

talkabout

Where we speak for ourselves

#168 | July – August 2010 | Positive Life NSW the voice of people with HIV since 1988

Positive voices and visibility

Documenting life with HIV through art,
featuring interviews with **Albert Winn**
and **John Douglas**

Popular culture

How the arts reflect life with HIV

plus

Anakali means friend,
Northern Rivers retreat and more!

PositiveLifeNSW
the voice of people with HIV since 1988

talkabout

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Contributors:

Peter de Ruyter, John Douglas, John William Jones, Rob Lake, Malcolm Leech, Greg Page, Héldimo Santana, Kathy Triffitt, Albert Winn and the men of the Northern Rivers retreat



Front cover:

'Left foot', 1999, Albert Winn, gelatine-silver print.



Back cover:

'The ABCs of HIV', 2010, John Douglas, acrylic on cardboard.

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Pause for reflection

This issue has been in planning for several months. Earlier in the year, I began thinking about a special edition focussing on the voices and visibility of HIV-positive people in the arts. This was prompted, in part, by Kathy's presentation at the 'Drawing the Line Against AIDS' conference in February.

Kathy caught up with Albert Winn, a noted Jewish American photographer and arts activist, at the conference and he agreed to an interview with *Talkabout*. Al very generously talks about his work and shares his award-winning images documenting his everyday life with HIV beginning on page 6.

We also present local artist John Douglas's controversial work 'The ABCs of HIV'. I say controversial because even within our own team, there was some debate about this work. Some questioned its appropriateness and asked whether it would be considered too negative, while others felt it is a thought-provoking piece that makes an important statement. Read what John has to say on page 12 and let me know what you think.

I have been catching up on some old films lately and this got me thinking about the portrayal of HIV in film and TV during the last 25 years. It made me realise how far we have come and how far we have to go. So, in keeping with the theme, I asked Greg Page to write about how the arts have portrayed HIV over the years (see page 16). I hope his piece will encourage you to reflect on those times and revisit some of the films, music and artwork mentioned. If this was all before your time, these works might give you some perspective on the massive changes that have taken place in representations of HIV.

It is also timely to note that the AIDS Memorial Quilt now has a permanent home at the Powerhouse Museum, where it can be properly stored, preserved and displayed. While some may think of the quilt panels as objects of grief, they also

represent a celebration of life and were an artistic, emotional outlet for those affected by HIV. In this context, the panels are socially relevant, historically significant works of art and museum registrar Nicky Balmer and quilt convenor Philip Diment tell us about a new project to keep the memories alive on page 19.

There is a whole lot more in this issue. Ankali is celebrating its 25th anniversary this year and we asked John William Jones to share the story of a client and volunteer on page 25. I was delighted to hear that an old colleague has returned to practice. Peter de Ruyter took some time out to manage his own illness after years of helping others and, on page 21, he shares his experiences.

Positive Life's CEO and President report on recent organisational and Board activities on page 5. For the many people who attend the Positive Living Centre (PLC), you'll know that Sam has left to live overseas. He shares his experience of working at the PLC on page 23, while participants of the Northern Rivers retreat tell their stories about the importance of peer support on page 28.

We have repeated the *Talkabout* reader survey on page 33. The response to date has been very good, but we would really like to hear from more of you. It only takes a few minutes to complete and you can return it at no cost using the reply paid number. The survey is also still available online. We'll publish the results in the September issue.

Finally, I would like to encourage you to visit our website, www.positivelife.org.au. It's just had a complete revamp with new colours, new navigation and some useful new features. On the home page, you'll find news and personal stories from around the world all in the one spot. The website is a work in progress, so it will be constantly changing and evolving. I hope you'll let me know what you think.

Kevin

What's News?



Pregnancy poses HIV risk for men

While advances in HIV care and the rapid expansion of antiretroviral therapy (ART) have significantly increased the chances of women with HIV to become pregnant (see *Talkabout* #167), a study presented at the 2010 International Microbicides Conference noted that their male partners are more than twice as likely to become infected with HIV if their partner becomes pregnant.

This is one of several findings of the *Partners in Prevention Study*, which randomised positive participants to receive acyclovir or placebo to determine whether suppressing herpes (HSV-2) infection could reduce HIV transmission. There were 3,321 heterosexual serodiscordant couples in the study and the female partner was HIV-positive in two-thirds (67%) of the couples.

The researchers found that HIV-negative women were twice as likely to become infected by their positive male partner if they became pregnant. However, the increase in HIV incidence was attributed to the fact that pregnant women were on average younger, more likely to be having unprotected sex and less likely to use oral contraceptives.

The significance of the results in male partners was slightly stronger after adjusting for factors such as age, unprotected sex, circumcision status and the partner's viral load and CD4 count. The authors concluded that this implies pregnancy in HIV-positive women is an independent risk factor for increased transmission.

Although the study failed in its primary objective (to find out whether acyclovir reduces HIV transmission), it has produced some remarkable results that provide insight into HIV transmission risk between heterosexuals, such as HIV treatment reducing transmission by 92%.

The authors suggested that increased female-to-male transmission of HIV during pregnancy could be the result of physiological and immunological changes during pregnancy, but more research is needed.

Source: www.aidsmap.com/en/news/ux

Elite controllers could lead to a vaccine

A small number of people with HIV (around 0.5%) experience little or no disease progression and maintain a nearly undetectable viral load for many years. These people are defined as 'elite controllers' or 'long-term non-progressors'.

A new study in the online edition of *Nature* reveals that a human genetic trait linked to autoimmunity in these people could lead researchers to an effective vaccine against HIV.

A team led by Professor Bruce Walker of Massachusetts General Hospital has been recruiting elite controllers for the last four years to study how their immune systems control HIV. The researchers examined a genetic mutation called HLA B57, which is common to many of the elite controllers and which is also associated with autoimmune conditions.

The researchers found that people with the HLA B57 gene were more likely to generate T-cells that could react to several different HIV proteins. The advantages of this is that even if one of the proteins mutates to evade the virus, the T-cell could still bind strongly to other viral proteins, increasing the chance of eliminating the virus.

These findings offer hope that researchers might be able to create a vaccine to help draw out cross-reactive T-cells in people without the HLA B57 gene.

"It's not that they don't have cross-reactive T-cells," said Professor Arup Chakraborty of Massachusetts Institute of Technology, "they do have them, but they're

much rarer, and we think they might be coaxed into action with the right vaccine."

Source: www.aidsmap.com/en/news/ux

Some lubricants may increase STI risk

Two recent studies in the USA suggest that the use of lubricants during anal sex may increase your risk of a rectal sexually transmitted infection (STI) by up to three times.

While these results appear to call into question traditional safe sex messages, researchers note that further studies are needed and that the results do not imply that you should stop using lubricant, as this can cause trauma itself. Positive Life urges caution as the results are inconclusive and based on a small sample using lubes made in the USA.

Researchers at the University of California at Los Angeles presented their results at the 2010 International Microbicides Conference. Researcher Pamina Gorbach stressed that the results were from a small survey of possibly unrepresentative people (302 men and women). However, the results suggest that participants were three times more likely to contract gonorrhoea, chlamydia or syphilis when using a lubricant for anal sex. This was independent of number of sex partners, frequency of sex and condom use.

A study by researchers at the University of Pittsburgh evaluated the safety of five water-based lubes. Researchers found that some lubricants could cause cellular damage of the rectal lining. However, this is based on laboratory research and they note that studies in humans are needed to determine the link between lubricant and HIV and STI transmission.

Sources: www.aidsmap.com/en/news/ux, www.poz.com

Hédimo Santana

HIV services @ Positive Central

Positive Central is a community-based team of healthcare professionals who provide practical health support to people living with HIV in Sydney's inner west. Their team includes social workers, an occupational therapist, dietitian and physiotherapists.

Angela Langton, dietitian, and Stella Di Laudo, physiotherapist, work with and educate people with HIV on how to live well. They believe a healthy diet and regular exercise can make a big difference towards preventing chronic lifestyle diseases such as diabetes and cardiovascular disease. They offer these facts for you to consider:

Fact: Cardiovascular Disease has now become one of the leading causes of death and illness within the HIV population. While HIV medications have helped increased life expectancy, they have brought with them some unwanted side effects. For example, we know that some antiretrovirals can increase your cholesterol and that the virus itself attacks blood vessels, sometimes causing damage to your heart or increasing the risk of cardiovascular disease.

Fact: The news is not all bad. Without any medications or increased doctor or hospital visits, you can reduce your risk substantially yourself by taking

control over what you eat and how much you move your body.

Fact: Research has shown that a diet rich in fruit and vegetables, low in saturated fat (eg low intake of full fat dairy products, fast food and commercial cakes and biscuits) and high in fibre (eg wholegrain breads, cereals, pasta and rice) helps to slow down the progression of cholesterol build up in the arteries and thus reduces your risk of developing cardiovascular disease.

Fact: By taking action to move your body through small amounts of walking, swimming, lifting weights, playing a round of golf or yoga most days of the week, you are already stepping in the direction.

Fact: Exercise helps reduce blood pressure, lower cholesterol levels, maintain a healthy weight and keep your stress levels down.

Before making any big changes to your diet or modifying your physical activity levels, contact Positive Central for a full service. We'll provide you with the advice or to help you need to get started on your path towards improved health.

Positive Central is located at the Redfern Health Centre, 103–105 Redfern Street, Redfern and is open from 8.30am to 5pm.

Tel: 02 9395 0444

Have your say on our work

Positive Life NSW is developing its strategic plan for 2011–13.

We'd like to hear your thoughts about our work. Come to a community forum and tell us what you think is important for us to consider and work on over the next three years.

Newcastle - Thursday, 8 July
Sydney - Tuesday, 13 July
Lismore - Friday, 16 July
Dubbo - Wednesday, 21 July
Sydney - Tuesday, 27 July
Parramatta - TBA

Venues and times will be advised on our website at www.postivelife.org.au/about/stratplan or you can request updates by calling the office or sending us an email.

If you cannot attend a consultation, you can fill in an online survey, call us or email your thoughts.

Tel: 02 9361 6011

Freecall: 1800 245 677

Email: admin@positivelife.org.au

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

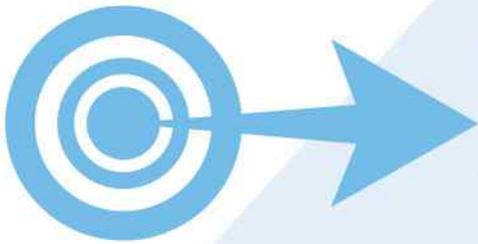
NEXUS

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: 26 July & 23 August, 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



Keeping you informed

Updates on the work of Positive Life

As we head to the end of the financial year, planning for next year's work is high on the agenda.

Our project to help people better understand and use the healthcare system will be piloted soon. We are also involved in a number of submissions to the Commonwealth Government calling for assurances and suggesting ways to make sure that in any future planning for support services for older people and people with disabilities, people with HIV are eligible and able to get the necessary services to live in the community or, if they choose otherwise, to get the sort of supported accommodation they need.

We were recently part of submissions to the NSW Government calling on them to amend the *Public Health Act*

to take a broader view of the rights and responsibilities of people with HIV and our partners in relation to HIV transmission. We're still waiting to see what happens.

We are currently awaiting approval from NSW Health for our new sexual health campaign and we'll keep you posted on its progress. We will also be starting further work with couples and reviewing the mental health needs of people with HIV.

In late June, we met with members of our peer support groups to feed back and get their response on the results of the peer support review. More to come on that soon.

Malcolm, our president, discusses the progress of the next strategic plan below. Look out for the ad on page 4 for news

about consultations near you or call us to find out more.

If you haven't looked at our website recently, take a look, it's got some new info on it, we think it's easier to get around and use. We hope it's got the info you're looking for. Again, we look forward to your feedback.

We are working to get a better understanding of the impact of the changes to hospitals and healthcare as a result of the Commonwealth Government health reforms. While it is still early days, things are moving quickly. The sooner we get the detail to understand the impacts, the more we can highlight the impact for people with HIV across NSW from these changes to hospitals, GP services and community health.

Rob Lake, CEO

Since the Special General Meeting in February it has been a busy time for the board.

The annual Board induction day was held in March. The day was structured around the roles and responsibilities of the Board and what is expected of directors. As we are a board of governance this is one of the key issues we focus on during the day.

'Corporate Governance - An Induction' is an online training course offered to all directors. I have completed this and two other online courses, 'Duties of Officers and Directors' and 'Applied Corporate Governance'. These modules were supplied to us by ACON and were instructive and beneficial.

Expressions of interest were called for secretary and ordinary director. I am pleased to report that Bernard Kealey is now secretary and to have his skills, knowledge and experience of the organisation is an asset to the Board. There were no expressions of interest for the position of ordinary director and so the Board decided to leave that position vacant until the Annual General Meeting in November.

Two of the larger issues the board has to contend with this year are the strategic plan and governance. The Board set up two working groups to oversee these areas, rather than take focus from the Administration Committee, which normally fulfils this function.

The Strategic Plan Working Group reports directly to the Board and is responsible for developing the plan within the budget and guidelines set by the Board. I chair the group, which includes Paul Ellis, Timothy Parsons and James Wilson from the Board, Rob Lake, Lance Feeney as the staff representative and Ross Duffin. I am pleased to announce that we have engaged Judy Kell as our consultant. Judy has extensive experience in strategic planning, as well as the issues regarding HIV. We are setting dates for consultations in Sydney, Parramatta, Newcastle, Lismore and Dubbo. Once the dates, times and venues have been set, we will make the information available on our website and you can also contact the office for more information. I look forward to your input.

At the SGM I informed members that we would be holding an SGM in August.

The purpose of this was to introduce the new constitution as required by the *Association Incorporations Act 2009*. Unfortunately we will not be able to do this as the model constitution is still before Parliament and the Department of Fair Trading has not been able to give me a date when it will be released. As such, we have decided we should sort out those matters raised by members at the last AGM and create a Board Governance Charter. A Governance Working Group has been set up. Reporting directly to the Board, its membership includes Bernard Kealey, Rob Lake, Harry Richardson, Douglas Barry and Craig Cooper, and I chair the group.

If you would like more information about the strategic plan consultation, you can contact the office on 02 9362 6011 or 1800 245 677 (freecall). If you want any further information about the Board, please email me at president@positivelife.org.au

Malcolm Leech, President



My life until now

Albert Winn, a Los Angeles-based writer and photographer, presented a paper on his work at 'Drawing the Line Against AIDS', an international conference held at the University of Adelaide, which explored the past, present and future of AIDS art, AIDS activism and AIDS prevention, and the connections between them. **Kathy Triffitt** caught up with him in Sydney.

In 1990, Albert Winn was diagnosed with AIDS. At the time, the only images he was aware of portrayed people with AIDS as 'dangerous', 'deviant', 'deserving' of their fate, passive and dying victims. Illness and the virus represented the sum total of their lives. He began an autobiographic series of photographs and writings called 'My Life Until Now', which chronicle his life as a gay, Jewish man living with AIDS and which earned him a fellowship from the National Endowment for the Arts in 1993. Al's photographs not only engage with representations of HIV, but are also inserted into daily and social life creating spaces for reflection and conversations.

'Urgency was an integral part of the earlier work. I wanted to show that regardless of illness there was a whole life to be considered, one of love and disappointment, religious and cultural identity, family, personal relationships and memory.'

Kathy: *After diagnosis how did your photography change?*

Albert: To answer that question, I'll need to give a background on what I was doing before. I was taking portraits of my boyfriend/spouse/significant other Scott. These were intimate photographs of us together and nothing sexual. They were studio portraits. They were, in a way, a response to the Mapplethorpe phenomena. Those images were highly sexualised and admittedly quite beautiful in a classical sense. However, I was really concerned that there was no gay imagery that I could identify with. I mean, I didn't look like any of those Mapplethorpe images and I didn't look like any of the men I saw in pornography either. So, I started taking intimate photographs of the two of us.

How did the work change once I was diagnosed? The work became much more focused. I wanted the imagery to be filled with information about us and what our lives were like. I pulled the camera back a little bit and filled the frame with information like books and Rosh Hashanah cards and the Menorah, which decorate the bookshelf. For instance, that image of me standing against the bookshelf and Scott in the background working on his computer portrays the two of us living together and part of an everyday life (see photograph on page 10). These photos borrow from the snapshot aesthetic (photos made by ordinary people recording the ceremonies of their lives, memories and the places that they lived and visited).

Kathy: *The other interesting feature of your work is the way you position the audience in relation to your images. Your use of gaze and expression are significant in this context.*

Albert: By turning the camera on myself I invited people to look. I was not setting up an exhibitionist-voyeuristic relationship, but one where the observer would be engaged, so I look back and confront the viewer to establish a dialogue. I'm inviting them not only to look, but also to engage with me and the issues. I know people wanted to look and I didn't want them to be a pedestrian observer. That's what the gaze is all about (along with my expression). Knowing that people come to imagery with their own baggage, history and thoughts, I wanted to respond with a blank look and let people project as much as they wanted.

Kathy: *You mentioned Nicholas Nixon in your conference paper. His exhibition at the Museum of Modern Art (New York) in 1988 was one of the first and most controversial mainstream art exhibits, becoming a kind of standard by which to measure dehumanising, degrading representations of HIV/AIDS. Members of ACT UP, New York (AIDS Coalition to Unleash Power) staged a protest and demanded the visibility of people 'living' with HIV and AIDS 'who are vibrant, angry, loving, sexy, beautiful, acting up and fighting back'.*

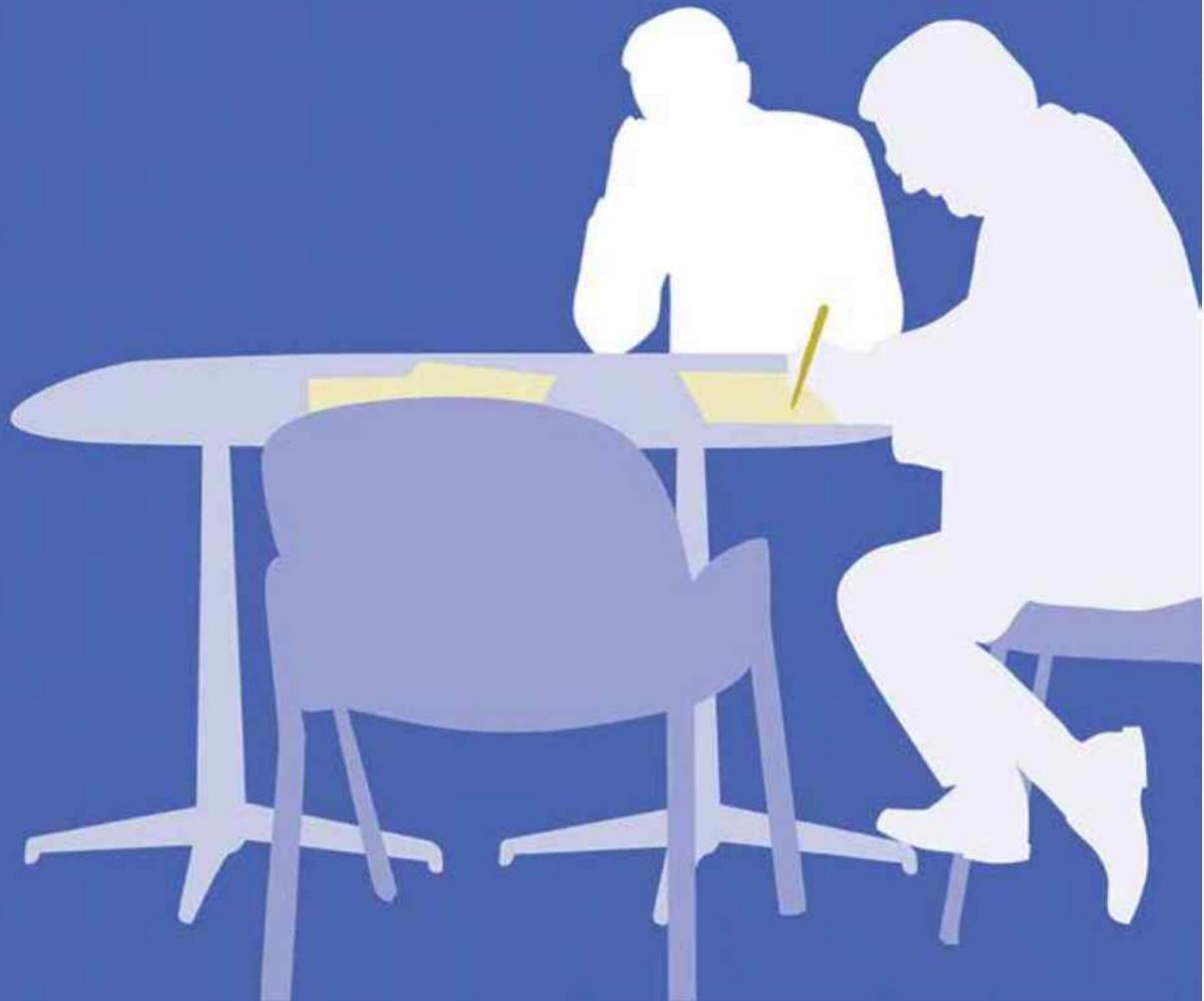
Once viewed as another victimisation of the person with AIDS, Nixon's photographs are now being reconsidered as historically important and aesthetically significant. Firstly, were your earlier photographs a counter response to his 'People with AIDS' series and secondly, where do you think his work sits now?

Albert: I'd studied with Nicholas Nixon. I was there at the time he photographed the 'People with AIDS' series. His images are pretty powerful, but they're also

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

frightening. I don't want to look that way and feel that way. It's not the image I want to project either. I don't want the illness to be a sum total of my life so that was another reason to fill the frame with information that represented our everyday life. Yes, there are pill bottles in the photograph, but there is also the Menorah.

When I'm feeling really positive (no pun intended), I think AIDS changed the visual arts and that art can change lives

Yes, my earlier work was a response to Nicholas Nixon's series and other photographers who portrayed people with AIDS as the sum total of their illness. One of the reasons I included the text panels in my exhibitions and later on the spoken word, is because they made my stories accessible to the audience. Texts are not captions, but inform the work and serve to present the notion that the work is about a whole life, not solely defined by AIDS.

Nicholas Nixon continues to be a prominent photographer. His work brought the issue of AIDS into no less of a forum than the Museum of Modern Art, New York. Even if it generated protest, it brought the issue of AIDS to the forefront and that was important.

We also need to remember that when he was making those images there weren't a lot of alternatives. When people were diagnosed it seemed like, in no time, they died. It would be a mistake if we turned away from that and pretended it didn't happen. If we all pretended that it didn't exist then we wouldn't have responded in the way that we did, which was with urgency. I think it's also important to re-evaluate his work and see how it fits into the historical arc of how we approach AIDS imagery and gay imagery. I think one of the components of the anger over Nick's work was how it fit into that continuum of portraying gay people as 'other'. When gay people (and most of his subjects were

gay and AIDS was still considered a gay disease at the time) looked at those images it resonated in a profound way. I like to believe that since then, the photography world has become more sensitive to such issues, not just about gay people or people with AIDS, so it's important to place Nick's images in that historical context as well.

Kathy: *The series 'Band-AIDS' and 'Summer Joins the Past' chronicle the changes and challenges you were experiencing as a long-term survivor. Can you talk about how this work evolved?*

Albert: The 'Band-AIDS' series is about measurement and what is visible. As a long-term survivor of AIDS, and the advent of the cocktail which improved the look of people with AIDS, I realised I was walking around with invisible scars and was determined to make my illness seen. The band aids are a signifier of illness – a lesion, a place where some medical procedure has been performed. The photographs are also a response to the many comments made to me about my appearance, one that belied my true health status. They are a response that. 'Looking good', does not mean good health, and when someone tells you look good, it's a form of measurement. That no matter what my appearance may be, the virus, the presence inside my body, is one of which I am aware every day and for which there is still no cure.

I put band aids every place I had had either a manifestation of illness or something that had been done to me because of illness (eg a blood test or a rash). I then photographed myself with the blotches against the grid of a copy stand. The grid was very much about measurement and progress. It was an

important body of work to get me from 'My Life Until Now' to the 'Summer Joins the Past' series. At that time, I didn't really consider myself a long-term survivor. I was just somebody who had responded well to the medication.

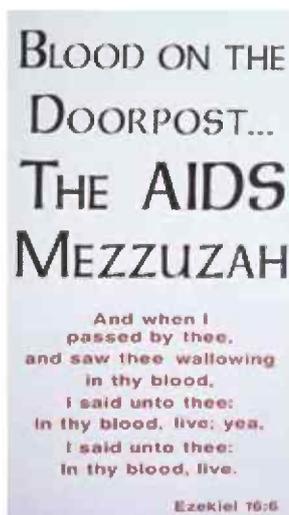
I'm also a long-term survivor of summer camps as well. But like I said in my statement on my website, how do I express long-term survivor-ness and the loss? How do you express this loss and grief you're living with?

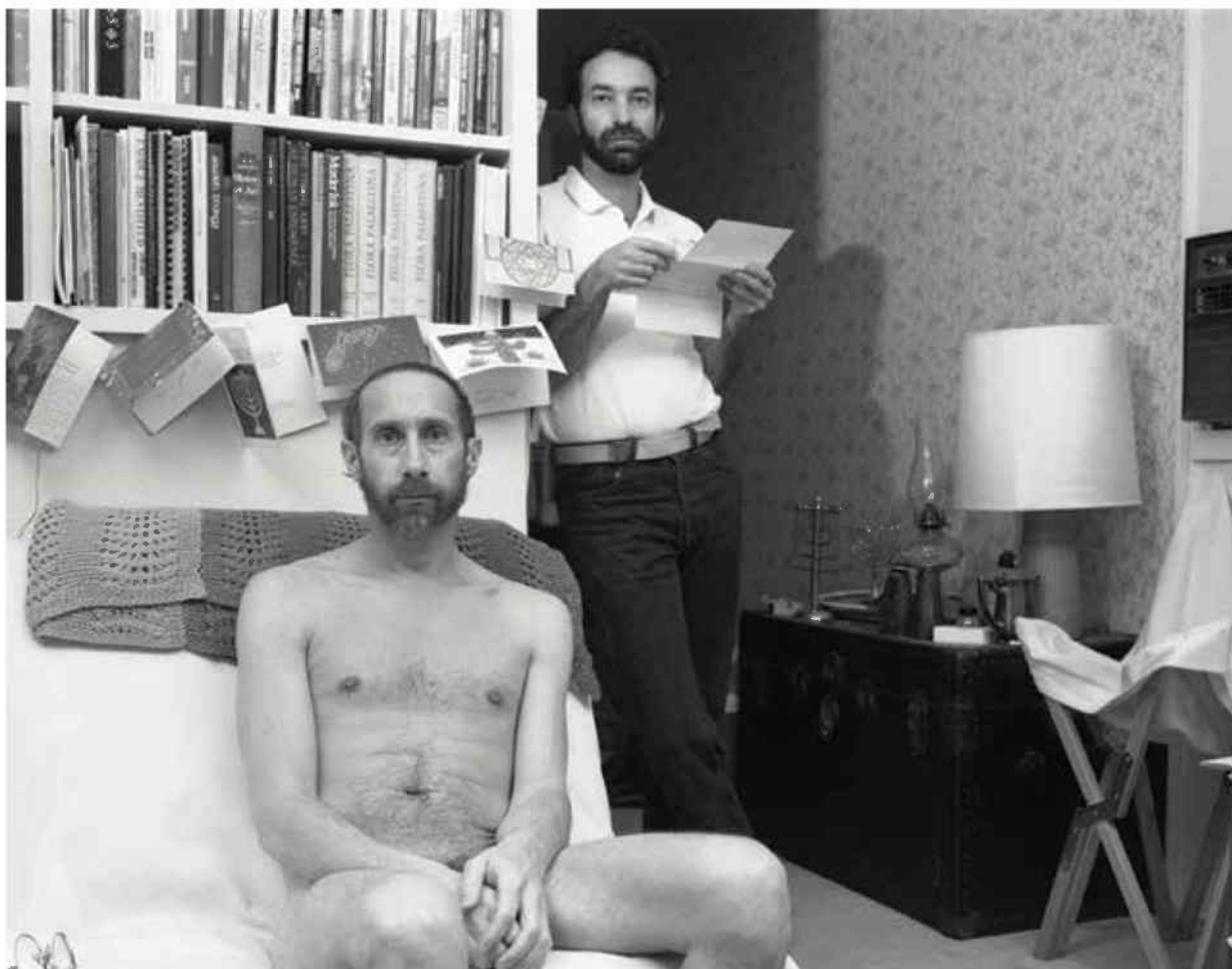
Summer camp was once an important part of the cultural landscape of the Jewish adolescent experience in the US. Camps provided a sense of community and reinforced group identity, engendered their own allegiances and fostered networks of relationship. The photographs of summer camps are from a variety of locations throughout North America. Part of a larger body of work, they address issues of memory, nostalgia, loss and myth associated with landscapes. As a long-term survivor of AIDS, the empty spaces have a special resonance for me. Devoid of the vitality for which they were created, they are not only a reminder of a loss of an ideal, but also of lives lived and lost.

The series 'Summer Joins the Past' came to me after I had responded to medication and I was well enough to do some travelling. I went back to New York and walked down the streets that were very familiar. I walked by my old apartment building and even though I knew the man I'd lived with had died, I still looked at the buzzers and thought maybe his name's still there (knowing, of course, it wouldn't be).

Even though the city was filled with people, it felt very empty to me. I had to

The first image is a text panel at the entrance to the Blood on the Doorpost exhibit. In the image at right, the vial of blood is held in place by a brass holder. A stylised Hebrew letter shin, which represent the name for God, is at the top of the vial, which is encased by a Lucite cover and affixed to a wooden doorpost, exactly as a kosher mezuzah would be attached. The mezuzah leans in the direction to the interior of the house.





'Self-portrait with Scott 1991' from the My Life Until Now exhibit, gelatin-silver print.

express this photographically. I would never get a permit from the city to stop traffic and chase all the people away so I could photograph New York deserted. Even as a child, I had always been curious about what summer camp looked like when we weren't there. Walking down the streets of New York that memory came back to me. I started thinking about the world that existed before AIDS. It seemed there was a world that exploded wide open. I remembered that's what that feeling was like when you went to camp. It was a time of experimentation. Relationships you made in summer camp were as lasting, at least in your memory, as some of those relationships that many people made before AIDS.

Kathy: *Your most challenging work, given the responses you referred to in your conference paper, would appear to be 'Blood on the Doorpost – the AIDS Mezuzah'. You describe this work as making your life and Jewishness meaningful.*

Albert: When I heard AIDS referred to as a plague, I thought how ironic that I, a Jew, a descendant of those Hebrew slaves spared from all the plagues, would

succumb to one. The idea of an AIDS Mezuzah emerged from the imagery of the Exodus story. In the story, God inflicts 10 plagues on the Egyptians and commands Jewish slaves to smear their doorposts with lamb's blood to ward off the final plague. If you didn't, the Angel of Death would kill all the firstborn. I commented in an interview with Weinstein (*Jewish Bulletin*, San Francisco, 1996): 'It's almost like a trick. I'm putting blood on my doorpost so when 'You' [God] send the Angel of Death, it will pass over me [even though I already had the plague]'.

I needed something that would transform my experience, while staying in the context of my tradition. I wanted something that would continue to make my life and my Jewishness meaningful, and bring a sense of order to the chaos I found myself living. I have also been aware of the slow and ineffectual response of the Jewish community to the AIDS crisis. Hundreds, maybe thousands of Jews have suffered and died of AIDS, and yet in an organised, communal response, the Jewish world seemed silent.

What I was really trying to do was to challenge the Jewish world in the USA because I didn't think the Jewish community had responded very well to the AIDS crisis. I think the Jewish world was uncomfortable talking about homosexuality and at that time AIDS was still primarily a gay disease so they were uncomfortable with that. Certainly there were a lot of things that made AIDS uncomfortable to the Jewish world. You have to know a little bit about Jewish history to understand. Jews were accused of having bad blood – spreading bubonic plague and killing Christian children to use their blood to make matzos. What were the Christians thinking? So Jews are sensitive to issues that might revive those kinds of accusations.

But the effect on me of Jewish silence was a sense of invisibility, of alienation and separation. [I wondered] how could I make the Jewish world take notice of the suffering that was going on in its midst, and thought of using traditional Jewish rituals, symbols and objects to deliver the message. Watching the blood flow out of my arm into one of the vials during my

weekly blood test, I decided to use my own blood to put on the doorposts of my house or any building to draw attention to the suffering within the Jewish community. 'Blood on the Doorpost – the AIDS Mezuzah' was installed at the Judah L Mangus Museum in Berkley [California] in 1996 for World AIDS Day and it was the first time any major Jewish cultural institution acknowledged the day. It got world-wide publicity in the Jewish press. It was discussed at the Conference of American Jewish Museums that year, so I felt I did my job.

Kathy: *How do you think AIDS changed the visual arts? Does art have the capacity to save lives?*

Albert: AIDS changed all the arts in the beginning because so many people in the arts were impacted by AIDS. People getting sick and dying was a visible and regular occurrence, but that was a generation ago. Now it's not so obvious so I go back and forth on these issues. When I'm feeling really positive (no pun intended), I think AIDS changed the visual arts and that art can change lives. When I'm not feeling so, I change

my mind. It would be nice to believe that there is some kind of effect, but what I really think is that, unfortunately, every generation has to learn the lessons anew. We already see younger gay men engaging in risky sexual practices, and even older men who have lived through the epidemic taking chances with their lives. So why should we believe that AIDS has changed anything? People's memories are short and, sometimes, people don't want to remember. Maybe all we can hope for is that there will always be some artists who make socially relevant work, work that acts as a reminder. If that can happen, then maybe the second part of the question can be, 'Yes, art can have the capacity to save lives.' However, it will always have to be art that is relevant to the times.

Kathy: *Thank you Al – do you have any closing comments?*

Albert: Thanks for the opportunity to share my thoughts and my work with you and your readers. It's been fun. And I hope it helps someone. Talking about this stuff always feels affirming to me. It gets lonely sometimes. I think of all

the people I've known who have come and gone, people who have died. The art world has moved on. AIDS has moved from being a cause célèbre to being almost invisible. It's nice to know that there is still a community out there that is still interested.

Albert Winn

Albert Winn's work is primarily autobiographic and addresses issues of identity be it religious, ethnic, gender or sexuality and how each informs the other in a context of illness, personal relationships and memory.

To see more of his work and a collection of contemporary visual art of other HIV-positive artists visit:

www.albertjwinn.com

www.thebody.com/visualaids/index.html



'Hanukkah 1995' from the My Life Until Now exhibit, gelatin-silver print.

The ABCs of HIV

Artist **John Douglas**' recent work, 'The ABCs of HIV' (shown at right), exploring life with HIV in the antiretroviral age is sure to provoke some strong reactions. He speaks to **Talkabout** about his motivation and the early responses to the piece.

Talkabout: *Can you start by telling me a little bit about the inspiration/motivation for this work? Did you intentionally set out to create this piece as a statement on HIV today or was it purely an expression of recent personal experiences, or perhaps a bit of both?*

John: I suspect there's a bit of personal therapy in this – as there is most of my art – but my main purpose was to create a piece that makes a universal statement about HIV today.

I wanted to create an artwork based on an Australian source that presented some of the negatives of being HIV positive today in the tradition of such strong and moving works as David McDiarmid's 'Plagueboy' and 'So Many Pills So Little Time Sweetie' [1994].

I wanted to create an artwork that addressed the nature of contemporary life with HIV – that for many now, it is an ongoing, grinding chronic condition that doesn't necessarily result in fast death – and the many more aspects of HIV faced now than were faced in the mid-1980s.

Talkabout: *In an era where we regularly see images celebrating the 'positive' aspects of living with HIV, it's interesting that you chose to create an artwork that reminds us that there are still many challenges of living with HIV. Can you talk about this? Do you feel that HIV has been 'glamourised' or that we are overlooking the realities of modern living with HIV because of the comparative 'success' of antiretrovirals?*

John: I think campaigns promoting the fun of putting a condom on a banana or using simpering muscle men are ludicrous and insulting; a far more compelling advertising message might be 'putting on a condom feels disgusting, but not as disgusting as shitting yourself to death'. I think it is great that living

I think the need for art and social activism in this country is as strong now, perhaps stronger than it was in the goriest days of HIV/AIDS

with HIV has become closer to being a manageable condition than it ever has; no one wants to see a return to the premature deaths of so many we loved.

So, while acknowledging we've come a long way, I think it is also important to keep in mind that HIV is not all cheap

housing and electricity subsidies. The reality is there are still struggles and efforts to be made – with health, prejudices and simple, day-to-day realities. I do think that we need some positive images, too! But yes, we certainly need balance – so much advertising by groups in the AIDS industry veers too far towards glamour and fairytales.

Talkabout: *What is the primary medium and size of the artwork? Is there any significance in the individual panels and materials that you used?*

John: The artwork is comprised of acrylic paint on 26 individual cardboard panels. In the pictured format, the work measures approximately 4 metres x 3 metres. In this format with the panels touching, it is a larger than normal work for me; the panels can be moved and the size and positions altered. This is significant as the nature of living with HIV looms large in a life in constant flux. I used acrylic paints as they dry to a flat plastic finish which is appropriate for the theme of the work.

Talkabout: *You also used this artwork to create a multimedia piece that you posted on YouTube (www.youtube.com/watch?v=bWV26ue4-OI). In this video slideshow, the individual panels appear long enough to confront the viewer with some of the realities of living with HIV today. The imperfections in the panels and the handwritten letters give the sense that this is a very personal piece, while the ambient*



It has been – is – very humbling to realise you’ve created an artwork that reaches people and gives voice to their experiences



Stills from one of John’s YouTube posts ‘Ward 9’

soundtrack makes it quite haunting. Can you tell me a bit about your creative process and how the multimedia aspect evolved?

John: Like many of my artworks, the slideshow changed and evolved as I created it. I originally wanted to do a slow, epic work that would loop and thus be suitable for a gallery as a video installation. As I put it together, though, I decided that a slideshow would have more impact with a short time on each letter – so that each came as a figurative slap and the viewer would be left somewhat stunned as the whole piece is over in one and a half minutes, and that rather than being displayed in gallery, popular art sites and video sites like YouTube and Facebook would be far more effective venues.

To create the slideshow movie, I used Movie Maker program – simple to use and perfect for a basic slideshow. The audio I created. Originally I had composed and recorded a fairly solid music track with some glaring sounds to startle, mixed with audio samples of everyday life. However, when I added this audio, I realised that an ambient audio track would better suit the theme of life with a chronic condition and that the startle effect would be best coming simply from the images and their timing.

Talkabout: *Can you share your thoughts on the current state of HIV-related art or art/social activism in Australia? Is there still a need for the voices of HIV-positive artists?*

John: In Australia, I think we’re in a bit of slump. Those who care are worn down by

years of effort and from attending to health and personal needs. With every reduction in services and support for people with HIV, there is a pervasive sense of cynicism and ‘why bother’. I think the need for art and social activism in this country is as strong now, perhaps stronger than it was in the goriest days of HIV/AIDS.

I took part in an exhibition in January in New York with Yoko Ono and John Waters (among others) to raise money for HIV services and support there, and the level of interest gives me hope that apathy doesn’t reign supreme; that we can respark the fire of enthusiasm for social engagement and art and activism here in Australia.

Talkabout: *You mentioned that you posted the artwork on some art sites and have had some interesting comments. Can you tell me about the response to the piece to date?*

John: I have begun correspondence with a commercial artist friend of (film director) Derek Jarman over this very artwork and he has told me harrowing tales of prejudices he has faced in the UK both socially and professionally. Also, a daughter of a prominent HIV researcher in the USA has been telling me about her experiences, and many other people (both HIV positive or who have otherwise been affected by HIV) who I can’t really give too much away publicly or risk their privacy. It has been – is – very humbling to realise you’ve created an artwork that reaches people and gives voice to their experiences.

About John Douglas

John Douglas is an award-winning Australian multimedia artist. His expulsion from the Queensland College of Art in 1984 for being a “disruptive and disturbing influence” kick-started his career.

His exhibitions have received acclaim and caused controversy here and abroad. Solo shows include the Sydney Gay and Lesbian Mardi Gras in 1994, 1995, 1997, 2003 & 2005; an exhibit for the Sydney 2002 Gay Games Cultural Festival; and one-man exhibitions in Paris, Bangkok, Istanbul, Shanghai, Bali, Ethiopia, Singapore, Malaysia, Macau and Fort Lauderdale, USA.

John has also published fiction and non-fiction works and is a regular contributor for *Talkabout*; guest cartoonist for *Last* magazine and has been published in two US fiction anthologies.

See John’s work at

<http://johndouglasart.com/> or
www.youtube.com/user/tartansuitcase

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David McDiarmid (1952–1995) created this powerful image for ACON's 1992 safe sex campaign. This and other works established him as one of our most outstanding activist artists.



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popular culture

Greg Page examines how the world of music, movies and more has reacted to and reflected the 'AIDS epidemic' over the years and the HIV+ aftermath.

It's been almost three decades now since the words 'AIDS' and 'HIV+' entered the everyday lexicon of life. With the changes that medication brought about from the 90s onwards (where AIDS=Death no longer) it's perhaps timely to look back on how popular culture – the worlds of art, music, movies and television specifically – reacted to the onslaught of what was, at its onset, considered a 'deadly disease'.

It actually took some time in the early 80s for society to first cotton on to what was actually happening – a killer virus that seemed to strike most viciously at the heart of the gay community. Little wonder it was initially known as 'the gay plague'.

Not surprising then, that many of the early cultural references to AIDS, and later HIV, were represented in the works of gay artists, many themselves riddled with the disease and with a short lifespan ahead of them.

In particular, NYC photographer Robert Mapplethorpe documented his decaying body through his art – switching the subject matter from the thought-provoking hedonistic lifestyle of the early 80s to something much more reflective and thoughtful. Mapplethorpe, who passed away in 1989, is once again a part of the current discussion on popular culture through the use of his iconic images on the cover of the new Scissor Sisters album 'Nightwork' and its singles. Band member Babydaddy has said that the use of the photos, through the Robert Mapplethorpe Foundation, is the perfect accompaniment to the band's current musical direction, inspired by early 80s, pre-AIDS, gay life in New York City.

Another New York artist whose work continues to have a major impact today, and who was a major part of creating some kind of pop art response to AIDS, was graffiti artist Keith Haring. Ironically his naïve art style of graffiti now hangs respectfully on the walls of major galleries around the world. We shouldn't forget

William Yang, who captured Sydney's gay party scene in the late 70s and into the 80s, quickly reverted to documenting the ravages of AIDS on the local community

though that in the late 80s, as Haring was close to death from AIDS, he devoted most of his time, life and art to getting the message out about safe sex and trying to de-demonise the disease.

Closer to home, acclaimed Australian photographer William Yang, who captured Sydney's gay party scene in the late 70s and into the 80s, quickly reverted to documenting the ravages of AIDS on the local community.

Yang later published a book, *Friends of Dorothy*, a pictorial history of the era and of the many, many people lost to the disease, including local artists such as David McDiarmid, who once made the KY symbol of the tube into badges, and Peter Tully, who had a joint show at the Roslyn Oxley Gallery in 1984. That same year was also, incidentally, the first year the word 'AIDS' made an appearance in the Sydney Gay & Lesbian Mardi Gras with a 'Stop AIDS' banner. Yet it wasn't until a decade later in 1994 that there was a major exhibition devoted to the subject matter, 'Don't Leave Me This Way – Art in the Age of AIDS' at the Australian National Gallery.

While the art world was making its own contribution and statements on the impact of AIDS, the somewhat less highbrow worlds of music, TV and movies were also incorporating the subject into their output.

In the world of movies, AIDS was for a long time a fairly taboo topic which inevitably meant there was going to be an unhappy ending no matter what. So it was for movies such as 1985's *An Early Frost*, 1990's *Longtime Companion* and even 1993's breakthrough film *Philadelphia*, which won Tom Hanks an Oscar for playing an HIV+ lawyer. Though numerous underground and smaller indie films tackled the subject matter, it was still a case of AIDS=no box office for movies until *Philadelphia* literally came out. Other movies that tackled the subject matter included *And The Band Played On* (1993), *Love! Valour! Compassion!* (1997) and last year's Oscar-

winning *Precious* which had an HIV+ African American teen, infected through rape by her father, as the main character.

TV appears to have tackled the subject matter much earlier than the movies, but only sporadically and generally with a heavy hand. There have been HIV+ characters in a number of soap operas, including *Pacific Drive*, which aimed to be "Australia's *Melrose Place*". It featured teen pop sensation Melissa Tkautz playing the world's first HIV+ character in a soapie. Sadly, more characters like these have been few and far between.

Aussie soapie *Home and Away* dabbled in an HIV+ storyline, but it was more sensationalist than educational: "Cassie contracted HIV after sleeping with her older boyfriend Henk, who had contracted the disease from a drug addicted former girlfriend".

Wikipedia's list of HIV-positive television characters is surprisingly short, considering the impact of the disease, particularly on the entertainment industry. Generally, it would seem that TV, whose main aim is to sell advertising not to show any sort of creative or educational programming as many mistakenly believe, has considered AIDS too much of a turn-off for viewers and these stories are not mainstream enough. It seems the only time TV channels are interested in the topic is when they can sensationalise it in the news, as most recently with the case of the Zimbabwe-born, Australian circus performer who was reported to have had unprotected sex with a number of partners. That this caused mild 'heterosexual AIDS' hysteria in the tabloid media, with plenty of unnecessary references to "the deadly disease AIDS", shows that as far as we have come, we truly haven't come far enough.

The very gay series *Queer As Folk* featured an HIV+ character for most of its run – Uncle Vic, played by Jack Weatherall, until the character passed away, but he was never one of the main stars of the series. It wasn't until a few seasons in that the series created a healthy, sexy HIV+ character, Ben, played by Robert Gant.

Even the world of reality TV has not been, er, immune from HIV+ people. One series of the US version of *Project Runway* featured an openly HIV+

contestant who had to drop out of the series due to illness. A more recent example is the campy *RuPaul's Drag Race*, which featured a surprise self-outing halfway through the series when one of the contestants broke down and revealed he is HIV+.

In the music world, it has often fallen to out gay performers to acknowledge the impact, loss and devastation of AIDS. Elton John was one of the first through 1985's #1 charity record 'That's What Friends Are For', together with Dionne Warwick, Stevie Wonder and Gladys Knight. It helped raise considerable money for desperate communities ravaged by the onslaught of AIDS. A

It wasn't until 1994 that there was a major exhibition devoted to the subject matter, 'Don't Leave Me This Way – Art in the Age of AIDS' at the Australian National Gallery

few years later Elton recorded one of his finest works, 'The Last Song', about a father having to farewell his young son, dying of AIDS. Other artists who have tackled similar subject matter include Annie Lennox's 'Hush Hush', Madonna's 'In This Life' and Janet Jackson's 'Together Again'.

Janet's late brother Michael was close for some years to HIV+ teen Ryan White, who had contracted the disease through a blood transfusion. Michael wrote the soaring ballad 'Gone Too Soon' for Ryan and it was released as a hit single in 1993. The video for the song featured footage of Jackson together with White and also from his funeral in 1990.

The biggest musical star whose AIDS-related death made an impact must surely be that of Queen's Freddie Mercury, who only admitted he had the disease one day before he died of it in 1991. After his death, the three surviving members of Queen organised a charity foundation, The Mercury Phoenix Trust, and a huge concert in 1992, which raised millions of dollars for it. George Michael performed a number of Queen's songs on the day, which were released as a special EP, *Five Live*. All the proceeds went to Freddie's charity. In his later years, George Michael himself has been a major player in referencing AIDS in his music. He revealed some years after its release that his big hit 1996 ballad, 'Jesus To A Child', was his own musical response to his lover dying of AIDS.

Of course numerous pop artists have been lost to the disease, including 70s disco sensation Sylvester (who was also featured as a character in the recent Oscar-winning movie *Milk*). Sylvester's eternally effervescent 'You Make Me Feel (Mighty Real)' disco classic continues to sell well even today and, long after his death, all proceeds from the song go to AIDS charities, just as Sylvester asked for in his will.

Looking at a list of those in showbiz who have lost their lives to AIDS over the years, which has thankfully slowed significantly in the last decade, is a little like reading through a role call of favourite memories. Names include actor Rock Hudson, the first major star to be struck down by AIDS back in 1985, actors Anthony Perkins and Brad Davis, dancers Rudolf Nureyev and Alvin Ailey, pianist Liberace, our own Peter Allen and even Robert Reed, who played that most family-orientated role of all, father Mike Brady on *The Brady Bunch*.

Clearly AIDS has touched all areas of society, not just popular culture, but thankfully most of the AIDS-related deaths were pre-1996, before the current medications became available and when the average life expectancy for a person with HIV/AIDS was 12 months. While we wait for popular culture to catch up and reflect the medical leaps and bounds that have been made in the last 15 years, we should be thankful medical science at least has been at the forefront of change.



A lingering legacy

The Australian AIDS Memorial Quilt is a heart-warming legacy honouring those we lost in early days of HIV. It's taken nearly eight years, but a large collection of panels now have a permanent home at Sydney's Powerhouse Museum. Quilt convenor **Philip Diment** and museum registrar **Nicky Balmer** tell us about a new project to keep the memories alive.

There is no doubt that the AIDS Memorial Quilt provokes strong, often polar, reactions. Some see it as a disturbing reminder of the early ravages of HIV/AIDS; a relic from a time when little was known about the virus and we helplessly watched our friends and lovers die. A time some of us would rather forget. For others, it is a poignant reminder of those times and the people we lost; it allows us to reflect on how far we have come and how different our world is today. Then, there is a whole new generation who know nothing about the quilt; for them, it can be a powerful educational tool, if they can see it.

Therein lies the challenge. The last full display of the Australian quilt was in 2003. Its future had been uncertain for many years and it seemed to lapse from memory or at least from public conscience.

The Quilt Project, led by convenor Philip Diment and a number of volunteers, had been working diligently to secure a permanent home for the quilt to ensure it would not be lost. Philip first became involved with the quilt as a volunteer in the 1990s and later became the convenor in 2002. A number of community consultations were held around that time to determine the quilt's future.

The Quilt Project wanted to ensure there was a permanent home for the panels. "I started thinking that we needed to build a special building," Philip recalled. He then began to consider museums that had the capacity to store and care for the quilt. "It took nearly five years," he said, but in the end he was able to secure a home for the panels at the Powerhouse Museum.

"The Powerhouse is now the custodian

of the NSW quilt and will carry on the aims of the Quilt Project for access to and display and education about the quilt," Philip said. "There are still panels in Melbourne and Adelaide."

Although the purpose of the quilt may have changed over time, Philip believes the quilt is as relevant today as it was in the early 90s. "The changes in circumstances of the quilt are interesting; it was first used as a political tool to raise awareness in the USA. Here in Australia, it was not necessarily needed for political awareness, but more as a visible presence. It is a strong statement and visible presence; it is more of a memorial."

Powerhouse Museum registrar Nicky Balmer said that in acquiring the quilt, "The original intention was that we would have one of the collection of panels on

display at the Powerhouse Discover Centre at Castle Hill that would be changed over at regular intervals to allow the display of different sections of the quilt." However, the museum, together with a team of enthusiastic volunteers, are also collecting information about those whose lives are celebrated in the panels and the people who created them.

"It is as much about remembering the person who is on the panel, as well as the person who made the panel, their history and what made them get involved," Nicky explained. "You can't be with the quilt and not realise it represents all these people. You just have to sit down and read about the person."

Philip added, "It's the stories behind them and that is the thrust of the Powerhouse project, to look at this lost generation."

Nicky and her team of volunteers are hoping that people will come forward and share their stories about the quilt. She is optimistic that people will be more willing to have their stories told.

"At the time, it would have been too much of an emotional experience to give

much information about the person, but as time has passed, it might be easier to do so," she suggested. "It's a different world now."

Philip said, "Time has to pass to get over the grief and pain, and I think that is what is happening with the quilt."

Still, the project has its challenges. The Powerhouse is hoping to make the panels and information about them and their maker available online within one year. Nicky wants to ensure that these people are not forgotten, but, while there is a need to document these stories, she understands there is a need to balance this with the right to privacy.

There are also issues about the preservation of the panels. The panels are being stored at the Powerhouse's Castle Hill site, where they are folded on trays and packed with material to stop colour bleed. However, the panels can still be accessed by request with advance notice.

Now that the quilt has a permanent home, it is hoped that it will be preserved for prosperity and education.

"You always have to preface any discussion of the quilt by asking if they know what the quilt is," said Philip. "There are some

people who see it as a strong education tool about HIV/AIDS, but I think it is a strong educational tool about mortality. To see objects of people who died in their 20s and 30s, this is a powerful tool."

Nicky concluded, "Coming to this project 20 years later, you look back in a different way. It has opened my eyes to a world I didn't know, but it's not quite the same as being part of the community at the time."

Ten panels from the AIDS Memorial Quilt are currently on display as part of 'The 80s are Back' exhibition at the Powerhouse Museum, Ultimo. Visit www.powerhousemuseum.com

If you have information about the quilt that you would like to share, contact Nicky Balmer at the Powerhouse Museum on 02 9217 0117.

For more information on the history of the quilt, visit:

www.aidsquilt.org

www.aidsquilt.org.au/history.php

Planet Positive
a social night for HIV positive people and their friends
When: Friday, 24 September from 6pm to 10pm
Where: Saddle Bar, Midnight Shift
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On life, health, illness and options

It was early 1981, shortly before his 30th birthday that Peter de Ruyter first became acutely ill with the ‘mother of all flus’. It was also the time he was finalising his herbal studies under the tutelage of the renowned Master Herbalist Denis Stewart and preparing to start his own practice as an herbalist/naturopath.

It took a while for that flu to settle down, leaving him with a lingering sense of ‘never-well-since’ feeling for many months, dragging into the following years. The mystery was finally solved in 1984 when the HIV/AIDS test first became available, and he tested positive.

In some ways, he was relieved to finally understand why he had been experiencing these fluctuating bouts of unwellness. On the other hand, the news of being infected with a dreaded virus, which was then killing gay men by the millions world-wide was a huge blow to someone starting out in a new career. A career which required much work, was stressful and required focus and tenacity to make his practice not just survive, but prosper.

With so many of his friends and acquaintances dying, one of the options was to simply live for the moment and forget about putting in the required effort to make a success of his chosen career. After all, the sentiment permeating the thinking of this early era of the AIDS epidemic was that you had a relatively small chance of being alive in 2–5 years, let alone 10 or more.

So, why plan for the future or work your guts out now for a career that would take many years to finally mature into success? Might it not be wiser to simply enjoy the time left by living more for what could be achieved in the moment?

However, being a natural therapist gave Peter an incredible advantage. Even though he didn’t have an exact label for his health issue in those early, pre-diagnosis days, his

naturopathic background allowed him to explore some basic, alternative concepts to healing. The aim in any naturopathic approach to symptoms is not just to focus on them alone, but also to concentrate on maintaining the overall body in as healthy a state as possible.

In other words, naturopathic theory helped instigate a proactive, health-maximising approach, rather than the more passive tactic of simply dealing with each set of symptoms as they arose. Ironically, many of Peter’s gay clients were also presenting with a similar range of health issues during those early days of practice, when so little was known about HIV.

Finding something that is really stimulating and interesting – can be crucial in helping get through times and challenges that may otherwise seem insurmountable

Over time, this approach allowed him to come up with many useful and productive treatment strategies, which he had already tested out on himself. As Peter often said, ‘I need to be “guinea pig number 1”, and if I can get good results with these weird and wonderful symptoms, then this also provides a compelling basis from which to

help those clients presenting with similar health matters.’

In this way, Peter’s own health issues became a powerful ‘study course’ through which to learn a range of useful and successful treatment strategies, something that was particularly relevant in the mid-80s, before the era of HAART.

Aside from learning to hone his skills in managing his own health status as well as facilitating reasonable to good, long-term wellness in many hundreds of people with HIV/AIDS, this also allowed him to live with a deep sense of purpose. And having a purpose produces an incredible incentive to keep striving, despite what may be happening in your life. Peter found a sense of meaning in a life which, in the early days of the HIV epidemic, had been stigmatised by medicine and society with deep implications of doom and gloom.

Although Peter managed to keep himself and many others well during his 27 years of practice, his health went into a serious decline two and half years ago, allowing no other option but to stop work altogether. Now, a whole range of life-issues he had seen in many of his clients came to haunt him, such as quite some loss of independence; simply feeling so ill and weak that he could but hope for a swift release from it all!

Within any chronic health issue there inevitably comes a point in that journey where all the previous things which gave a sense of purpose, of identity, of satisfaction, of security can suddenly be ripped away, leaving you feeling exposed and vulnerable. Peter began to ask, ‘Who am I now without my role as therapist?’, ‘How do I retain my sense of autonomy, and not become a burden to family and friends?’ And then there was the inevitable fact of having to stare into the mirror of his own looming mortality.

The latter is particularly challenging, as talking about death is a rather taboo topic in our culture, causing countless people to squirm and head for the hills! That

inability by many to be present to this essential discussion can in itself be intensely isolating, only aggravating the issues around your sense of mortality.

However, creating a project – finding something that is really stimulating and interesting – can be crucial in helping get through times and challenges that may otherwise seem insurmountable. To that end, Peter chose to focus on a book he had already brought to its first draft just prior to his health collapse. It now needed lots of editing and, as he slowly started to pick up again, he focused on maintaining, as much as possible, a daily regime of doing at least some work on the draft.

Having this focus was in itself an immensely powerful force for healing. As it turned out, his book was about an exploration of the human condition and experience, trying to make sense out of the many idiosyncrasies of life; how to feel empowered when life presents you with situations which seem so overwhelming. In a way, choosing to finalise the writing of his book, and recently getting it printed, in itself became a therapy almost more powerful than the medical and natural pills

he was swallowing, as he thereby learned to ‘walk the talk’ of what he was discussing and exploring in his book.

After two and half years of ‘retirement’ from consulting; after further learning a lot more about life through this latest period of illness, and since his health has started to pick up again, Peter has decided to once more go back to some part-time consulting.

Now, 29 years since first starting his practice as a herbalist, and concurrently starting his journey with HIV and other health issues, he looks back and feels glad that he decided to go for the long-term goals after all. Indeed, Peter is grateful for having had a career that in itself gave a purpose through which to keep fighting to stay alive and well.

It’s actually been his various health challenges that have given him his most potent lessons as a clinician, allowing a depth of empathy with his clients, which may not have been possible if life hadn’t in some sense forced him to walk the same journey as those clients.

So, one of the things Peter has found to be invaluable throughout all these years of dealing with a chronic series of health

challenges is to find a purpose to your life and use such ‘challenges’ as opportunities for inner growth.

The main thing is to find a life purpose that also provides a lot of satisfaction in your day-to-day existence, be that through work, though maintaining a nurturing circle of friends, through a wide range of interesting and inspiring hobbies, through a spiritual perspective on life or whatever empowers you on this interesting, exasperating, exciting and inevitably challenging journey of life.

Peter de Ruyter

Peter is available for naturopathy consulting sessions on Thursdays by appointment only. To make an appointment, call his booking service, Monday–Friday, 8.30–17.30.

Tel: 02 9347 2414

His new book, *Lifenotes – a user’s guide to making sense of life on planet earth*, is available online at www.bookstore.bookpod.com.au

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.



See ya later!

Sam fondly reflects on the experience of working at the Positive Living Centre, recalling the people and stories that changed his life.

For the past year and a half, I have worked for ACON at the Positive Living Centre (PLC). It has been a very rewarding and illuminating experience that has introduced me to really great people with amazing stories.

Working in peer support allowed me to interact with clients who always reminded me of the importance of the work I was doing. Some of these individuals started off as participants in my workshops and they are now volunteering much of their time to support PLC programs.

I was drawn to peer support work out of a need to give back to the community, which I felt supported me in my initial diagnosis

I was drawn to peer support work out of a need to give back to the community, which I felt supported me in my initial diagnosis. It will be 10 years in August since I received the news that I was positive. I was 24 years old and felt very isolated in my experience. Though I

knew people with HIV existed, I did not know any young gay men who were going through the same thing. My search for support groups in my city turned up a few different groups with very diverse participants. But it was hard to find a group that shared my experience as a working professional, not currently on medication and fairly 'well adjusted'.

The main thing I was seeking was to make friendships with others who could relate to what I was going through and I didn't necessarily want to only talk about HIV.

If I had to choose one common theme that I came across in the work I did, it would be the need for people to feel a sense of dignity getting on with their lives as positive individuals. For newly diagnosed men this is important as the trauma from learning you have seroconverted (and often the seroconversion illness itself) challenges your hope for the future.

In men who have been living with HIV for 10 or more years, like myself, this sense of dignity takes on a new meaning as we look toward ageing with our illness. In either case, it is the way that we are treated and view ourselves that gives us the strength to carry on and make healthy life choices. And when we make mistakes, as everyone has and will do, it really matters that we are gentle with ourselves.

Living and working in Australia as a foreigner also gave me a different perspective on how people down here live with this disease. I have been quite impressed with the level of care and ease of access to services that all people with HIV have in NSW. Not only does Medicare

provide the basic right to healthcare in this country, but this directly translates into more people being properly treated for their ailments.

Of course, medication is different for everyone and most of the discussion in our support groups (certainly for newly diagnosed men) revolved around treatment options. It has been great to be able to assure individuals that they live in one of the best countries to care for their illness. And this does a whole lot toward restoring their confidence in taking charge of their lives.

One common theme that I came across in the work I did is the need for people to feel a sense of dignity getting on with their lives as positive individuals

What I will take with me aside from the broad experience and skills I've gained on the job are the countless stories from people I've met through the PLC. I remember my first meeting with Jose, who recently wrote the article 'In Another Language'

(see *Talkabout* #166). He was devastated upon learning of his seroconversion and he chose to talk to me about it in his native language of Spanish (as he knew I spoke it as well). I did struggle at times to follow because I haven't conversed for some time in Spanish, but he also agreed to give the weekend workshop Genesis a go and made every effort to participate in English. We met halfway and I watched as the weekend appeared to transform him. He recently paid me a visit to state his gratitude at my support and friendship during this time.

Then there's the PLC gardener, who has tirelessly volunteered his time to beautify the Centre – both inside and out. I met him when I first started to work for ACON as he was a participant in our Healthy Life + program. He saw positive changes in his body composition while taking on some fitness training and nutrition tips during the 12-week course. He remains active by visiting the PLC to regularly mind the gardens. One weekend I invited him for tea and it turned out it was his 60th birthday. I felt honoured to spend it with him, and he kept me laughing with his dry sense of humor.

Other clients I have met would prefer to remain anonymous – and of course this confidentiality is the trademark of how ACON conducts its services. The right to confidentiality is something that I don't take lightly and it is a right that I feel entitled to myself.

I leave Australia feeling assured that I have made a difference during my time here

For many newly diagnosed poz guys, it is their goal to learn to live with this new aspect of themselves without allowing it to dominate their perception of who they are. Whilst I acknowledge that it is important to reach out to those who need

our support, I also recognise that there are those who will prefer to find their own way. These individuals might pick and choose those services they need at the time of diagnosis and it may only be necessary to have one moment of contact with us.

I leave Australia feeling assured that I have made a difference during my time here. During one of our recent Planet Positive social nights, I was approached by a few different guys who told me they were affected by my presence. That felt really good to know and I told them it was great to be able to help. And then one of them said to me that I helped to save his life. Well, that took me by surprise, but I did recall him going through a particularly deep depression. He wasn't the first person to give us that type of feedback. It is important to me that these individuals do have a brighter outlook on their lives, because I know from first-hand experience that this can be turned around. As I say "see ya later" (no farewells), I know I'll remember this experience for all of my life. Thanks guys!



HIV+ and need dental care?

HIV-positive clients of Sydney South West Area Health (SSWAHS) are eligible for FREE oral health clinics that provide:

- Assessment
- Scale and clean
- Advice about maintaining your oral health

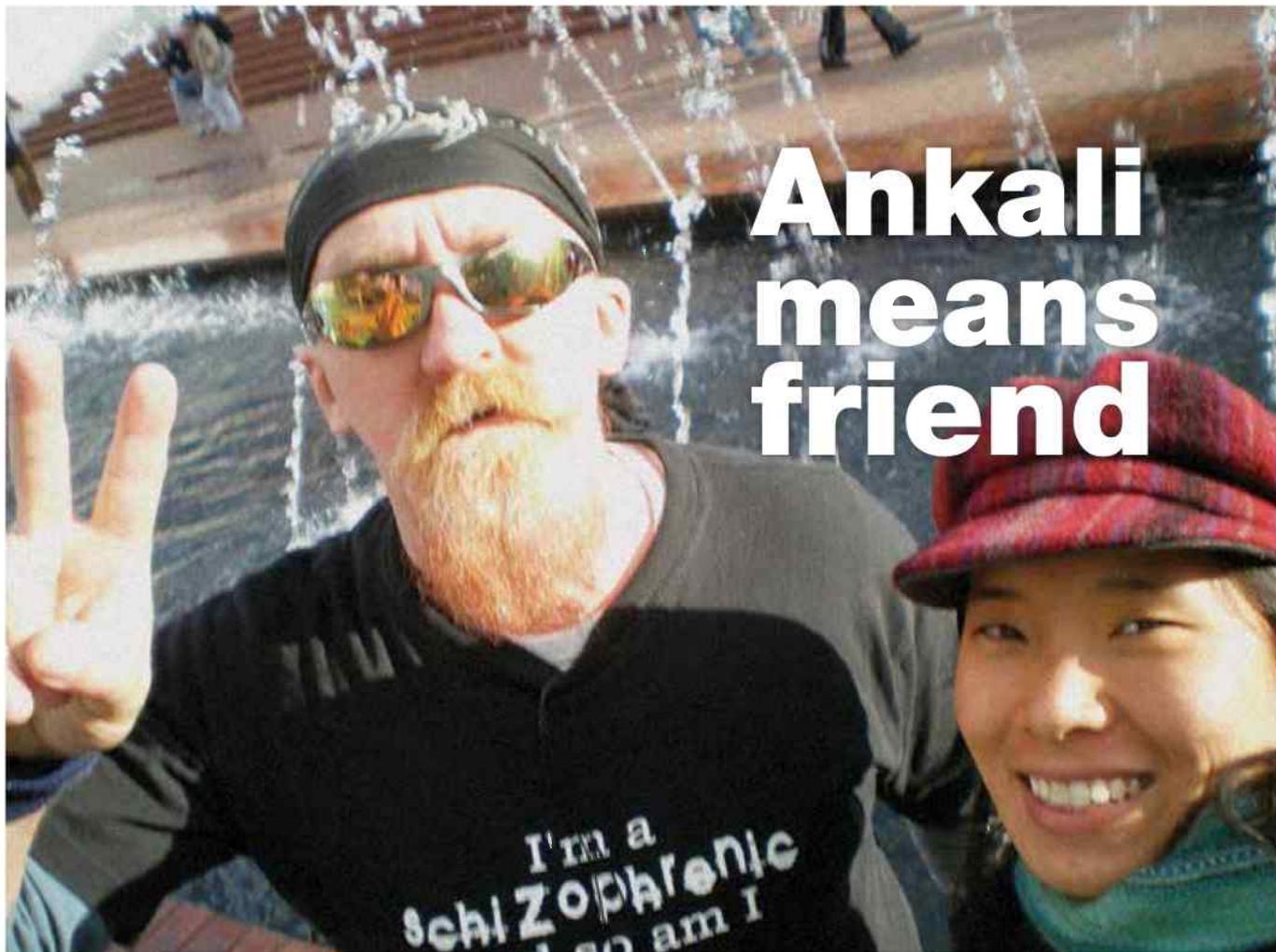
Referral to a free-of-charge dentist if needed.

When: First Saturday of each month, 9am–1pm

Where: RPA Hospital, Level 4, QE II Building, 59 Missenden Rd, Camperdown

Liverpool Hospital, 1st Floor, Health Service Building, Cnr Goulburn & Campbell Sts, Liverpool

For more information or to make an appointment, speak with your SSWAHS healthcare worker or contact Positive Central on 02 9395 0444.



Ankali means friend

Mark Gaffey, 47, and **Carlyn Chen**, 31, were matched up through the Ankali project over four years ago. They have formed a close and supportive relationship, and enjoy spending time together. They shared their story with **John William Jones**.

Mark Gaffey

I was diagnosed HIV in 1985 and I was living on the street at the time. I didn't feel any sicker than you would living on the street at anytime. HIV was just something else, I didn't take any notice of it and that included not taking any medication.

We got a house through my friend at the time, through a local housing co-op. He left me for a woman and gave a month's notice to the housing co-op, but I only found out a week before we had to be out. Then he turned up with a truck and six other blokes wanting to take all my stuff.

I got help from BGF to get out to somewhere more secure. I moved here where I have been for three years. But

before I moved, he sent some blokes around to beat me. That is how I got the fracture in my spine and then the fracture activated the lymphoma which had been lying dormant.

I went on to have chemotherapy and laser treatment. I have been in remission for about 12 months. I still have a bit of pain in my back. I take Endone when I think I need it. If I can get away with doing something else like having a hot shower or something else. I try to take my mind off it by doing my art. The lymphoma has been my only HIV-related health problem.

I am on my sixth or seventh regime of tablets because I was never very good at taking them. There were a couple of

the big ones that I couldn't swallow; I actually gagged on them. I think it was psychosomatic. Nowadays I can swallow them easily, I don't understand that. Now I have nine or 10 tablets in the morning and the same in the afternoon. I have it with a bowl of cereal.

When I heard about Ankali, I was a little bit hesitant. When I first met Carlyn, I was a cautious. I didn't realise that I was only existing, I wasn't actually living. I was making sure my friend was OK and I was forgetting about myself.

When Carlyn came onto the scene, she listened to me, which was very strange to me because I was used to seeing it go through one ear and out the other. I really liked

Carlyn and after the third or fourth visit I was more open to what she was supposed to represent. When I was in hospital with the lymphoma she was the only visitor that I had. I really looked forward to that because she lifted my spirits when she came in. I see her more as a friend now than me being a client.

Since I met Carlyn I have learnt more about myself, I am more expressive ... I actually like myself a lot more since I met her

Carlyn and I have been up to the Blue Mountains. She has introduced me to some her friends that are in a band and I got an autographed CD. We have been out to Centennial Park, the botanical gardens, to the movies and sometimes we will grab something to eat and just go to the park, talk about nothing and watch the world go by. Sometimes I will go into the city and sometimes she will come out here. I can call Carlyn when I want and she knows my number so she rings me to see how I am doing. We get together once per fortnight

but I leave it for her to suggest when we get together because I know she works, so I'm happy to fit into her schedule.

Since I met Carlyn I have learnt more about myself, I am more expressive, I can talk to her about almost everything. I actually like myself a lot more since I met her. She seems to have that effect on people. She has got me into healthy organic food. Before I just thought they were tree huggers. It was all very weird to me at first because I was used to being in control. I thought I was being introduced to someone that was coming here to take me out for a walk. That went through my mind for the first couple of visits; after that I realised it was nothing like that at all. When Carlyn and I eat out she will ask me to order dinner but I keep telling her to do it because she's very good at selecting really nice food. I haven't got food poisoning yet!

I would encourage others thinking of getting an Ankali volunteer to go outside the square that you are used to living in. It gives you the human contact that you need and helps you to open up a little bit. Some people would find it hard but don't let that stand in the way of progress.

Carlyn Chen

I was born and grew up on Sydney's north shore in a sheltered, middle-class family from an Asian background. I now work part time for an overseas development organisation. I have lived in inner Sydney for a number of years and I wanted to get involved in the community and someone told me they were involved in the Ankali

Project. I am not a trained social worker, but Ankali is about friendship and I can be a friend! Friendship is a one of the most powerful things in the world.

The Ankali volunteer training was very comprehensive over a couple of weekends. We were told about the health aspects of HIV and also the more confronting issues like illness and death. I felt really well prepared to become a volunteer.

When I was matched with Mark, I felt excited because I had waited awhile, so I was looking forward to meeting this mystery person. The first meeting I recall as a comedy of errors on my part as he was living quite a long way out west and I ran out of petrol and my mobile phone had died. I waited for the police to come and rescue me, and I used their mobile phone to call Mark. He was just concerned that I was ok. When I got there, I saw his house and we went for a walk around a little lake near his house. He told me his life story, which was a real privilege to hear. He was very open with someone he had just met. He has been through a lot of difficult things in his life and has overcome a lot of hurdles.

The relationship has evolved in that we are pretty clear and relaxed on the boundaries and our expectations of each

I get a lot from Mark, like any friendship. I like who he is as a person and it's a real privilege to know him

other. We have negotiated that by talking about it. If Mark asks me something that I don't feel I can do or I'm not sure of, I'll go away and think about it and we'll talk about it again.

Mark and I have been matched four and half years. It's very relaxed being with Mark; he is easy going, has a great sense of humour. He is really comfortable talking about what's going on in his life and talking about his emotions. We have really great and meaningful conversations. He is also really creative – he will talk about



creative ideas he has about his art or how he is decorating his house.

I hope I am a good support to him. Being a sounding board is important and hanging out with him and doing social things, he is keen to try new things, new foods from different cultures. We have been mountain bike riding, bush walking, to art galleries, swimming at the beach, to movies, gardening – pretty much whatever is on, we'll give it a go. I see it as a 'normal' friendship. If I wasn't a part of Ankali, I would still be Mark's friend.

I get a lot from Mark, like any friendship. I like who he is as a person and it's a real privilege to know him. He is a fighter and a very determined person. I have seen him grow a lot as a person and be a lot more assertive in looking after himself. It is also really grounding for me when I speak to him, it helps me to put things in perspective when I get stressed about little things in life and I see how he fights through really big things. I just enjoy his company.

The Ankali group experience has been helpful in that it's a regular group

of people who understand what its like to support a client. It's nice to be able to share the joys of who Mark is and they want to hear about his wellbeing. Even though they have not met him, they get to share a little bit of excitement of who he is. They support me and give me advice for the more intense times like when he was sick in hospital. It was stressful when he was sick because he deteriorated very quickly; his weight dropped, he was frail. We were both scared about whether he would make it through. I wanted to support him as much possible and the hospital was an hour's drive away.

To other people thinking of volunteering, it does take a commitment, but only the kind of commitment that you would give to any friend. It's not about a charity relationship, it's about a real relationship. If you are interested in a real relationship, get involved. It can make a huge difference to someone's life. You also meet lots of wonderful, giving people from all works of life.



The Ankali Project

The Ankali Project was established in 1985 to provide one-on-one emotional and social support to people living with HIV/AIDS (PLWHA). The project recruits, trains and then supports volunteers who in turn provide support to PLWHA.

The kind of support that volunteers provide has changed over the years, as have the needs of PLWHA. Volunteers can provide up to five hours per week with their client including face-to-face or phone support. Volunteers come to a weekly support group to give and receive support to other volunteers.

The project is celebrating its 25th anniversary and is a part of the Albion Street Centre.

For more information on Ankali, you can call 02 9332 9742 or email ankali@sesiahs.health.nsw.gov.au



All people shown are models and are used for illustrative purposes only.

A time to share, learn and feel supported. And have some fun too!

Every month, women and their families affected by HIV meet in a safe place. Why not come along and join us?

To find out more please call 02 9699 8756, or email us at family@acon.org.au



Northern Rivers reflections

The Northern Rivers Gay Men with HIV Retreat was recently held in a bush setting under Woolumbin (Mt Warning). Organised by ACON and supported by Positive Life, this annual getaway allows gay men from regional NSW and south-east Queensland a chance to chill out in a healthy, supportive, educational environment with other gay men living with HIV. This year's retreat was well attended and a number of guys shared their personal experiences with *Talkabout*.



Paul

This year was a reflective one for me. A number of things reminded me of my attendance at previous retreats, going back to 2002. There were even fascinating photos of the very first Northern Rivers Positive Retreat and some of those present this year had been at that first one some 15 odd years earlier. A clear reminder of how we're all ageing!

My thoughts inevitably turned to those I'd connected with at previous retreats who weren't attending this one either because they'd moved too far away or because they were no longer with us.

We were asked to jot down a few words on what being HIV+ meant for us now. I emphasised that while many of our friends had died of AIDS or related conditions,

we were now living with HIV, no longer dying – or even (necessarily) that sick – and therefore pretty fortunate to be here.

For me, at least, it's become a chronic manageable illness. Though staying physically and mentally healthy will always remain a challenge. I also reflected that I've now lived one third of my life with HIV! It feels pretty good to be alive and living in the Northern Rivers – my little corner of paradise.

PS: The catering team were fabulous!



Rick

As a non-scene guy who originally had many apprehensions about attending my first retreat, I can honestly say that three years on, it has become an event I look forward to each year.

I guess like every one else I had that initial fear of not knowing anyone or of not fitting in. I was so amazed at how friendly everyone was and quickly made some casual acquaintances along with a number of long-lasting good friends. Everyone there contributed to a wonderfully uplifting and positive experience.

So, what was the main agenda? Simply whatever you wanted it to be. For me it was an opportunity to escape the daily grind, to totally relax and to recharge.

I found plenty of time to socialise, to laugh, to contemplate and to learn.

The setting was absolutely beautiful. The accommodation clean and comfortable and the food was awesome not to mention, shh, healthy.

For anyone who hasn't been to a retreat before, I can highly recommend it and am confident that you will get a lot more out of it than you expected.



Chris

It was a great way of getting away from city living. Time out to reflect and unwind. Absolutely fantastic food and great organisation. The retreat was the perfect opportunity to meet others and spend time.



Erik

The retreat was a haven for me. I've been to retreats in the past and found them fun and informative and have gained a lot from the formal workshops.

Because my work doesn't allow me much social interaction, I decided not to focus on the workshops and formal activities, but just attend and chill out with like-minded guys.

I had been feeling very down and had lots of black thoughts, not quite suicidal, but close, and the retreat turned all that around. I was able to relax, enjoy myself, have lots of talks with friends and guys I hadn't seen for a while. It almost literally saved my life!

I'm in a much better head space for it. It was great to see poz guys there with their neg boyfriends.

The food was like a smorgasbord and kept coming all day and into the night. Well done everyone!



Greg

This was my third retreat in a row, each and every one has offered me something different. This year was the most rewarding – from the moment I arrived and breathed in the air and soaked up the atmosphere, I felt totally relaxed!

It was wonderful seeing people from past retreats and new guys for the first time. Everyone seemed to be in the same frame of mind, relaxed and receptive.

My highlights were the sensational food, the totally relaxed atmosphere and the sharing of stories. I could have stayed forever!

I always look forward to the following year, even before this one has finished, it is a huge highlight of my life!

Thanks to all those responsible for putting the retreat on, it really means the world to me.



Keith

I wish to thank the organisers for allowing clients of QPP and QAHC to attend the retreat held by ACON in the Northern Rivers.

This was a fantastic weekend away spending time with our interstate brothers who are facing the same issues as we are in such a private and peaceful rural setting.

I do hope the hard work Neil, Dermot and the whole crew put in has achieved the desired outcome. The results for me personally were amazing. It has been far too many years since I felt so relaxed, energised and able to enjoy spending time chatting about relevant issues to me and my peers, with my peers!

I think the friendships formed over the weekend will continue to strengthen for years to come through the shared experiences at the retreat

The entire weekend was of great interest and I feel I have learned a lot from the broad range of activities. I feel it would be a huge benefit if people from all over could be invited to future retreats to enjoy the camaraderie and learning opportunities.

I think the friendships formed over the weekend will continue to strengthen for years to come through the shared experiences at the retreat. I have now found some great new mates and have built some social supports I have been in need of for some time.

The activities were second to none and we could participate in as many or as few as we wished.

I particularly enjoyed yoga and meditation classes as they were of a level that everyone from a novice to the advanced were able to join in and still benefit.

I thought the remedial massage afternoon was a great touch to the weekend as was the late morning trip spent leisurely canoeing around the scenic dam.

I have been unable to stop raving to all who would listen about how much fun was had and also the excellent meals prepared nutritiously and somehow still so delicious by Shane and the kitchen.

Lastly, I hope the funding not only continues but is extended to allow more people to attend such an affordable, fantastic retreat in the future. This retreat provided for us guys on the same journey, the opportunity of building social inclusion networks and personal resilience in such difficult times. It was truly invaluable.



Will

The retreat was a very special time for me! The Northern Rivers crowd was refreshingly warm and attitude free; a genuinely friendly and welcoming atmosphere.

People were generous and eager to share their experiences in surviving and living with HIV and what it means to be positive today and face the prospects of growing old and living a full life. Something not to be taken for granted.

Honestly, I felt free to be myself and speak my mind and I gained a lot from the seminars and nights spent having a laugh around the fire! For a friend of mine, the retreat offered a huge step back into the world, having broken a long-standing isolation based on a lot of fear surrounding his status. Since then, he hasn't looked back and he has taken steps to achieve goals he had on the back burner for far too long. It's wonderful to see him come alive and he speaks of his time on retreat as an ice breaker. He has many fond memories to look back on and some new friends to boot not to mention improved self-esteem!

In sum, I would highly recommend the retreat to anyone. It was fun, sexy and a welcome respite from Sydney's hectic pace! Thanks to you all up north for making it possible! I'll be back!



Doug

A lot of good thoughts and organisation went into making this year a big success, probably the best retreat I have attended. With excellent presenters from all walks of life, I would say we learnt a lot.



Photos by Hédimo Santana

My special thanks go to the chef for the excellent variety of meals and good friendship with everyone. He has very good organisation skills – a keeper!

It was good to see former friends returning again and making new friends this time.



The retreat was an outstanding time for me – not only the chance to catch up with some really close friends, but to make and meet new ones and to relax and enjoy myself in one of the Northern Rivers most beautiful locations.

Company, food and the sessions were all brilliant. I left feeling renewed in myself and confident that as a group of men within a minority that we can flourish and develop and achieve a lot more than we ever could at the start of this problem nearly a quarter of a century ago.

Thanks to ACON and the sponsors. I don't think anyone can underestimate the impact the weekend has on local men living with HIV and the enjoyment it brings them especially when times may get a bit harder. Once again thanks for a tremendous effort. We all enjoyed ourselves!



My heartfelt thanks to all those concerned with the organisation and running of the 2010 retreat. A sterling effort by all involved in making it the best one I have been on since its inception 17 years ago.

Recent events saw my life shattered both physically and emotionally. For me, the retreat was an absolute godsend, it gave me a safe space where I could reconnect with myself, rekindle some old acquaintances and also make some great new ones. The home-

style food was superb (thank you, Shane) with plenty to go round (even for the healthiest of appetites). There was plenty of information and activities, and the general atmosphere gave me a renewed sense of belonging and community. The retreat is an annual event I look forward to with anticipation.



Bruce and I both enjoyed the venue; it was relaxing, beautiful setting, accommodation great and food was five star.

As it was my first time, I found the workshops and speaker interesting and learned a lot of new things and confirmed things I had read from leaflets, books and the internet.

It was Bruce's second time to the retreat so he had knowledge on what happens and I was his ears at one of the workshops as he was feeling tired.

The activities were great: yoga, meditation, kayak. We also enjoyed the massage on the last complete day. It would be difficult to add more activity in the time frame of the retreat.

We met and made so many new friendships and contacts, which I feel is the important part of this retreat.

A good mix of people made it nice to look back to on a miserable raining winter's day writing this email. Thank you for giving us the opportunity to go on the retreat.



The decision to drive down from Brisbane to the Northern Rivers for the retreat was a spur of the moment one. I heard about the retreat, by chance, from a friend who had called in for a coffee after a local Planet Positive evening.

As a man who has lived with HIV since a positive diagnosis in the mid 1980s, I have in the past decade largely stopped talking about HIV/AIDS and its effects on my life. Strange as it may sound, it bores me in a confusing sort of way. I think about AIDS, of course. It's always there, like an old phantom, lurking in the corridors of my mind. My life is regulated by the strict timetable imposed by the triple combination therapy developed in 1996 to combat it. I talk about HIV/AIDS now, in terms of education and management and history. I rarely talk about the personal effect on my life and the lost generation of dead friends.

That spontaneous decision to go off to the retreat was the right one for me. I sensed it on that night and the quick and friendly response from Neil at ACON Northern Rivers, when I emailed an inquiry seemed to set the tone for what turned out to be a relaxed, informative and friendly break in the country.

Since the retreat, I have thought about why it worked so well for me, as it did for so many others. Just being in the country in the Northern Rivers area was a start. As a city dweller, I only seem to remember how good it feels to get out of town when I do it. Getting away from people and congested traffic provides a perceptible sense of relief. In a busy, often hum drum life at home, the prospect of a number of days of planned activities among people with life experiences that I understood was a strangely liberating sensation.

Both meditation and yoga I've been intending to explore for years. As with many of my good intentions, tomorrow never came. Over the three days of the retreat I started both and have continued since I came home.

The big surprise followed immediately by delight that lasted for the entire retreat was the superb food prepared by the very talented Shane. I came home from the retreat feeling physically and spiritually rejuvenated.

HIV positive and living in the Hunter area?

Drop in to the Karumah Positive Living Centre for a full range of services, including social lunches for people with HIV, carers, partners and significant others.

- Social lunches, Tuesday and Thursday, 1pm
- Complementary therapies by appointment, Tuesday and Thursday
- Internet access and computer assistance
- Monthly discussion group
- Counselling and many other services

For more information or to become a member of the Karumah Positive Living Centre, contact:

Tel: 02 4940 8393

Email: peersupport@karumah.com.au

Web: www.karumah.com.au



Monthly Hep C support groups

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

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

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

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

Contact: Niki or Toby on 1800 803 990

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

Outsider art?

POJO uses his art to comment on issues that affect his life as a positive gay man. His unique approach may make you chuckle or scratch your head, so we asked him to explain his work in his own words.

Talkabout: Can you tell readers how you see your work?

POJO: POJOs are outsider art. For me, they are a positive voice in a world where negative prevention always rubs out the message. They are colour and movement. They add to issues. They are counterpoint.

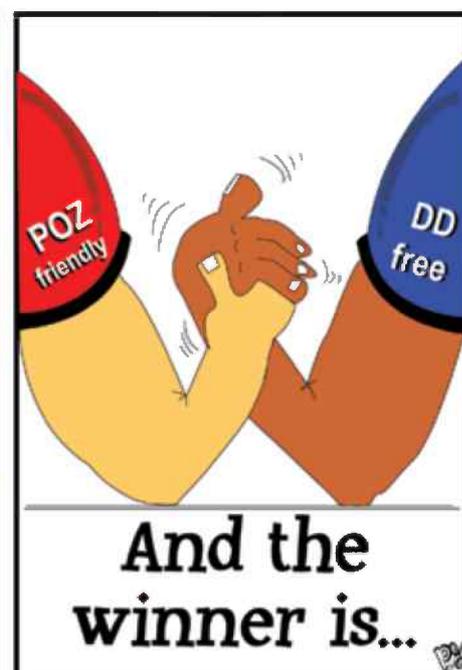
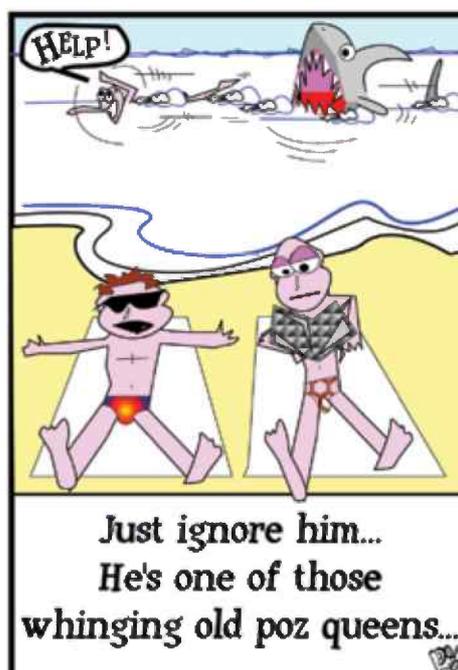
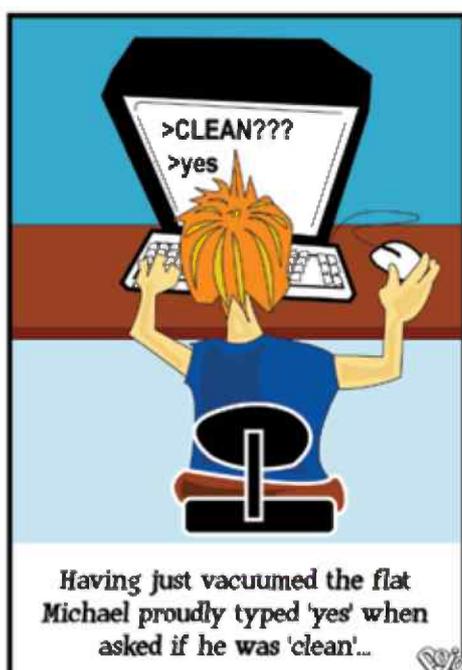
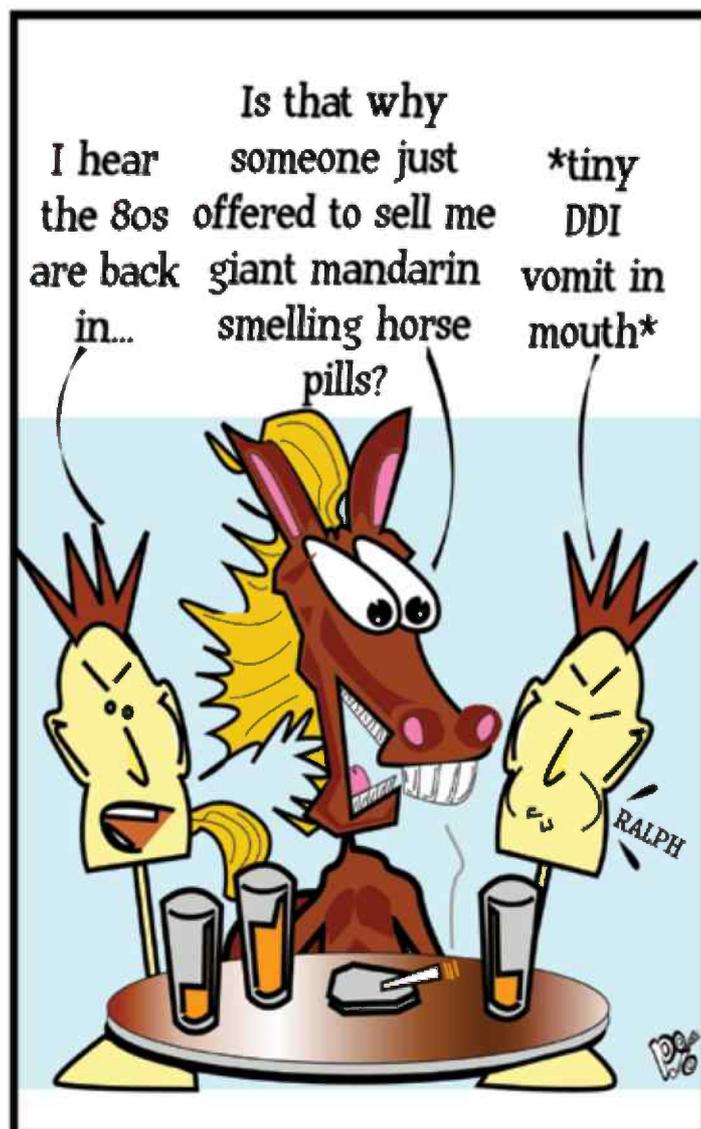
Talkabout: It seems that many of the cartoons are very personal and reflect your own experiences or frustrations, but many people can probably relate to them. Can you tell us a little more about the topics?

POJO: The shark one pretty much sums up the past 10 years for me personally. The wrestle one demonstrates the struggle between poz friendly people and the 'DD free' people out there.

Sometimes they are funny, other times they just make you think. They also try to unmask the prejudice of people and so I hope are very effective. More so for me, they are a made to keep my toe in the water of a community which used to be a supportive one. They are my lifeline to the outside world.

Talkabout: So, what is the creative process? How do you create the text and images?

POJO: They take me about five minutes. I do the words first, then scribble up the art. Ideally I would like to spend an hour or two on the art, but part of their beauty is their scribbly nature. They are not overdone. They are all substance, no gloss ... a bit like me.



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

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

Olga's personals

Men Seeking Men

Euro/Aussie man, late 50s, medium build, totally passive, long-time HIV healthy and fit. WLTM easy-going, younger TOP for LTR. To share good time and fun depending on chemistry. See you soon. **Reply 040510**

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. **Replay 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.

A

antidepressants

B

blood tests

C

clinical trial

D

diarrhoea

E

erectile dysfunction

F

fatigue

G

guilt

H

hospital

I

insomnia

J

judgement

K

knock back

L

lipatrophy

M

medications
medications
medications

N

night sweats

O

opportunistic
infections

P

premature
aging

Q

quality-adjusted
life year

R

rejection

S

side effects

T

treatment
failure

U

uncertainty

V

viral
rebound

W

weight loss

X

xanax

Y

you?

Z

zoonosis