the human cost of providing financial assistance?

Three levels of financial support

Ongoing financial assistance

This will be available for all eligible clients and relates to health and well-being including:

- Costs of HIV anti-retroviral medications
- Costs of HIV related non-PBS medications (with doctor's confirmation)
- Costs of HIV related vitamins and supplements (with health professional confirmation)
- Costs of alternative therapies (with health professional recommendation)
- Costs of medical gap fee for HIV-related procedures (with doctor's confirmation)
- Costs of annual dental check where no other assistance available.

Short-term, targeted financial assistance

This will be available on assessment by your caseworker for:

- Emergency support – one-off assistance for food or shelter
- Short-term (3–6 months) assistance to enable a client to be housed, stabilise finances etc – generally get back on their feet
- Fees and /or materials for approved courses (returning to workforce or capacity building)
- Costs of returning to employment – clothing, materials, etc.

Note: This assistance is short-term only and will be reviewed every three months.

Specific, targeted financial assistance

This assistance is available if assessed by your caseworker as having high support or complex needs. Assistance will depend on your specific needs and depending on your priorities may include:

- Help with medical equipment
- Help with childcare
- Help with utilities
- Help with purchasing glasses or hearing aides.

Note: This assistance will be determined only after assessment and discussion with your caseworker and will be reviewed at least once a year.

Bev: BGF pays an average of 800 bills per month and this clearly takes substantial resources including staff time to the extent that there often is insufficient time to speak in detail with their clients. We're eager to maximise the time caseworkers spend with their clients so that we can better understand their needs and provide better and more appropriate support. Caseworkers have greater skills than paying bills and they are a wonderful resource for people living with HIV in NSW. There was a 20% increase in new clients during the 2008/09 financial year. We now have 1,450 clients to support in NSW.

Financial matters

Talkabout: *I'd now like to address some of the financial aspects of BGF if I can. Am I right in assuming that the government funding can't be used for direct financial assistance, only the money you raise can be used for financial support? Can you explain the difference in your funding sources and what this means about how you can use them?*

Bev: Each year, we receive a non-government organisation (NGO) grant from the South Eastern Sydney and Illawarra Area Health Service (SESIAHS). This funding is for client services staffing only. This staffing supports the administration of various BGF programs including provision of financial assistance, financial counselling, vocational guidance, case coordination and supported accommodation.

While our government grants cover most client supporting positions, there is still a shortfall that we need to cover with fundraised monies. This means we actually have limited funds that we can use for direct financial assistance. We rely solely on our fundraising income to provide financial assistance.

While our fundraising income has been steady over the last two years, there has been a significant increase in new clients. In this financial year, we will distribute close to \$400,000 in direct financial assistance.

Talkabout: *What impact has the drop in income from fundraising and bequests had on financial support and other services over the last few years?*

Bev: In the last financial year, the BGF Board made the strategic decision not to reduce services despite the decline in investments due to the global financial crisis and related downturn in community donations. This is why we have a current deficit of \$783,401. In order to continue to meet the diverse needs of our client base, we had to reallocate client services priorities.

Through our case management model, we have implemented some new procedures to make our services more accessible to people living with HIV. As a result, we've seen a significant increase in new clients since mid-2007 and we believe this trend will continue for the foreseeable future.

Talkabout: *A number of our readers expressed concern about the reporting of "other expenses" of \$1,334,966 in the Income Statement in the Financial Report. What does this figure represent?*

Bev: Other expenses in the Income Statement in the 2008/09 Annual Report contains items such as Accountancy Fees, Audit Fees, Bank Charges, Client Amenities, Computer and office infrastructure, Fundraising costs including events and appeals, Insurance, Legal Costs, Light & Power, Motor Vehicle Expenses, Printing & Stationery, Postage, Rent & Outgoings, Repairs & Maintenance, Telephone and Mobile Telephone, Vital Call Pagers and Volunteer Costs.

Talkabout: *Finally, any comments you would like to make about the overall financial health of the organisation? How is BGF placed to move forward?*

Bev: BGF is in a sound financial position with money on investment that will fund new programs, maintain existing programs and the future of the organisation. The Finance Committee and BGF Board oversee the governance of BGF and for many years the auditor has provided an unqualified annual financial report.

BGF is investigating other opportunities to diversify our revenue as there is so much competition for the fundraising dollar.

If you would like to share your thoughts on this article, email editor@positivelife.org.au or view the article online at www.positivelife.org.au/talkabout, where you can comment.

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

PositiveLifeNSW
the voice of people with HIV since 1988



7₂9



HIV positive and getting on with it?

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

729 is a social discussion night for you!

Thursdays, monthly from 7pm

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

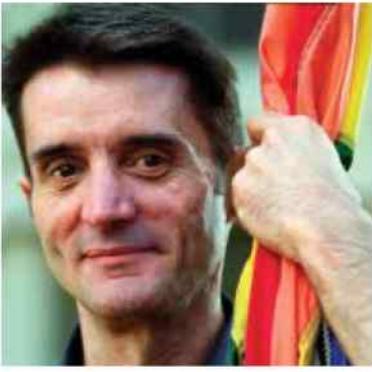
PositiveLifeNSW
the voice of people with HIV since 1988

POZ VIBRATIONS.COM

HIV+ and single ? Poz Vibrations HIV+ Dating Australia www.pozvibrations.com An Australian Owned HIV dating site.

HIV+ DATING SYDNEY | BRISBANE | MELBOURNE





Remembering Stephen Gallagher

by Alan Brotherton

Stephen Gallagher, who died on 21 March 2010, was one of the founders and leaders of NSW's movement of people with HIV. His contribution to HIV prevention and improving the lives of people with HIV was immense, yet largely invisible to those not close to 'the sector'.

Stephen led from the middle, influencing, arguing, innovating – he was present in most major debates and decisions, yet kept out of the limelight. This wasn't the result of a cautious or shy personality – he was intelligent, sharp and fearlessly outspoken in his critiques and analysis. But his moments of grandness and extraordinary eloquence hid a genuine modesty, as well as immense personal loyalty and a commitment to making the lives of PLHIV ones of strength and dignity. Never one for mawkish sincerity and largely hostile to recognition and praise of his work, he was usually too busy engaging with the next challenge to be bothered dwelling on recent achievements.

There were many. Under his leadership at the Queensland AIDS Council and at ACON, original and thoughtful work was produced, including the first campaigns in Queensland to address disclosure and serodiscordance, and important work challenging treatment myths and empowering people to make informed choices.

Stephen took personal risks, appearing on television and in the media as a person with HIV and refusing always to play the supplicant or victim. He was, like many early PLHIV activists, a self-made scientist with a natural curiosity and great respect for the work of clinicians – a respect which proved well founded, as he battled both AIDS and emphysema, getting by on one functioning lung and denied the relief of fully lying down for over five years.

Stephen treated his increasing frailness less as a challenge or loss than an irritating impediment to a full social life. In the process, he generated treatment algorithms that sorely tested the skills of his clinicians. He spoke in wonder of their ability to find ways back out of St Vincent's for him. Living, as he tried to help others

to do, to the fullest extent possible, he went on entertaining, redecorating, partying and nurturing a lush sub-tropical garden on his balcony.

But there were losses. He loved to travel and mourned the inability to ever again return to India, his mother's homeland and his own spiritual home. He dealt with this creatively, replacing long-haul travel with excursions to Sydney's various restaurant enclaves – Cabramatta, Kingsford, Petersham. His enthusiasm and delight gave a new gloss to places many Sydneysiders take for granted.

Despite his highly visible illness and the portable oxygen tank he was obliged to carry, he always presented with full confidence, and he was always treated with respect and consideration. It probably never occurred to him to take any credit for what seemed such ready acceptance of a visibly ill and stylishly gay man in places far from the inner city. But I like to think this was more than a response to his charm and grace, and in some way a reward for his courage, tenacity and commitment over so many years.

**Newly diagnosed HIV+?
Want to talk?**

NEXUS

Nexus is a peer support/discussion group developed exclusively for newly diagnosed HIV+ gay men.

- Compassion and understanding;
- A place of safety;
- A willingness to listen;
- Accepting and non-judgemental.

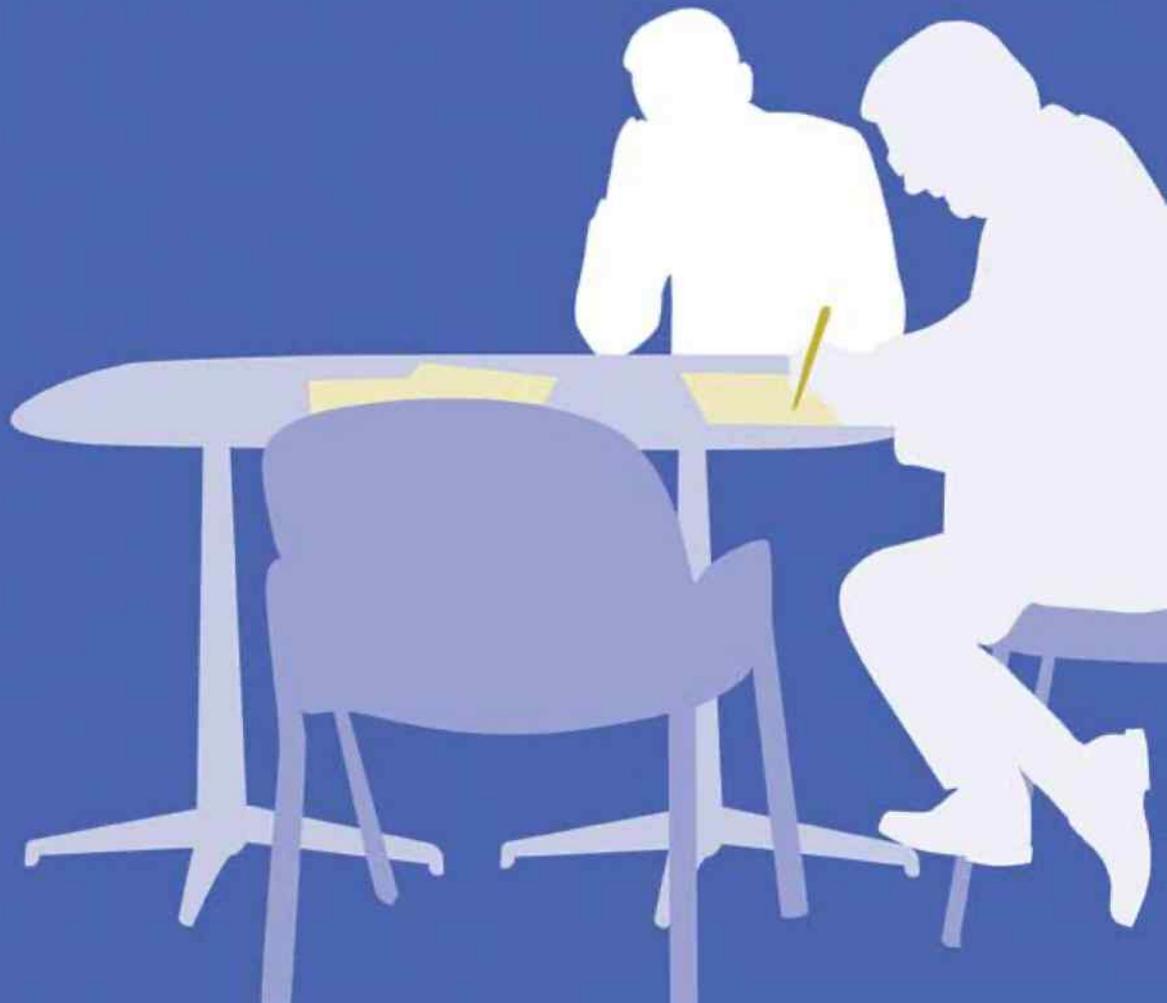
When: 17 May & 28 June, 7pm to 8.45pm
**For more information, email hivliving@acon.org.au
or call 9699 8756 and we'll get back to you asap**

acon 25
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING 1985-2010

**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**

Candlelight memories and evolution



Lance Feeney reflects on the candlelight service, memories of lost friends and how we might honour them in a more enduring way.

Years have passed since I've been to a World AIDS Day Candlelight Memorial service in Sydney. One of these times was shortly after a friend 'took himself out' after a diagnosis of imminent blindness and the awful prospect of doing a long prison sentence for dealing amphetamines (he believed he would not survive). The other time was when I was asked to give the address. Except for these two occasions, I have been absent and have felt little desire to take part.

I regularly attended in the 80s and early 90s. I remember walking down Oxford Street through Taylor Square, clasping a flickering candle protected in a cone of rolled up paper, surrounded by gay men and lesbians; old, young, positive, negative, mothers, lovers and friends. Many of those HIV positive peers and fellow marchers are gone.

Then, one year at the Oxford and Crown Street intersection, I made a synaptic decision to leave the march and walk back to the Oxford Hotel. That 'watering hole' held happier memories. The frequent reminders of lost friends that peppered my consciousness on a regular and often daily basis, seemed more than enough torment, and I had no intention of prolonging the emotional discomfort for one more nanosecond and indulging masochism. Finding some like-minded friends perched around a familiar bar table, we drank, reminisced and consoled one another.

Last year, however, something in my head shifted! An email appeared in my inbox calling for volunteers to 'read names' at the Candlelight Memorial. It struck a chord and a quick response signalled my commitment to attend. No analysis, no soul searching or forethought – just a simple yes.

I then had a conversation with a colleague about the cyclical nature of such events. He suggested that its popularity is probably in the ascendancy and we pondered some of the reasons.

Candlelight 2009

When the day arrived, I caught a bus up Oxford Street to Paddington with my work colleagues. I don't frequent this part of town much any more.

The bus stopped right outside what was once one of Sydney's first gay-friendly wine bars, Enzo's. On Friday and Saturday nights, we had packed in like sardines to check out the talent and pair off before closing for sex and love. At that time (the late 1960s) Paddington, Woollahra, Elizabeth Bay and Potts Point were the centre of homosexual life in Sydney. The inner city had not yet been discovered by

Reading those names at the Candlelight Memorial was triggering something much more powerful ... perhaps a deep knowing had fostered an unconscious fear and stopped me attending for so long

the rest of Australia, let alone the rest of the world. Indeed, these old areas of the city were considered rather undesirable by decentralised professionals and their brood. Rents were cheap and the housing was far more interesting than the bleak fibro brick and tiled monotony of suburbia – a reality and aesthetic from which many of us increasingly fled.

Lost in memories of an existence long past, we crossed Oxford Street, entered the town hall and walked up the stairs to the first floor. I was remembering the wonderful men I had met at Enzo's all those years ago – the sex, the house parties with bath tubs full of champagne, the dinners, the friendships and, later, the sickness, sorrow and horror as HIV/AIDS indelibly changed our lives forever.

We entered the hall with its mixture of Victorian colonial grandeur and Art Deco trimmings. Flanking the ends of the room, hundreds of LED tea-light candles flickered on the floor. I found a seat at the back and began to study the names that had been entrusted to me. Some I had known; a few I had 'known' very well!

The service started and after the formalities were concluded, the first reader walked to the stage and the reading of names began. Memories invaded my head, falling uncontrollably one over another. I tried to stay focused and keep up, but my thoughts transported me to another reality.

'Stay focused', I told myself, but it was hopeless. Those names were triggering something much more powerful than any self-control I could muster. Perhaps a deep knowing had fostered an unconscious fear and stopped me attending for so long. Then I suddenly realised I had lost count of the order of speakers and panicked about when I should walk to the stage. Oh shit! I pulled myself together and when it was my turn I walked to the lectern to read the names on the list – slowly, carefully.

I focussed very hard on those names. I didn't want to get one detail wrong. The names and our memories were all that we had left. And then the service was over.

A group of us adjourned to the Paddington RSL for a drink. Joined by others who had not attended the service, I wondered if we shared similar fears and suppressed memories. Then after a few strong lubricating drinks, the stories began: wonderful and funny stories about friends we had known and their exploits, good and bad. I wondered about other scenes that may be simultaneously being playing out in bars and kitchens across Australia.

Lunch with a friend

A couple of days later I had lunch with Ross, the colleague and friend who had proposed the 'inverted bell curve' theory of popularity for Candlelight. I recounted the avalanche of memories kindled by the reading of the names and once again we slipped into recounting humorous exploits of friends who had passed.

At some point in that conversation I think we both realised that – like Oliver Twist – we wanted more, a place to give these names context. This is in no way a negative reflection on Candlelight. I believe the current service is dignified, appropriate and would be difficult to improve. It is more to do with context and an evolution that time (and technology) now enables.

Many of the men we lost lived exceedingly outrageous, unbridled and twisted lives – lives lived on the edge of self-indulgence with a unique reality. Restraint, self-denial and ordinariness was supplanted by sexual discovery and liberation, individualism, confidence and rebellion. Some of them made quite extraordinary contributions to the gay culture of Sydney, and it seems only right that we celebrate that legacy in some more reflective way rather than merely reading their name on the first of December each year.

We workshopped the concept over lunch! We thought maybe a satellite event, held before or after the Candlelight service, might work; somewhere for people to tell

stories, to give context to the names and the lives. We speculated that perhaps a website would be helpful – a permanent place for people to post stories, pictures and anecdotes, in private.

Friends, lovers and a whole generation of acquaintances progressively disappeared ... the thoughts about what might have been had they survived has left indelible emotional scars on many of us who survived.

A lost friend

Des's name was read at Candlelight, but like so many others, could the reading of his name do justice to his life? He grew up in a small town on the western slopes of country NSW and his father was a truck driver. By the time I met Des (in the Sydney Uni Men's Union showers), he was a ruggedly handsome man in his late 20s, with an evil sense of humour and a passion for sex. We were to remain friends until he died in 1986.

Increasingly bored with nursing intensive care patients, Des swapped a medical uniform and the financial security of nursing for King Gee shorts and football socks, and a lawn mowing business. The change gave him a new freedom to explore the city. He soon

knew every beat within the greater Sydney metropolitan area and when they 'worked'.

The Albury Hotel had a reputation for drag and employing handsome flirtatious barmen. They spotted Des and offered him some bar work and he soon established himself as a popular Albury staff member and 'good time boy'.

When the weather was good, we would play hooky and go to Lady Jane or Obelisk beach. We'd buy some food and drink along the way and make a day of it. In fact, there were many days when I found myself wandering through the bush hunting for Des after the sun had gone down. Eventually he would turn up with a wicked grin on his face, scratches over his legs and some items of clothing missing. Sharing his exploits on the drive home, complete with graphic detail, was part of the deal.

While holidaying in the US, Des started to get sick. He resumed his job at the Albury when he returned to Sydney, but he had lost weight and rumours of AIDS began to circulate. He was tapped on the shoulder and told his current appearance was bad for business.

Some time later when I was in San Francisco at the 1986 Gay Games, Des's condition suddenly deteriorated. I immediately flew home, but he died about 30 minutes before I arrived at his apartment.

A lingering emotional legacy

I tell this story because many gay men of my generation lost a 'Des' and the loss was repeated multiple times. Friends, lovers and a whole generation of acquaintances progressively disappeared from our lives. The absence of these loving friendships and the thoughts about what might have been had they survived has left indelible emotional scars on many of us who survived this period. This negative emotional legacy frequently reappears to haunt our lives – sometimes at the most inopportune times – stifling our relationships, arresting our



emotional development and crippling our sexual expression.

Younger gay men who were untouched by this unfolding drama understandably wonder what the fuss is all about. They seem embarrassingly unable to fathom the attitudes and behaviours of a generation who lost so much. After all we survived!

Modern pharmaceuticals have stopped people dying from HIV/AIDS, so what's the problem? It is unsurprising that we continue to struggle to meaningfully interact with those who did not share 'the experience'.

We crave our own kind – even knowing that the interactions can be strained, complicated and difficult. The perennial call for peer support groups may be just one manifestation of the inability to bridge a generational and experiential divide that has been cut increasingly deeper by silence, invisibility and unfathomable behaviour. There may also be another discussion about HIV transmission and its relationship in these contexts, but that is a discussion for another time and place.

Subconscious mechanisms for survival are complex 'things' and many of us have

managed to 'hold it together' in varying degrees by adopting a range of clever strategies and ploys. But, I can't help wondering if the abnormally high level of depression and anxiety among older positive people are inextricably linked with this issue. They surely can't be helping each other! Something is needed to bring about a process of healing.

I silently watched my father battle with the after effects of combat in World War 2. He would disappear early in the morning on Anzac Day, only to return after we were all in bed. He never spoke of his experiences in the war or the demons that haunted him, and I believe he took them to the grave. But, my mother and I both lived with the resultant fallout.

Just as Anzac Day has evolved to meet the needs of veterans and a nation, so too do we need to find evolving and effective mechanisms to exorcise our demons and heal a legacy of lingering loss.

Gay men have a history of resourcefulness and innovation, particularly when confronted by adversity. Candlelight and the AIDS Memorial Quilt have been important

reactive parts of our coping and healing processes. But maybe now we need to give a context to those who died and find ways to publically celebrate their contribution both for us and for our community. By sharing these stories, we will go some way to progressively exorcising our pain and improving the emotional quality of our lives and the understanding of others.

I hope that this article will stimulate an honest discussion about the issues faced by those who were touched and damaged by the AIDS epidemic in Australia. My feeling is that we certainly need to have this talk. We need to find a way to address the lingering emotional legacy, permanently honour the people who died from AIDS and help our younger peers appreciate the importance of that time.

If you have any ideas, let me know at lancef@positivelife.org.au.

Lance Feeney is a 62-year-old, HIV-positive gay man who lives in Sydney with his partner Geoff and their tortoise shell cat Madame de la Pussy. He works for Positive Life NSW and advocates for the health and wellbeing of people with HIV in NSW.



Planet Positive

a social night for HIV positive people and their friends

When: Friday, 21 May from 6pm to 10pm

Where: To be advised

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

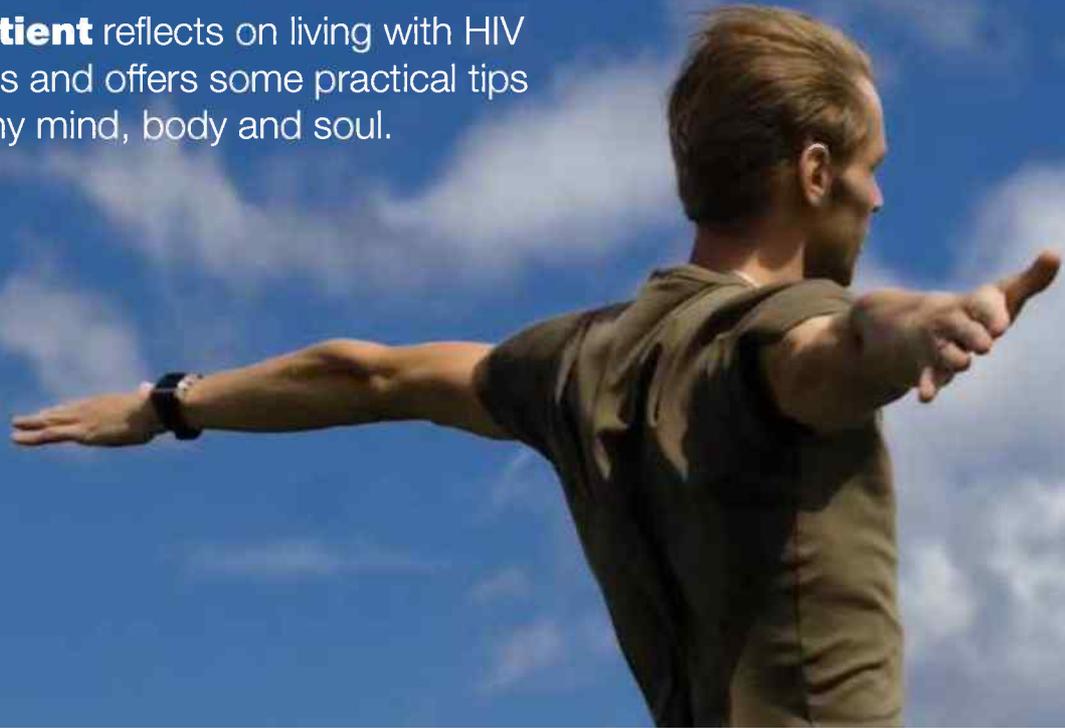
PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Dual Angel

Experience sharing: 27 years and counting

David Patient reflects on living with HIV for 27 years and offers some practical tips for a healthy mind, body and soul.



The 13 March 2010, marked the 27th anniversary of my diagnosis with HIV (only it was known mostly as GRID [gay-related immune deficiency syndrome] back then, at least by my doctor anyway). That day, 27 years ago, I was told I didn't have more than six months to live, yet here I am, still going strong.

Now, reality is that back in March 1983 there were no tests for HIV, however based on blood work taken in March 1983, my immune system was already severely compromised and based on what little knowledge was available around HIV back then, the wisdom of the day indicated I was on borrowed time.

Blood was drawn by the Los Angeles Men's Study (LAMS) at the University of California, Los Angeles, in the USA and frozen. When the HIV antibody tests first came out, the sample was confirmed as being highly reactive to both the Western

Blot and Elisa methods of testing, in late '85, early '86. I have subsequently had in excess of 35 independent HIV tests (I was involved in numerous research programs for many years) and every one of them has reconfirmed my HIV status.

Redefining HIV

So, I have been around HIV longer than most and more often than not, people always ask me how I did it. How did I manage to keep healthy for almost 22 years before needing to go on ARVs about four years ago? How did I keep my mind and my soul healthy? How did I manage to thrive despite living with HIV in a world that has for the most part not been too HIV friendly up until a few years back?

Right off the bat I can tell you that I was not socialised, nor conditioned for success. Quite the contrary, I was conditioned to be a failure. I had numerous learning disabilities and back in the late 60s and

early 70s people knew almost nothing about things like dyslexia, hyper activity and attention deficit 'disorder'. With the exception of one or two people in my youth, pretty much everyone else had given up on me. I was destined to be a failure and because so many people said I would amount to nothing, I started to believe it.

By the time I was 16, I had been expelled from all but one school I had ever attended. I was a high school drop-out and I started down the path of numerous addictions including drugs and sex. I felt less than adequate and I would do whatever it took to 'fit in'. I used sex as a way to feel connected to other people and to fit in. I was desperate to be loved.

If we look at HIV, it is the body's inability to differentiate Self from Non-Self. How is this any different from low self-esteem and external locus of control

versus internal? HIV is an identity crisis at an immunological level.

I did not come into the world of HIV, resourced and educated. I knew precious little about my body and even less about the immune system and HIV. I was infected with a virus, but not the knowledge of what HIV is and what it does.

Many people make the mistake of assuming that because someone is infected with HIV, that they are a subject matter expert. A few are, most, however, are not. That took years of studying, asking questions and doing thousands of hours of research to educate myself about the disease I live with. It was only with this knowledge that I was able to make informed choices about how I was going to learn to live with HIV versus die from it.

Keeping the soul (and body) healthy

Over the years, I have developed a way of being that serves me and below I have tried to capture the essence of what I have done to help myself in the hopes that it inspires others to do the same. I do not for a moment think that I have all the answers. All I am doing is sharing with you what has worked for me.

- Educate yourself. Learn everything you can about your disease so you can make informed and educated decisions around your health. Education is the quickest way to move out of victim consciousness.
- You are not powerless against HIV. You can co-exist with HIV. There is no 'the way'... there is only your way.
- Choose life and act accordingly. Do away with or drastically reduce self-destructive behaviour that does not support life and longevity.
- Stop worrying about what other people think of you. What they think of you is none of your business.
- People will treat you the way you teach them to treat you. What is your role in the way people act towards you?
- Choose to have people in your life who enhance you and your life, not those who want to change you.
- Create a compelling future. If you can't see yourself alive and thriving in five years or 10 years, all your efforts will be in vain. Plant a fruit tree with the intention of eating its fruit in five years. Draw up plans of that house you have

always wanted to build. Dare to dream.

- There is no such thing as false hope when it comes to a future dream.
- There are many scientifically proven methods to enhance your immune system function and by giving it the resources it needs to do its job, you will be helping your body control HIV.
- Learn about your medications, how they interact with HIV, with foods and other medications. Knowledge is power only when it is put into action.
- Until you need ARVs find ways to enhance and balance your immune system. The healthier your body, the harder it is for HIV to do its damage.

Learn everything you can about your disease so you can make informed decisions ... education is the quickest way to move out of victim consciousness

- Practice proven methods to reduce viral activity by keeping your stomach free of parasites and worms. A healthy stomach leads to lower viral loads.
- Take risks IN your life, not WITH your life.
- Focus on your outcome and you'll figure out the method.
- Don't let the worry of what tomorrow will bring as it will rob you of today. Stay in the moment as much as possible.

You will notice that most of what I have suggested is psychological in nature as I believe, along with many people living with HIV, that a large part of HIV is in the mind. Yes, there are many things we can do physically to help ourselves, however, if your mind is not on the same page, many of your efforts will amount to little more than lip service.

If you get your head right, your body will follow its lead.

David first published his story as a blog post to AF-AIDS on HealthDev.org forums. We spoke to David and asked to reprint the article in Talkabout as we thought it might be useful for you.

If you want to share your own experiences of living longer with HIV, please contact editor@positivelife.org.au or call Kevin on 02 9361 6011.



About David Patient

David Patient was born in Zambia and grew up in South Africa. He spent nearly 20 years in exile before returning to South Africa in 1995. He has been living with HIV since 1983 and considers himself a long-term survivor.

He and his partner Neil Orr, a research psychologist, founded Empowerment Concepts, a program design and training business. They offer community training on issues of HIV/AIDS, food scarcity and positive living (wellness for those living with HIV and those without HIV), as well as leadership development, personal empowerment and wellness education.

David has published several books, including *Positive Health, Choices* (an up-to-date book for ordinary people about HIV/AIDS), *Sex Secrets* (life skills for teens and young adults), and *The Healer Inside You* (a PNI-based at-home therapy protocol).

He writes to inspire others to find what works for them, as he has done for himself.

You can find out more about David by visiting his website: www.davidpatient.com

The changing face of HIV medical care

Ross Duffin watched highlights of the 17th Conference on Retroviruses and Opportunistic Infections (CROI) online and reflects on the changing landscape of HIV medical care.



For many years if you were a person with HIV and had any unexplained symptom it was ‘just the virus’. The focus was solely on anti-viral treatments and medical conferences on HIV were dominated by anti-HIV drug therapy.

The 17th Conference on Retroviruses and Opportunistic Infections (CROI) was held in San Francisco in mid February and there are fantastic podcasts available online, so I was able to watch a lot of the conference at home. After some hours of watching, the overwhelming picture I got about HIV medical care is that ‘it’s not just about the virus anymore’ nor are HIV anti-viral drugs the only game in town. The landscape in HIV medical care has changed immensely and this has important consequences for people with HIV and the way medical services need to be organised in the future.

Living longer with HIV

HIV has now become a chronic manageable illness (some people even say treatable, but I dispute this). Two European studies¹⁻² showed that people with HIV who get

infected now can expect very close to a ‘normal’ life expectancy. But for me, the important phrase is ‘chronic illness’.

Living long term with HIV is associated with increased risk of a whole set of other conditions typically associated with

The overwhelming picture I got about HIV medical care is that ‘it’s not just about the virus anymore’

getting older. So this conference – like any HIV medical conference in the future – was not just about ‘HIV disease’, it was also about heart disease, bone disease, hepatitis C, liver disease, diabetes and metabolic syndrome, cancers, kidney disease, neurological disease. In fact, it’s hard to think of any organ system

which doesn’t have some disease that is associated with living long term with HIV.

The causes of the increased risk of these various organ system diseases vary. They are usually described as being due to a mix of:

- the long-term effects of the drugs used to treat HIV
- lifestyle factors (with smoking being the *bete noir* of bad lifestyle choices)
- genetic factors
- HIV itself or the chronic inflammation caused by HIV.

As more research gets done in more and more of these associated diseases, it is being shown that HIV infection itself is an independent risk factor for the increased risk of most of these diseases. This belies the notion that HIV has become ‘treatable’.

Despite treatments, small amounts of HIV remain and the immune system is sometimes described as being in a state of constant stimulation with constant elevated levels of some inflammatory hormones. These hormones have been shown to be associated with a number of conditions, including ageing itself (this isn’t a ‘condition’ even though it is often described as a medical disorder).

Lifestyle matters

What is also emerging loud and clear is that 'lifestyle matters'. For example, HIV was independently shown to increase the risk of lung cancer. But the increased risk is miniscule when compared to the increased risk due to smoking.

There were a lot of presentations on cancer at CROI. I usually bypass these. After all, cancer is scary and used to be very hard to treat in people with HIV, but that picture is changing and now cancer is often very treatable in people with HIV. For ages we've known that the incidence of many cancers is much higher in people with HIV. While HIV is an independent risk factor for many cancers, what emerged at CROI in a few presentations is that when you control for lifestyle factors, the difference in risk due to HIV may be much smaller than originally estimated. It is known that populations of people with HIV tend to have increased lifestyle risk factors for many cancers. So the increased incidence that has been observed is more due to lifestyle than HIV itself.

Indeed, attention to lifestyle factors and stopping smoking are now probably more important for health than anti-HIV drugs in some instances

The priority being given to lifestyle factors made me reflect on the historical attitudes people with HIV have towards 'healthy living'. Before treatments, I remember my group of positive friends who mostly all smoked and did party drugs. Our negative friends often tut tutted in dismay thinking we had more reasons to look after ourselves than they did. For my group of positive friends, they had it wrong – if you had what was then considered an inevitably fatal illness, then pleasure was more of a priority than health.

As treatments arrived, 'healthy living' took on a different dimension. There's always been a balance between pleasure and health – and this piece is not to herald in some new era of 'healthy living' sermons. At a healthy living workshop I well remember a positive person saying something like 'I don't live just to be healthy, I live for pleasure and it helps to be healthy'. That's all well and good, but now if you are a person with HIV you will probably spend a number of years living over 50 at increased risk of a number of medical conditions. For almost every one of these conditions, lifestyle factors matter – and sometimes it matters a lot.

Indeed, attention to lifestyle factors and stopping smoking are now probably more important for health than anti-HIV drugs in some instances. This is the changing face of HIV medical care. So many of these HIV-related conditions are preventable, they are very common and they now characterise living with HIV long term.

When you are over 50 and you go to your doctor now – HIV-drug treatment often takes up a tiny percentage of your consultation. And if you're a younger person with HIV, then maybe the old habits of using HIV as a rationale for having a good time need to be balanced with the consequences of lifestyle factors in HIV-related medical conditions.

As communities of people affected by HIV, we have often done huge amounts of work to prevent further HIV infections. These same communities tend to have much higher incidences of smoking, alcohol use, less exercise and poor diet; yet, we are often silent about these. For people with HIV it is now the case that these things really do matter.

Share your comments and thoughts online at www.positivelife.org.au/talkabout or email editor@positivelife.org.au

References:

1. A van Sighem, L Gras, P Reiss, and others. *Life Expectancy of Recently Diagnosed Asymptomatic HIV-infected Patients Approaches That of Uninfected Individuals*. 17th Conference on Retroviruses & Opportunistic Infections (CROI 2010). San Francisco. February 16-19, 2010.
2. C Lewden and the Mortality Working Group of COHERE. *Time with CD4 Cell Count above 500 cells/mm3 Allows HIV-infected Men, but Not Women, to Reach Similar Mortality Rates to Those of the General Population: A 7-year Analysis*.



CROI online

To find out more about CROI or watch the online presentations, visit www.retroconference.org/2010 > Webcasts and Podcasts

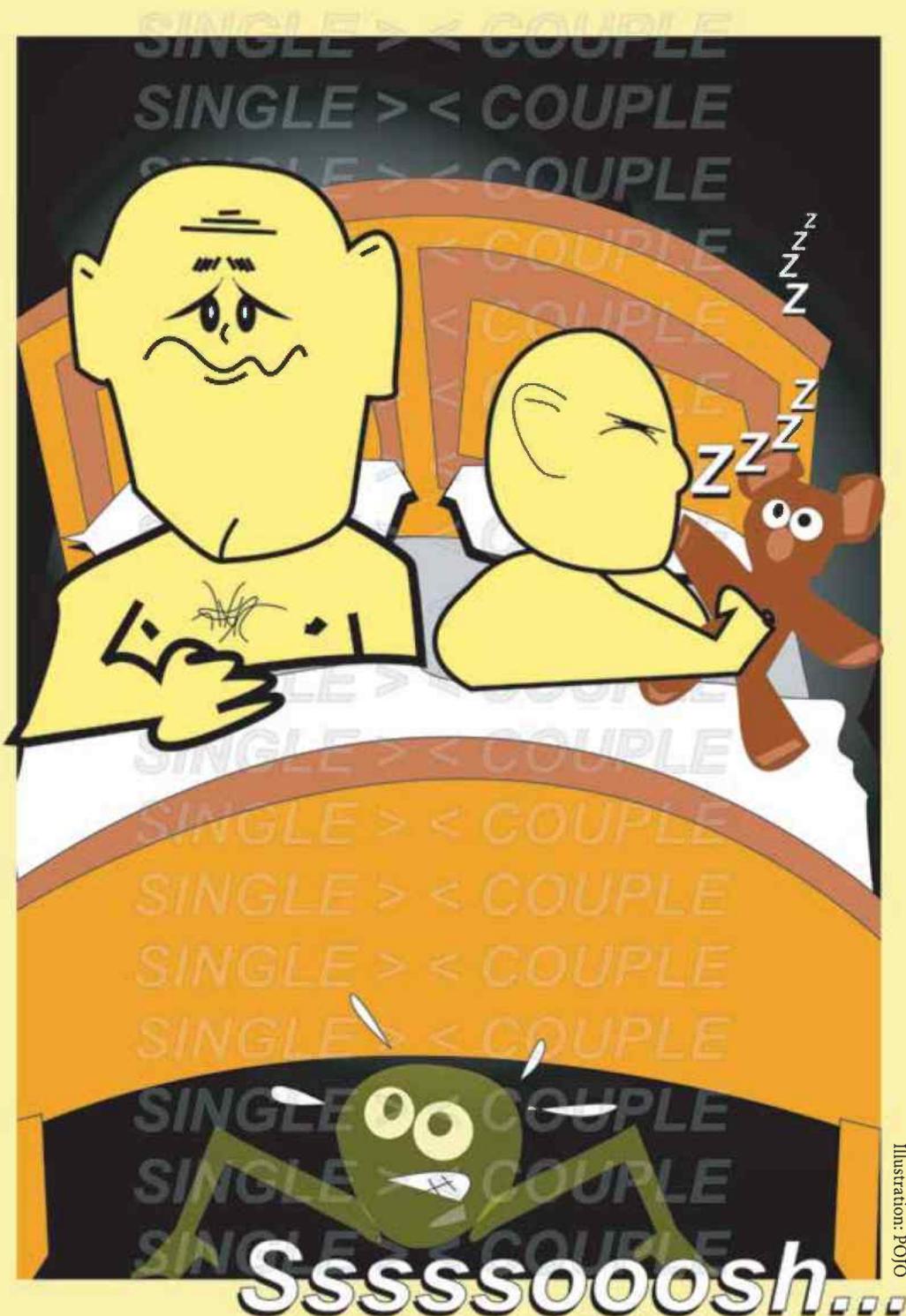
You can play audio and slides or video and slides to listen to presentations. The best way to find topics of interest is to search the Session Title tab. Some sessions of interest include:

- Oral Abstracts: Advances in ART
- Oral Abstracts: Long-term Complications: Hearts and Bones
- Oral Abstracts: Neuropathogenesis: Clinical Correlates and Impact of ART
- Oral Abstracts: Treatment Outcomes in Women and Children
- Symposium: New Strategies for a Changing Epidemic
- Symposium: Pathogenesis and Clinical Management of Complications
- Symposium: The Future of HIV Therapeutic Research—The Treatment Agenda
- Themed Discussion: Got Milk? Vitamin D Deficiency Prevalence and Associations
- Themed Discussion: Progression of Atherosclerosis: Role of Inflammation and T Cell Activation
- Themed Discussion: Renal Disease: Mechanisms and Outcomes

Each of these sessions includes multiple presentations and you can skip to the ones that interest you.

EATING IN OR EATING OUT?

Greg Page ponders the biggest gay issue of them all – to be single or not to be single? That is the question.



It's always been the biggest debate in gaydom. No, we're not talking Madonna vs Kylie, or even Lady Gaga vs well, whoever the next gay diva to come along is, nor are we talking about poz vs neg. No, this is the great debate that looms large over all gay men, whether they are poz, neg, married, single, in an open relationship, slut, angel, Madonna fan, Kylie fan, Gaga fan or, indeed, all of the above. The question is: sex vs love, which is better?

Now, don't you roll your eyes in your head as if you know best. Of course you do. We all do. We all think we know what's best for us. Funny thing is, hindsight is a great thing to have but something you only get much further down the track after the event.

Let's ponder for a moment – are all gay men just big sluts? Can gay men even say the word 'monogamous', let alone know what it means, or live up to it?

How many long-term gay couples do you know who are monogamous? Exactly!

Proof in the pudding

In my wide circle of friends, ex-lovers, lovers and party boys, there may just be one couple, who I will call Wayne and Jeff, who swear that they have never played around in all their 17 years together. That's probably why one of them now is morbidly obese and the other spends most of his time either attending gay men's intimacy groups, just so he can 'massage' some of the other participants' backs, or sitting in a Newtown café ogling hot passersby with a hidden hard-on in his jeans.

Every week I hear that they may have broken up, but then I see them back together. They bitch about each other, they niggle each other and they actually insult each other in front of other people. It's not funny or pleasant, let me tell you.

So, this is supposed to be my role model of the perfect gay monogamous couple? Hmmmm.

I look back at my own history and see that I haven't been so perfect either. I was in a long-term relationship for 14 years, seven of which I lived overseas in Europe with my partner. We were monogamous for the first five years of our relationship and then we were at the

beach on holidays in Noosa when this hot Italian boy stalked us and basically cajoled us both into having sex with him. That literally opened the floodgates and they never closed. Instead our rising waters hit an iceberg eventually and the titanic that was our love for each other sank and was never found again.

My ex has since remarried, yes, really married (with the ceremony in Canada and all) and lives happily with his new partner, but from what I can gather they now have a rule of playing around but only doing it together. Seems sensible and an option that from what I can observe from others appears to be the most successful 'gay couple' model on the market today.

After my break-up I decided I should just enjoy the fact that I could still have plenty of casual sex with handsome men whenever I wanted. After all, that is one of the best things about being gay

Eating out

After my break-up from the 14-year husband, I decided that I didn't want to fall in love again, didn't want the heartbreak and, well, basically that I should just enjoy the fact that I could still have plenty of casual sex with handsome men whenever I wanted. After all, that is one of the best things about being gay, as well as people always thinking that you have good taste in everything, be it music, design or outdoor furniture, right?

I had a couple of regulars, even one 'straight' guy I picked up on the street and who told me that he was desperate to fuck me. As it turned out, as soon as we got down to it, he flipped around on his back and became a total bottom – and loved it. I was in my element.

I had plenty of friends for conversation, plenty of hot guys for sex – so what did I need with a relationship or a husband, or someone who wanted to argue with me about not putting the garbage bins out again just as I was about to turn off the light and go to bed? I loved my freedom, I loved being able to do what I wanted, when I wanted and on my own terms. That, to me, was total freedom.

There were a couple of guys who were potential suitors, but I always managed to find something about them that stopped me from every really tipping head over heels in love with them. Then I would pull back and pretty much move on to the next one, or three.

My friends in couples would look at my life and sigh wistfully saying, "You have it so easy!" as they plowed their way through IKEA, Bunnings and the gourmet deli at David Jones with their respective partners trying to maintain the peace between each other.

Eating in

Then 'it' happened. I'm not even sure how. 'It' wasn't supposed to happen like this. I met a guy online for sex and then, well, he just stayed. There seemed no good reason for him to go as he seemed to fulfil all of the requirements that I had – he was handsome, good sex, interesting conversation, adored me and danced like a dream. Within a week we had said the dreaded 'L' word to each other and now, some three months later we are contemplating moving in with each other.

Thus I've gone from total slut to total homebody and I have to say that while I do sometimes miss being able to do what I want, when I want and with whom I want, the fact of the matter is that I get so much from my partner now that skipping that stuff seems but a small price to pay. I'm not saying that being in a couple is better than being single, far from it. After all it's often a logistical nightmare just trying to co-ordinate getting two gay men out of the bathroom and out of the house on time.

**As gay men,
and women, we
can do things
outside of the
norm and still
lead interesting,
exciting and
sexually
fulfilling lives**

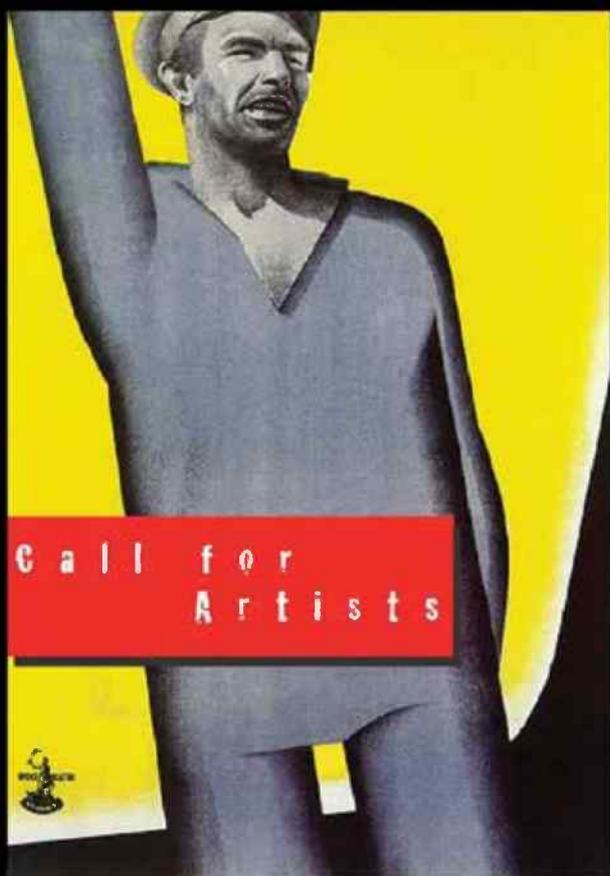
Hash it over

The thing I'm getting at is that we, as gay men, have options available to us that most straight people never even think about or are never allowed to think about. If you're straight then you are pretty much expected to be married with children by a certain age and if you aren't, then there's something wrong with you. A pretty dumb expectation, but then there are a lot of dumb people out there who still subscribe to that.

As gay men, and women, we've come to realise that we can do things outside of the norm and still lead interesting, exciting and sexually fulfilling lives, perhaps even more so than our heterosexual brethren. It's like our third eye, if you will pardon the pun, gives us a bigger insight into life and all of its many variations on offer.

Not everyone wants to put their hand up and be one of Beyonce's 'single ladies', but then again not everyone wants to be one of those people suffering through Lady Gaga's 'bad romance' either. To each their own – they both offer something different and at different times in your life that may be exactly what you are looking for. Never say never, is my motto. Live for the moment and if the moment tells you that you are happy being with someone than snatch that moment. If your moment tells you that you are happy sharing your affections with a range of admirers then waste not, want not.

Just one more tip – do it safely for their sake and for yours, whatever your final decision may be.



IDAHO the Exhibition

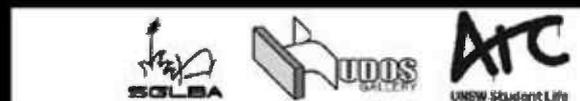
**Kudos Gallery
6 Napier Street,
Paddington, NSW
18 - 29 May 2010**



**IDAHO Sydney invites artists
and students to contribute
artworks expressing their
personal responses to
homophobia for IDAHO the
Exhibition to be held at Kudos
Gallery in May 2010.**

**The theme for the 2010
exhibition is Love Combatting
Fear.**

**To enter your artwork register
at www.idahosydney.org**



Women and HIV factsheets launch



Project partners at the launch of the 'Women and HIV' fact sheet series

On 10 March, the 'Women and HIV' fact sheet series was launched at the Redfern Town Hall by Family Planning NSW (FPNSW) and project partners Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), Heterosexual HIV/AIDS Service (Pozhet) and ACON's Women and Families Affected by HIV Project.

FPNSW Health Promotion Officer Marina Suarez notes that while there are a number of resources that provide in-depth information for HIV-positive women, the 'Women and HIV' fact sheet series seeks to meet the information needs of women from culturally and linguistically diverse background (CALD) and those not yet familiar with HIV jargon.

CALD women currently represent 60% of female HIV notifications in NSW.¹ To ensure these women, and those with low literacy levels, have access to easy-to-read information, the project team engaged a plain English specialist to oversee the fact sheets. Project partner MHAHS is also translating the series into four priority community languages: Thai, Vietnamese, Khmer and Swahili.

It is hoped that these fact sheets will be a first point of call for HIV-positive women and women at risk of HIV. The topics include 'Testing for HIV', 'Recently diagnosed', 'Treatment: The basics', 'Looking after yourself', 'Pregnancy and me' and 'NSW services & websites'. All of the fact sheets include essential basics about HIV and a 'Further reading' section.

Speaking at the launch, Kate Reakes, Pozhet, said, "At Pozhet, we meet and hear from women regularly who have so many questions around diagnosis, pregnancy and raising children, nutrition, disclosure, relationships, sex, keeping active, treatments and who can be accessed for what? These resources can be the first step to addressing their questions. I look forward to being able to direct these women to the resources."

The fact sheets are available in PDF format on the FPNSW, Pozhet and ACON websites. They will also be available from HIV organisations around NSW, health promotion teams, HIV specialists, GPs, sexual health clinics, women's health centres, services for CALD communities, Aboriginal medical services and services for women at risk.

About the project

The original 'Women and HIV' factsheets were written in 1997 as a partnership project between FPNSW and ACON. A review of the 'Treatments' factsheet was conducted in 2002 and further fact sheets were developed and the series was translated into six community languages.

In 2008, the fact sheets again came up for review. For the resource to be of high quality and appropriate for the women they aim to reach, Marina says it was essential to expand the partnership with the other two key organisations that service HIV positive women and have expertise working with CALD communities: Pozhet and MHAHS. Upon review of the fact sheets, they realised they were out of date and agreed to work together to update them.

A formal consultation was held in November 2008 with a range of stakeholders to help determine the length, tone and topics for the fact sheets. Representatives from HIV organisations, medical and support services, and health promotion officers who work closely with HIV-positive women and with CALD populations provided feedback.

Share your comments and thoughts online at www.positivelife.org.au/talkabout or email editor@positivelife.org.au

Reference:

1. NCHECR. 2007 Annual Surveillance Report, p. 25.

You can get the Women and HIV fact sheets at:

ACON

www.acon.org.au > HIV/AIDS > Women and HIV
1800 647 750

Family Planning NSW

www.fpnsw.org.au > Health Information > Women & HIV Factsheets
02 8752 4300

Pozhet

www.pozhet.org.au/resources
1800 812 404



ACON Northern Rivers

2010 Gay Men living with HIV Retreat

The Fabulous Northern Rivers Retreat is on again and it's back to 4 days!

Friday 23 – Tuesday 27 April (Anzac Day Weekend)

Registrations are NOW open!

- Come to our relaxed bush venue in the Tweed River hinterland
- Chill out in a healthy, natural, safe, secure environment with other gay guys living with HIV!
- Make new friendships & hook up with old friends from the Nth Rivers!
- Discuss issues that impact on our lived experience of HIV.
- Our nutritious menu gets better every year.
- Sleep in either your own camp gear or comfortable bungalow accommodation.

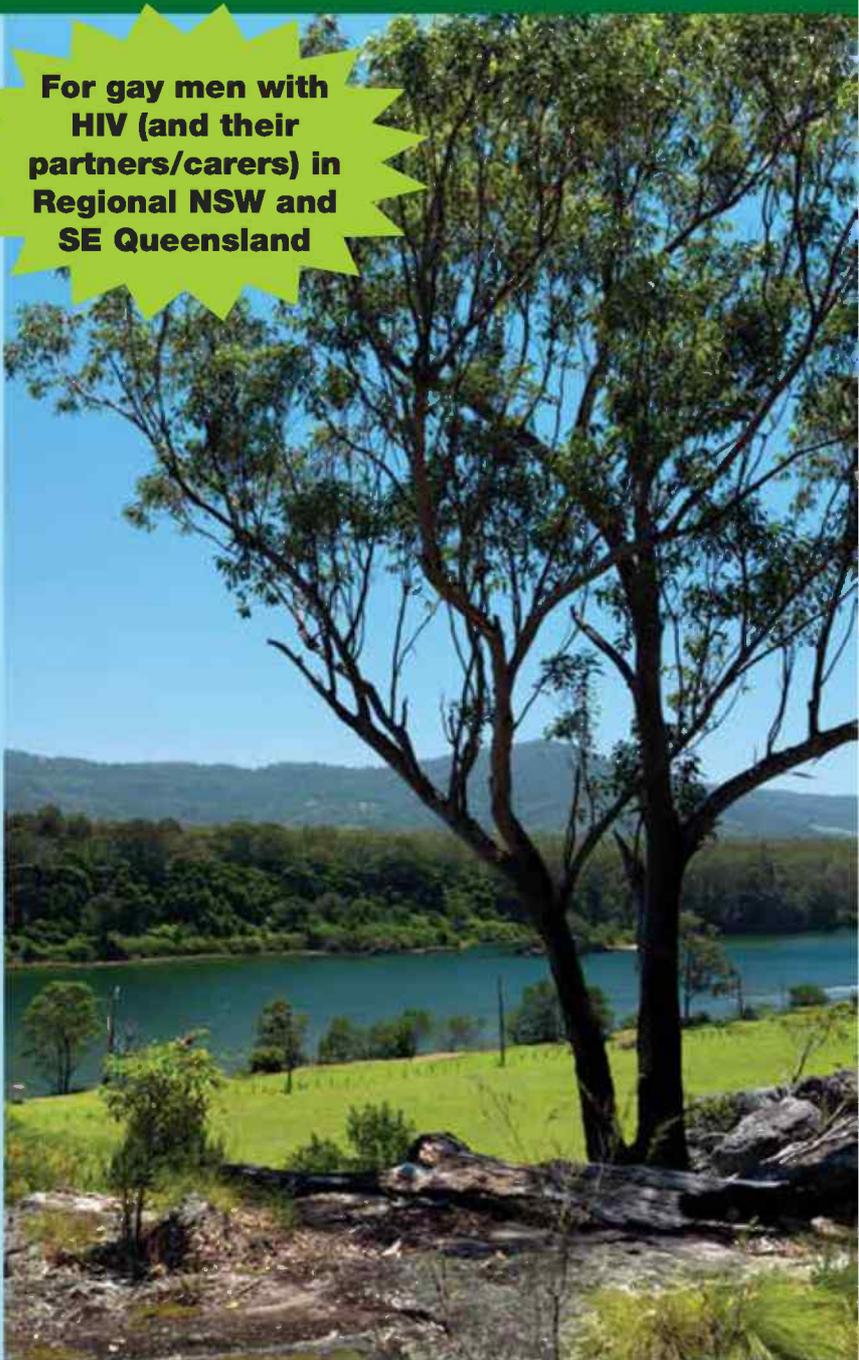
Details of the Workshop programme are still being finalised, however we're planning a creative arts workshop and a Q&A session from a HIV nutritionist.

We'll have the same kinds of fun activities: bushwalking, canoeing and archery. Yoga and meditation will also be offered.

There will be a whole day free to walk in the adjoining Nightcap NP, canoe on the local dam, or just relax in the leafy campground.

Registration fees: Unwaged: \$80, Waged \$110. Assistance with transport may be available, please discuss your needs with us

For gay men with HIV (and their partners/carers) in Regional NSW and SE Queensland



Further information, including a full Program, details of activities, location and everything else you need to know, will be available in early March when our planning has been finalised.

Make your Early bird booking NOW!

Contact: Neil McKellar-Stewart, HIV Health Maintenance team
P: (02) 6622 1555 OR 1800 633 637 (freecall)
E: nmckellar-stewart@acon.org.au

acon 
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING 1985-2010

We would like your feedback on *Talkabout* magazine. This will help us to improve the magazine and make sure it continues to meet your needs. All comments are anonymous.

Please return the completed survey to:

Reply Paid 831
Darlinghurst NSW 1300
(No stamp necessary)

Fax: 02 9360 3504
Online:
www.positivelife.org.au/talkabout

Quality and content

1. How would you rate the overall quality of *Talkabout*?

Excellent Good Adequate Poor Unacceptable

2. How would you rate the design (colours, text, images) of *Talkabout*?

Excellent Good Adequate Poor Unacceptable

3. How would you rate your ability to read and understand the stories in *Talkabout*?

Very easy Moderately easy Moderately difficult Very difficult

4. Can you relate to the stories that you read in *Talkabout*?

Very often Often Sometimes Rarely Never

5. Which of the following would you like to see in *Talkabout*? (tick as many as apply)

- | | |
|---|--|
| <input type="checkbox"/> Ageing with HIV | <input type="checkbox"/> Nutrition /health/fitness |
| <input type="checkbox"/> Book / film/ art reviews | <input type="checkbox"/> Personal stories of positive people (local) |
| <input type="checkbox"/> Budgeting/financial planning | <input type="checkbox"/> Personal stories of positive people (born or living overseas) |
| <input type="checkbox"/> CEO message | <input type="checkbox"/> Personal stories of positive people (Aboriginal/Torres Strait Islander) |
| <input type="checkbox"/> Cooking and recipes | <input type="checkbox"/> President's message |
| <input type="checkbox"/> Fiction/creative writing | <input type="checkbox"/> Sex and relationships |
| <input type="checkbox"/> Information about services | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Information about events | <input type="checkbox"/> Stigma and discrimination |
| <input type="checkbox"/> Legal issues | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Letters from readers | <input type="checkbox"/> Treatment information |
| <input type="checkbox"/> Lifestyle/quality of life issues | <input type="checkbox"/> Updates on the work of Positive Life |
| <input type="checkbox"/> Mental health and HIV | <input type="checkbox"/> Websites of interest for positive people |

6. How long have you been reading *Talkabout*?

7. I read Every issue Most issues Occasional issues This is the first issue I've read

8. Please list any other topics or articles you would like to see in *Talkabout*.

9. Please let us know any other comments you have about *Talkabout*.

Picking up and reading *Talkabout*

10. Where do you get your copy of *Talkabout*?

- Subscription Doctor's surgery Health service Bar/club Shop Friend's copy
 Other: _____

11. If you pick up *Talkabout* is it:

- Easy to find Hard to find _____

12. Do you share your copy of *Talkabout*?

- No Yes > 1 person 2 people 3 or more people

13. Do you read *Talkabout* articles online?

- Yes No

14. If you don't read *Talkabout* online, is it because you:

- Prefer the paper edition Didn't know it's online No computer access Other: _____

15. How would you prefer to receive *Talkabout*?

- Subscription Picking up a copy Email with web links PDF file by email

16. Why do you read *Talkabout*?

17. We currently produce 5 issues of *Talkabout* each year. Do you think this is:

- Just right Not frequent enough Too frequent _____

About you

18. What is your age?

19. My first Language is:

- English Other: _____

20. What is your HIV status?

- Positive Negative Uncertain

21. If you are HIV positive, when were you diagnosed?

- < 2 years ago 2-5 years ago 5-10 years ago >10 years ago

22. I identify primarily as (sexuality):

- Gay Heterosexual Bisexual Lesbian Other: _____

23. I identify primarily as (gender):

- Female Male Transgender Other: _____

24. I live in:

- Sydney – Inner city Sydney – Inner west Greater Sydney (eg, Campbelltown, Hornsby, Penrith)

- Regional NSW (eg, Dubbo, Lismore, Newcastle) Other: _____

25. I currently:

- Work full time Work part time Work casually Volunteer Unemployed Receive a pension

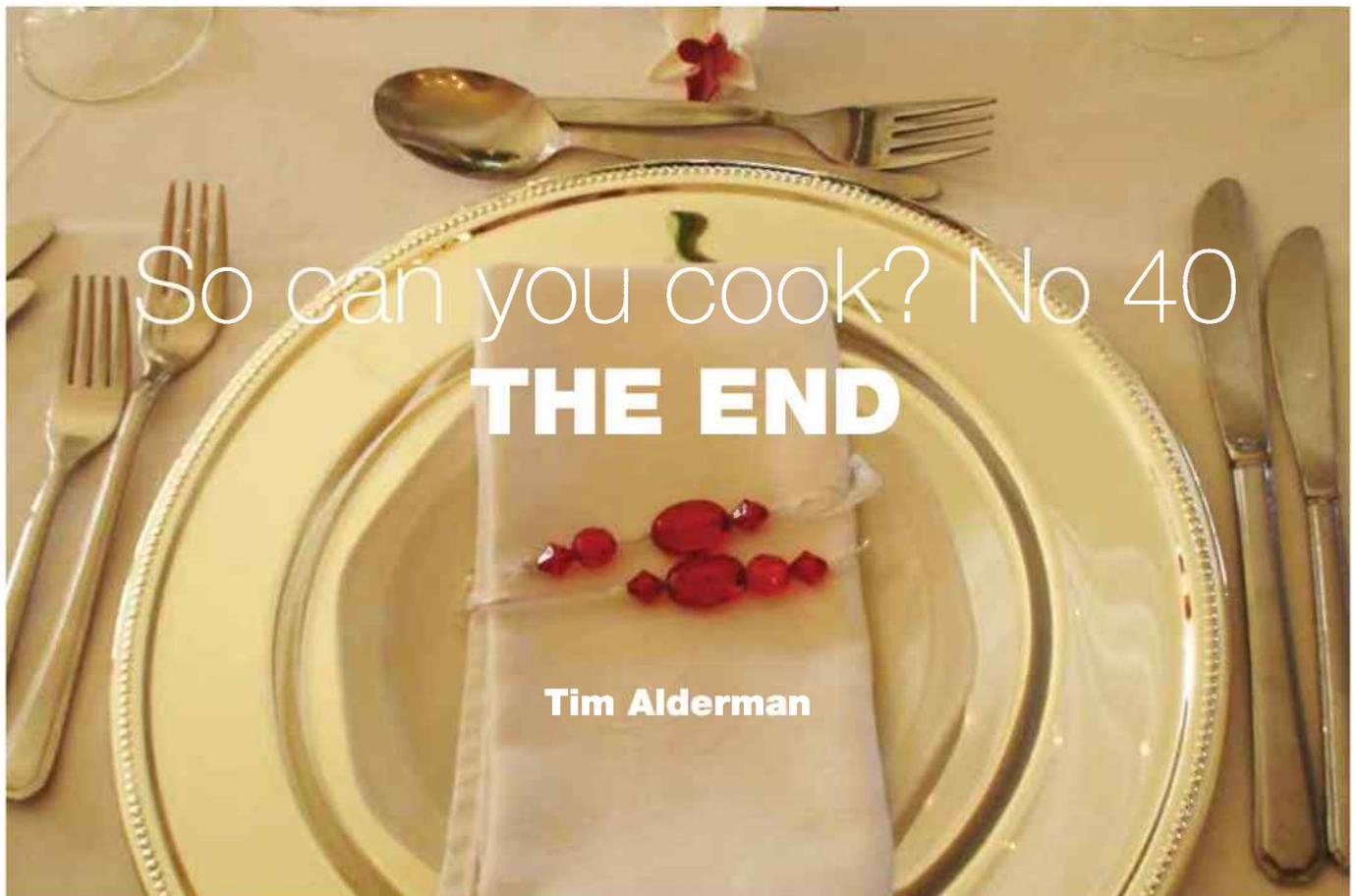
26. I am a member of Positive Life NSW Yes No

Thank you for taking the time to complete this survey.

If you would like to be part of focus group and discuss your thoughts about *Talkabout*, please provide your email address.

Email _____

Your email will be stored in line with our Privacy Policy, available at www.positivelife.org.au/privacy and will only be used to contact you about this focus group. If you have questions about your privacy, please contact Positive Life NSW on 02 9361 6011 or email admin@positivelife.org.au



This is my final column in the 'So can you cook?' series. I have been doing the column for six years now and feel it is time to draw it to a close before I start repeating what has already been done.

I have enjoyed my time with the column. I hope that in some way I have inspired you to be a bit more creative with cooking and that I have shown that you don't need a long list of degrees to be able to produce good food. It is an art, yes! But it is also an art that is accessible to everyone and is versatile enough to be a bit complicated when you want to impress or simple enough for an everyday meal – from the charcoal sketch to the oils I guess you might say.

I also hope I have introduced some to new flavours and encouraged you to be a bit adventuresome in your approach to cuisine. The amount of produce now available in Australia is truly staggering, and it is now possible to recreate any recipe from any cuisine totally authentically.

We have certainly come a long way in the last 40 odd years! The embracing of our place in the Asian section of the Pacific has also opened up a whole world of food to us and I think that the way we

have taken to Asian food from all such countries shows just how adaptable we are with absorbing the influences of other cultures. And we will no longer settle for watered down or 'Australianised' versions of the cuisines. We want the genuine article. Just try to get into Thai Pothong in Newtown on a Friday or Saturday night if you want to see a good example. And no suburb is now complete without a Thai and a Vietnamese restaurant.

This column has also given me a way to comment on things from a personal perspective, often not in a PC way, which I don't apologise for. I'm afraid that you haven't gotten rid of me with the ending of this column. I hope to continue to contribute via articles and hopefully still in my outspoken style.

I have been writing for *Talkabout* in one form or another for about 13 years now. I have always been a strong supporter of the magazine and whether I was or wasn't writing for it I would still be one of its strongest advocates. I feel that the non-clinical, non-professional (or expert) and non-conformist voices in our community are entitled to an outlet and *Talkabout* has always provided that forum.

With the closing and sale of my

business, and the cutting back of other commitments the most common thing I find I am being asked is "How are you going to fill in time?". I will continue to research my family history, which has been ongoing for about 20 years now (and thankfully easier with the advent of the internet) and, after many years of nagging from friends and people who have heard my story through the PSB, I am finally going to put an autobiography together.

My life has been interesting (to say the least) and not without the usual dramas associated with surviving AIDS and having my roots in a dysfunctional family. I will probably take myself off to do a few more courses in writing and cooking, and I will have a bit more time to keep my home tidy and together, and get my garden back in order. One thing I can promise, I won't be bored.

I would like to thank everyone who has read and supported my column over this time. I think that the best way to leave the column is with a bit of a bang by repeating some of my favourite recipes from the last six years. I'm desperately trying NOT to make them all chocolate...

Rich Chocolate Tart (from No 12)

Pastry

125g cold unsalted butter, chopped
1 tablespoon caster sugar
200g (1 1/3 cups) plain flour
2 tablespoons cocoa (Dutch, if you want a richer flavour)
2 egg yolks

Process butter, sugar, flour and cocoa in a food processor until mixture resembles coarse breadcrumbs. Add egg yolks and 1½ tablespoons iced water, and process until pastry just comes together. Form pastry into a disc, wrap in plastic wrap and refrigerate for at least 30 minutes.

Roll out pastry on a lightly floured surface until 5mm thick and ease into a 3.5cm deep 24cm tart tin with removable base, trimming edge. Line pastry case with baking paper and fill with pastry weights, dried beans or rice. Place on a baking tray and bake at 180°C for 20 minutes, then remove paper and weights and bake another 5 minutes until pastry is dry. Cool.



Filling

300g dark couverture chocolate, chopped
100ml double cream
125g unsalted butter, chopped
4 eggs
100g caster sugar
1 tablespoon golden syrup

Combine chocolate, cream and butter in a heatproof bowl over a saucepan of simmering water and stir continuously until butter is melted and mixture is well combined, then remove bowl from heat and set aside. Using an electric mixer, whisk eggs, sugar and golden syrup until pale and creamy, then fold into chocolate mixture. Pour into tart shell, then bake at 150°C for 35–40 minutes or until just set. Cool tart to room temperature before serving with double cream (optional). Tart will keep, refrigerated in an airtight container, for up to 4 days – if it lasts that long!

Thai Beef Salad (from No 22)

1/3 cup lime juice
1 tablespoon fish sauce
2 teaspoons grated palm sugar or soft brown sugar
1 garlic clove, crushed
1 tablespoon finely chopped coriander
1 stem lemongrass (white part only) finely chopped
2 small red chillies, finely sliced (remove seeds if you want milder)
2 x 200g beef eye fillet steaks
150g mixed salad leaves
½ red onion, sliced into fine wedges
½ cup coriander leaves
1/3 cup torn mint leaves
250g cherry tomatoes, halved
1 Lebanese cucumber, halved and thinly sliced

Mix lime juice, fish sauce, palm sugar, garlic, chopped coriander, lemongrass and chilli until the sugar has dissolved.

Preheat barbie chargrill plate to medium-high direct heat and cook the steaks for 4 minutes each side or until medium. Let cool then slice thinly across the grain.

Put the salad leaves, onion, coriander, mint, tomatoes and cucumber in a large bowl, add the beef and dressing. Toss together and serve immediately.

Banana Cake with Passionfruit Icing (from No 23)

125g butter, softened
¾ cup firmly packed brown sugar
2 eggs
1½ cups self-raising flour
½ teaspoon bicarbonate of soda
1 teaspoon mixed spice
1 cup mashed banana (preferably over-ripe)
½ cup sour cream
¼ cup milk



Preheat oven to moderate 180°C. Grease 15cm x 25cm loaf pan, lining base with baking paper.

Beat butter and sugar in a small mixing bowl with electric beater until light and fluffy. Beat in eggs, one at a time, until combined. Transfer mixture to a large bowl, using a wooden spoon and stir in sifted dry ingredients, banana, sour cream and milk. Spread mixture into prepared pan.

Bake cake in moderate oven for about 50 minutes. Stand cake in pan for 5 minutes before turning out onto wire rack to cool. Spread with passionfruit icing.



Passionfruit Icing

1½ cups icing sugar mixture (a mix of icing sugar and cornflour)
1 teaspoon soft butter
2 tablespoons passionfruit pulp (approx)

Place icing sugar in a small heatproof bowl, stir in butter and enough pulp to make a firm paste. Stir over hot water until icing is of spreading consistency, taking care not to overheat. Use immediately.

Chinese Beef and Asparagus with Oyster Sauce (from No 17)

500g lean beef fillet, thinly sliced across the grain
1 tablespoon light soy sauce
½ teaspoon sesame oil
1 tablespoon Chinese rice wine
2½ tablespoons vegetable oil
200g fresh, thin asparagus cut into thirds on the diagonal
3 cloves garlic, crushed
2 teaspoons julienned fresh ginger (fine slice)
¼ cup chicken stock
2–3 tablespoons oyster sauce

Place beef in a glass or plastic bowl with soy sauce, sesame oil and two teaspoons of Chinese cooking wine. Cover and marinate for at least 15 minutes.

Heat a wok over high heat, add 1 tablespoon vegetable oil and swirl to coat the wok. Add asparagus and stir fry for 1-2 minutes. Remove from wok.

Add another tablespoon of oil and add the beef in two batches, stir frying for 20 minutes or until cooked. Remove from wok.

Add remaining oil to wok, add garlic and ginger and stir fry for 1 minute or until fragrant. Pour the stock, oyster sauce and remaining cooking wine into wok, bring to boil and boil rapidly for 1-2 minutes or until sauce is slightly reduced. Return beef and asparagus to the wok and stir fry for a further minute or until heated through and coated with the sauce.

Serve immediately with jasmine rice.



Waldorf Salad with a Twist (from No 34)

- 4 Granny Smith apples, thinly sliced
- 1 stalk celery, thinly sliced
- 1 cup walnuts, chopped
- 2 cups watercress sprigs

Blue Cheese dressing

- ¼ cup whole-egg mayonnaise
- 2 teaspoons lemon juice
- 2 tablespoons water
- Sea salt & cracked black pepper
- 100g soft blue cheese, chopped

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

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

Serves 4

Oysters with Lemon and Vodka Granita (from No 34)

- ½ cup caster sugar
- 2½ cups water
- ½ cup lemon juice
- ⅓ cup vodka
- 18 oysters
- Lemon wedges, to serve

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

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

Serve with the oysters and lemon wedges.

Serves 6

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

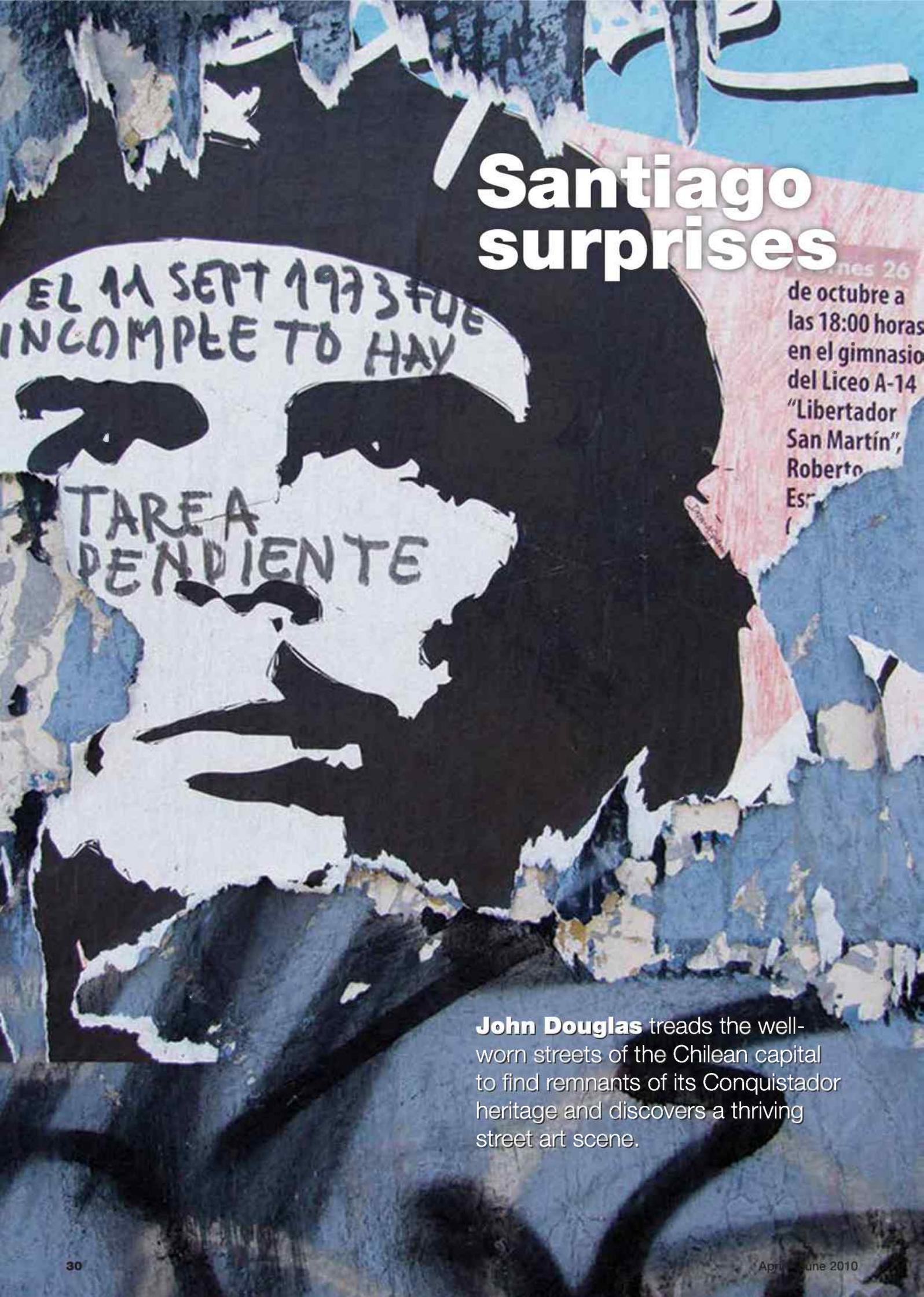
If you are living with HIV in the City of Sydney and surrounding suburbs, you may be eligible to have fresh fruit and vegetables delivered to your home for just \$9 a box.

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.



Santiago surprises

...nes 26
de octubre a
las 18:00 horas
en el gimnasio
del Liceo A-14
"Libertador
San Martín",
Roberto
Es
(

John Douglas treads the well-worn streets of the Chilean capital to find remnants of its Conquistador heritage and discovers a thriving street art scene.

Santiago is the capital and largest city of Chile. The city was founded by Spanish Conquistador Pedro de Valdivia on 12 February 1541 with the catchy name Santiago del Nuevo Extremo, as a homage to Saint James (the patron saint of Spain) and Extremadura, Valdivia's birth place in Spain. The founding ceremony was held on Huelén Hill, later renamed Cerro Santa Lucía.

The city's early history was turbulent, marked by attacks and attempted destruction of the city by the indigenous population, followed by earthquakes and floods. Chilean writer Isabelle Allende's *Ines of My Soul* is a fine historical novel based around the establishment and early days of Santiago.

Following a long colonial period, Chile claimed independence in the early 19th century and the Republican era began. During this time, a school system was introduced and cultural life in the city began to flourish. The city's urban development began in the mid-19th century with the construction of many of the transport links, parks and public gardens. Santiago was again transformed in the 1930s with the creation of the administrative district and many ministries and other public facilities.

Today, Santiago is a thoroughly modern city with a vast urban sprawl. There is a great social divide with affluent suburbs to the east and poor suburbs to the south of the city. And, despite the crowds, dirt and smog, the city does offer spectacular views of the surrounding mountains. Santiago is cultured and quirky. There are great restaurants and cafes, and artist enclaves that you can discover, including a thriving street art scene.

The gay scene is fairly open and less conservative than other South American cities. Most of the gay bars and clubs are located in the Barrio Bellavista at the base of Cerro San Cristobal. Night life doesn't get started until the early hours of the morning, so best to take a siesta!

1 Metropolitan Cathedral

This cathedral is Santiago's main church and construction on the site began in 1745 and this is actually the fifth church in the same spot and the third Cathedral (the two previous ones were destroyed by earthquakes). The current structure was declared a national monument in 1951 and its spire is seen reflected in one of the city's many modern buildings.

2 Allende Tomb

Salvador Allende was born in Valparaiso, Chile, in 1903. In 1933, Allende helped to form the Chilean Socialist Party, a Marxist organisation opposed to the Soviet Union influenced Communist Party. When he was elected as president in 1970 he became the first Marxist to come to power in a free democratic election.

On 11 September 1973, Allende's government was removed from power by the military. Salvador Allende died in the fighting in the presidential palace in Santiago.

His modern, white marble grave in the Cementerio General makes a statement among all the old-fashioned mausoleums glorifying Chile's most conservative families.

3 Allende Statue

Similarly considered in location to his tomb is this statue of Salvador Allende facing the Presidential Palace on Plaza de la Constitución, right in front of the Ministry of Justice. A small museum dedicated to his memory recently moved to its new location on Avenida República.

4 Buildings

Despite its long history, only a few historical buildings from the Spanish colonial period remain in the city due to Santiago's regular earthquakes. Another reason was the new richness of Chile which came after independence, encouraging demolition of the old.

5 Palacio de la Moneda

Palacio de La Moneda is the seat of the President of the Republic of Chile. It occupies an entire block in the area known as Civic District.

Construction began in 1784 and the building was opened in 1805, while still under construction.

During the military coup d'etat on 11 September 1973, the palace was partially destroyed by bombing by the Chilean Air Force.



6 Street art

Santiago has a thriving tradition of street art – to my mind as vibrant and diverse as Berlin’s.

7 Street art

The writing above this artwork reads, “Some people take the sun simply to be a yellow stain, and others turn a simple yellow stain into their own sun...”

8 Mercado Central

The bustling central markets are a fascinating and vibrant place to browse and eat, eat, eat.

9 Plaza de Armas

The Plaza de Armas (Plaza of Arms) is the city’s the main square and dates from the 1540s when the city was founded. Today, many artisans display their wares here.

10 Lady Di Salon

You really know you’ve achieved lasting fame when you have a hair salon named after you.

11 Museo Nacional de Bellas Artes
The National Museum of Fine Arts, established in 1880, is one of the major centres for the arts in Chile and in the whole of South America.

The current building commemorates the first centennial of the Independence of Chile. It was designed by the French-Chilean Emile Jecquier.

12 Peace Square

Quiet squares abound throughout the urbanscape of Santiago. Social and peaceful, one comes upon them almost by accident it seems and each has a unique character.

13 Palacio Cousiño

One mansion not to be missed is the former home of the Cousiño family, built in the late 1800s in the classic European style of the time. A gay man’s decorative dream or nightmare (depending on your taste), no expense was spared in taking crass vanity to its apogee.

14 Santa Lucía Hill

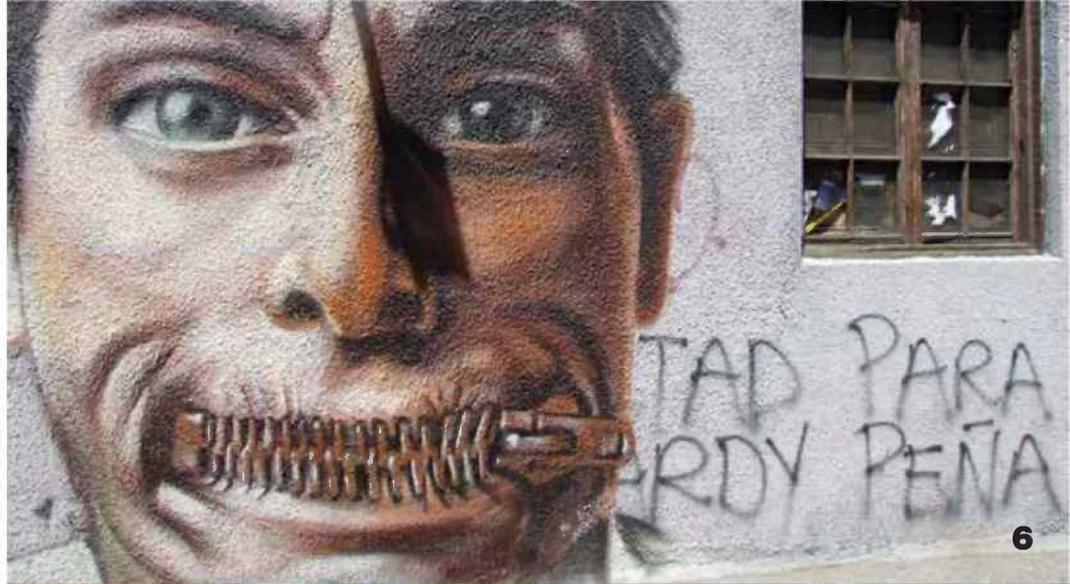
Santa Lucía Hill (Cerro Santa Lucía) is a smallish hill used by its conquerors as a point of reconnaissance and a lookout in the years of the Conquista.

In 1872, Benjamín Vicuña Mackenna decided to conduct a dramatic change to the urban atmosphere of the city of Santiago and so initiated the construction of the baroquefest of ornate facades, stairways and fountains.

For more information, visit:

Gay Santiago, <http://santiago.queercity.info>
GlobalGayz.com, www.globalgayz.com/country/Chile/view/CHL/gay-chile
Isabel Allende, www.isabelallende.com/
Santiago Tourist, www.santiagotourist.com/
Wiki Travel, Santiago, http://wikitravel.org/en/Santiago_de_Chile

**Photos: John Douglas,
www.JohnDouglasArt.com**





CONCERNED ABOUT YOUR HEALTH CARE? LET US KNOW!

If you are concerned about the health care provided to you, talk to your provider or call the Health Care Complaints Commission toll free on **1800 043 159** for a confidential discussion.

For more information about the Commission visit www.hccc.nsw.gov.au



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

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

Informal drop in is from 10 am onwards

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



Olga's personals

Men Seeking Men

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

Single 35yo 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**

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

Totally active guy, well presented. WLTM a quiet, easy-going, home-loving passive guy for a long-term 1:1 relationship. Looks & build not important. You must be 100% totally passive, enjoy lovemaking often and be under 40. **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, dark, handsome, late 30s, 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), Caucasian. Likes keeping fit, spending time with friends and family. Poz for three years and in great health. Seeking other poz guys up to 45yrs with view to becoming friends and maybe more. **Reply 280609**

Newcastle. Mature guy, HIV+ 20 years. Seeking genuine 1:1 friendship to LTR. 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 32yo, 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, 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, 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, 5'8", non-scene. Looking for LTR with Poz guy to 55. Quiet nights, GSOH, single. **ALA. Reply 271009**

38yo Poz GWM, 5'10", 72kg seeking my kind of special gentleman in his mid 30s who knows how to be a man when and where it counts. I love romance, being held and sharing my journey with someone on the same page. **Reply 080210**

Poz guy 40yo, tall, black hair, blue eyes, Caucasian, tats. Seeks F/Bs 40–55YO for regular meetings (all scenes considered) with no strings attached. If chemistries are right, we can see where it leads... **Reply 160310**

Men Seeking Women

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 same. Kids OK. Discretion given and expected in return. **Reply 150409**

Carpe Diem. 40yo young and attractive Sydney male. I'm kind, considerate, new-age spirited, intelligent, artistic. 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' 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, 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**

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**

Attractive, faithful, humble, God-fearing positive white female, mid-30s, seeks responsible African-Australian male for marriage aged 36-49, fully committed to Christ, who does not touch cigarettes or alcohol at all and is gainfully employed. WLTM a nice, calm, gentle person with GSOH and optimistic outlook. Looking for a family-oriented, reliable and faithful man who above all loves God. **Reply 220210**

Placing personals

Write an ad of up to 50 words describing yourself and what you are looking for. You can be creative, but it pays to be realistic to avoid disappointment. Please include your location if you are outside the Sydney metro area.

Olga encourages you to be polite. Claims about blood test results will not be published. Olga's is a safe space for people to declare their HIV-positive status. Any ads that refer to illegal activity or include homophobic, racist, sexist or abusive language will not be published.

You can send your personal ad to Olga, including your name and postal address for replies, to editor@positivelife.org.au or by post to:

Olga's Personals, PO Box 831, Darlinghurst NSW 1300

Ads will remain in Olga's personals for 5 issues or a period of 12 months. We encourage you to submit a new ad if your circumstances change or your ad has expired.

Common acronyms

ALA	All letters answered
DTE	Down to earth
GAM	Gay Asian male
GSOH	Good sense of humour
GWM	Gay white male
ISO	Looking for
LTR	Long-term relationship
NS	Non smoker
TLC	Tender loving care
WLTM	Would like to meet

Answering personals

If you want to reply to an ad, think carefully about your response. Olga suggests that you not give you out work or home address or telephone number until you can trust the person. As Olga's personals are anonymous, you should establish trust first. You may want to give out your email address as a first step and take it from there.

Place your response in a sealed, stamped (55c) envelope. Write the reply number in pencil on the outside and place this inside a separate envelope and send it to:

Olga's Personals, PO Box 831, Darlinghurst NSW 1300

Olga then forwards your response to its intended recipient.

Meeting someone

Olga wants you to have fun, but asks you to take some simple precautions when you agree to meet in person.

It might be best to meet in a public place so that you can confirm the person is who they say they are. You can always go someplace private later if you really hit it off!

If you are going somewhere unfamiliar, let a friend know the details or ask them to call you to make sure you are alright.

Use commonsense and remember the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful and leave if you feel uncomfortable.

Finally, have reasonable expectations. It can be exciting to meet someone new but the person may be different from what you expected. Keep this in mind and have fun!

Protecting your privacy

Your personal details remain strictly confidential. Olga keeps your personal details on file in accordance with our Privacy Policy, available at www.positivelife.org.au/about/privacy. If you have questions about your privacy, please contact Positive Life NSW at admin@positivelife.org.au or 02 9361 6011 or 1800 245 677.

Positive Life NSW membership

Membership of Positive Life NSW is **FREE** and is open to any person in NSW living with or affected by HIV.

Members receive a **free subscription to *Talkabout***, the Annual Report and occasional email updates.

For more information, visit www.positivelife.org.au/about/membership

Full member (I am a NSW resident with HIV)
As a person with HIV, you are entitled to full voting rights. You must tick the Personal/Health Information Statement at the bottom of the page.

Associate member (I am a NSW resident affected by HIV, ie, a partner, family member, carer, healthcare worker)

Note: Applications for membership must be approved by the Positive Life NSW Board of Directors. Our Rules of Association are available online at www.positivelife.org.au/rules

Privacy / Health Information Statement

Positive Life NSW collects your personal information in accordance with our Privacy Policy (www.positivelife.org.au/about/privacy). Your details are strictly confidential and only used to add you to our membership database. We will send you information about Positive Life NSW and our magazine and email updates. You can unsubscribe to email updates following the instructions in the email.

We store your personal information in hardcopy or electronically or both. Access to your information is strictly limited to Positive Life staff members and will not be passed on to any other organisation or individual.

You can access and correct your personal/health information by contacting us on 02 9361 6011 or 1800 245 677 or admin@positivelife.org.au.

I have read the Privacy / Health Information Statement and consent to my information being collected and stored.

Name

Address

State Postcode

Email

Positive Life NSW • ABN 42 907 908 942

Suite 5, Level 1, 94 Oxford Street, Darlinghurst • PO Box 831, Darlinghurst NSW 1300
Tel: 02 9361 6011 • Fax: 02 9360 3504 • Freecall: 1800 245 677
Email: admin@positivelife.org.au

Please return the completed form to:

Positive Life NSW

Reply Paid 831

Darlinghurst NSW 1300

No stamp is necessary.

Fax

02 9360 3504

Talkabout subscription only

Non-members can receive *Talkabout* as a paid subscriber. We produce five copies of *Talkabout* each calendar year and a subscription is valid from 1 July to 30 June.

Individuals

- I am an NSW resident receiving benefits (Please enclose a copy of your current healthcare card) **\$5**
- I am an NSW resident not receiving benefits **\$20**
- I live outside NSW **\$33**
- I live outside Australia **\$77**

Organisations

- Full (Business, government, university, hospital and schools either for-profit or government-funded) **\$88**
- Concession (PLHIV groups and self-funded community organisations) **\$44**
- Overseas **\$132**

Fees and donations

Membership to Positive Life NSW is free. If you are subscribing to *Talkabout*, please refer to the subscription rates above.

Talkabout subscription

Donations

I would like to make a donation of

(Donations over \$2 are tax deductible. You will be provided with a receipt for tax purposes.)

Total payment

Cheque/money order
(Cheques should be made payable to Positive Life NSW.)

Please charge my VISA MasterCard
(\$10 minimum for credit card payments.)

Card number

Name on card

Expiry date

Signature

Resources Order Form

PositiveLifeNSW
the voice of people with HIV since 1988

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

Health Promotion Fact Sheets

Quantity	Item
<input type="checkbox"/>	2 Boosting your energy
<input type="checkbox"/>	3 Getting Started on Combination Therapy
<input type="checkbox"/>	4 I want to return to work
<input type="checkbox"/>	5 Living with body shape change
<input type="checkbox"/>	6 Positive Pregnancy – Available on the website only
<input type="checkbox"/>	7 Clinical Trials
<input type="checkbox"/>	8 A Night with Tina (Methamphetamine and HIV) – Available on the website only
<input type="checkbox"/>	9 HIV and your mouth (a pamphlet is also available)
<input type="checkbox"/>	10 The Dynamics of Disclosure – Available on the website only
<input type="checkbox"/>	12 Changing Horizons – Living with HIV in Rural NSW
<input type="checkbox"/>	14 Growing Older – Living Longer with HIV
<input type="checkbox"/>	15. 10 reasons to test for STIs – Available on the website only
<input type="checkbox"/>	16 Relationship Agreements Between Gay Men
<input type="checkbox"/>	17 Dealing with diarrhoea
<input type="checkbox"/>	18 Disclosing to your child
<input type="checkbox"/>	19 Living with HIV and hep C
<input type="checkbox"/>	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.

Social Marketing Campaigns

Quantity	Item
<input type="checkbox"/>	10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – Available on the website only
<input type="checkbox"/>	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
<input type="checkbox"/>	Getting On With It Again <i>Living longer with HIV</i> (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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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

<input type="checkbox"/>	Let's talk about it (me, you and sex): a facilitator's resource & workshop guide on positive sexuality. (160 pages)
<input type="checkbox"/>	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.

Organisation

Name

Address

State

Postcode

Ph

Email

Date ordered

Calendar



JANUARY

Tuesday 19th January HHAS Reference Group

FEBRUARY

Friday 19th – Sunday 21st February Pozhet & SESIAHS Retreat

MARCH

Friday 12th March Open House, Spirituality

APRIL

Saturday 17th April Newcastle Day Trip

Tuesday 27th April Women's Day at The Sanctuary

MAY

Friday 21st May Women's Day

JUNE

Tuesday 1st June HHAS Reference Group

JULY

Tuesdays from 6th July Women's Group (6 weeks)

Friday 16th July Open House, Treatment Forum

Tuesday 20th July Women's Day at The Haven

Saturday 24th July Illawarra Day Trip

AUGUST

Friday 20th August Women's Day at The Sanctuary

SEPTEMBER

Friday 24th – Sunday 26th September Retreat

OCTOBER

Tuesday 19th October Women's Day at The Haven

Tuesday 19th October HHAS Reference Group

NOVEMBER

Saturday 13th November Annual Workshop

DECEMBER

Friday 3rd December End of Year Party

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

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



Andrew Georgiou

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

PositiveLifeNSW
the voice of people with HIV since 1988