

# 172 | June - July 2011

Where we speak  
for ourselves

PositiveLifeNSW  
the voice of people with HIV since 1988

# Talkabout



Who is your  
best friend?

The  
bionic  
man

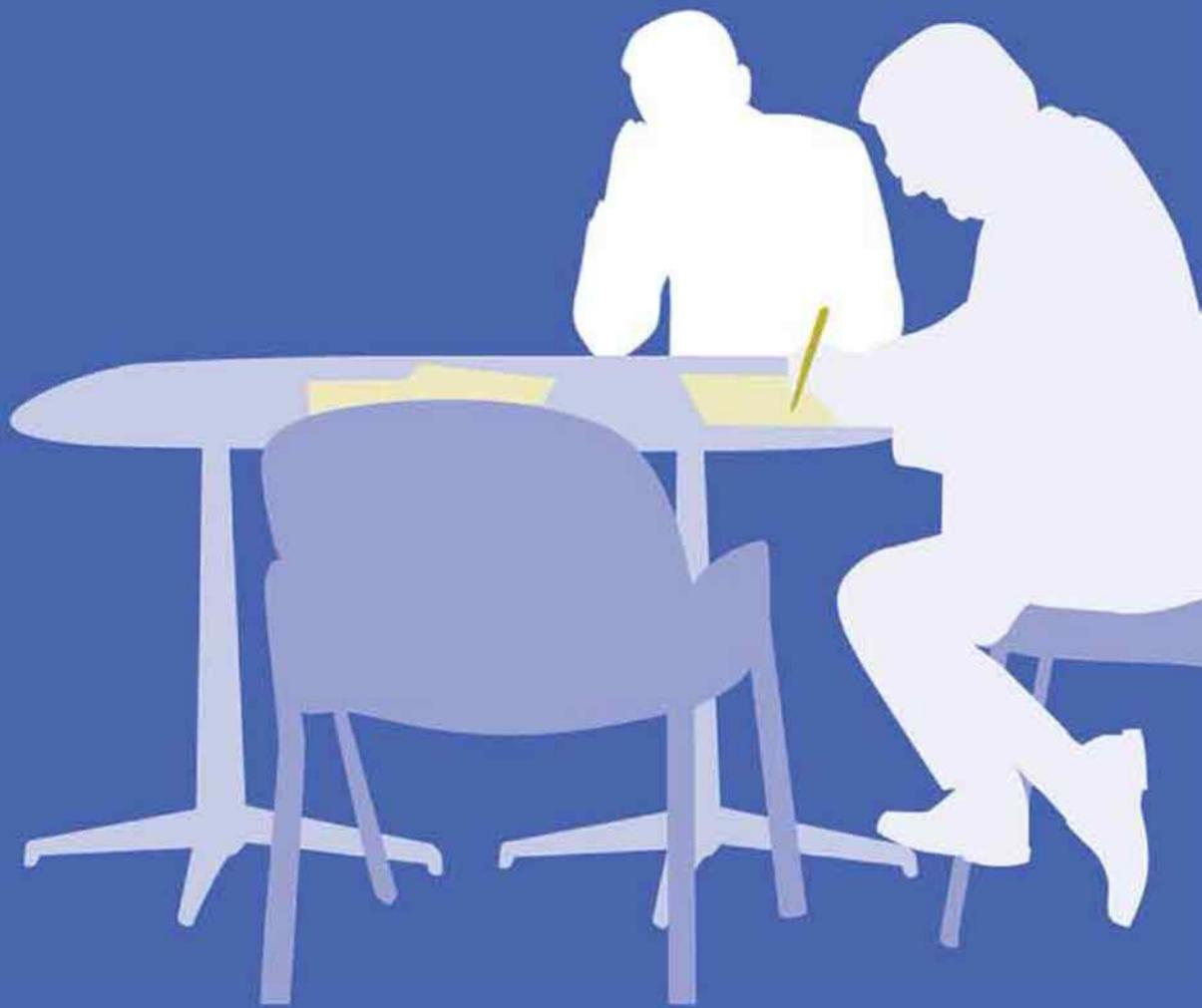
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# Where we speak for ourselves

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### DISCLAIMER

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

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# From the editor



**H**ello and welcome to the new-look *Talkabout*. I started as communications officer at Positive Life in April, so this is the first issue of the magazine I've edited. As there'd been a bit of a sag since the last editor left towards the end of 2010, I thought this was a good time to revitalise the magazine and introduce some new features. Slade Smith, who's been the *Talkabout* designer since way back in 2003, has done a fantastic job of livening it up with a new logo, fresh fonts and a colourful new design. Thanks also to Phillip McGrath our in-house designer for creating artwork for our new regular columns.

*Everyday Life* (page 3) is a new section of the magazine where you, the readers, respond to a different talking point in each issue – where we consider the little things in life that are, in fact, the important things for emotional wellbeing. In this issue, a number of Positive Life members write about their best friends. For the next issue (turn to page 6), I'm asking you to write in with sibling tales – tell us about how you get on with your brothers and sisters. Are you allies or enemies?

*Bush Positive* is our new column for readers' stories of life in the country and dispatches from the regions, while *Life Companions* continues the very popular series on pets.

You can now read *Talkabout* online exactly as you'd read a paper magazine, turning each page and seeing it just as it appears in print, ads and all.

No sooner had I started work at Positive Life than Rob Lake, the CEO, announced that he was moving on to be executive director of AFAO. (Coincidence I'm sure.) So I decided I should quickly grab the opportunity to have a long conversation with Rob about his experience working in the field of HIV, as well as his own experiences of being out about being positive, his thoughts on treatments and where the organisation is heading. Turn to page 14 to read the interview with Rob.

This is not only the first new-look *Talkabout*, but on the Positive Life website you can have a new reading experience – the magazine is now online in page-turning format. This means that instead of downloading a PDF file, you can read *Talkabout* online exactly as you would read a paper magazine, turning each page and seeing the magazine just as it appears in print, ads and all. Go to <http://positivelife.org.au/talkabout> to try it out.

Speaking of the Internet, Positive Life is also now on Facebook and Twitter – turn to page 28 to find out how you can join us in the social media whirl. And don't forget to *share* with your online friends.

The new look and new features are crying out for feedback – so come and talk about *Talkabout*! We're holding a readers meeting where you can discuss the magazine – what you like and what's missing. Come and talk over nibbles at 5.30pm on Thursday June 9 at our offices in Oxford Street (see address on page 1). Bring your ideas for the future! If you can't make it, your letters and emails are always very welcome. *Susan Ardill*

## Keeping you informed

A short report on the latest goings-on at Positive Life from Malcolm Leech, President.

**R**ob Lake has resigned as CEO of Positive Life NSW to become the next Executive Director of the Australian Federation of AIDS Organisations (AFAO). This is a wonderful opportunity for Rob and I'm sure he will be superb in his new position. [Turn to page 14 for more about Rob.]

Recruitment for the new CEO is well underway. Our vice president Craig Cooper is chairing the recruitment process and I thank Craig for the fantastic work he has done. Craig's skill in this area is second to none and

another reminder how wonderful it is to be able to draw on the skills of a Board member.

The Draft Constitution is entering its next phase before the special general meeting in June. By now members should have received information about this. I would like to thank all those involved – Craig Cooper, Bernard Kealey and Rob Lake – and a special mention to Douglas Barry for his incredible work on the draft.

If you would like any further information about happenings with the Board or the draft constitution, please get in touch with me at [president@positivelife.org.au](mailto:president@positivelife.org.au)  
*Malcolm Leech*



Our best

# Friends

Welcome to a new *Talkabout* section, **Everyday Life**, in which you, the readers, respond to a different talking point each issue. We'll be looking at all those ordinary threads of our domestic and personal lives which we usually chat to our friends about over a cup of tea – or coffee!

To kick off, I asked a range of Positive Life members to write about their friends – their best friends, in fact. These questions helped them get started writing: do you have a 'best friend'? Is this a platonic friend or your lover? Were you already friends when you learnt about your HIV status or have you become friends since then? Is your friend HIV positive or negative and how does this affect your friendship (if at all)? What makes this person a good friend to you?

Every reply was different! I'm sure you'll enjoy reading their answers as much as I did.

See the box on page 6 for next issue's talking point, brothers and sisters – and get writing too! *Susan*

## You don't know what you've got till it's gone...

**I**t has been said many times that you do not know what you have until it's gone. This was true of my relationship with Philip. Over 15 years he was my mentor, confessor and friend. When he passed away of a heart attack last year, I quickly began to discover what a part he had played in my life. It was a great compliment to Philip and indeed to his and my friendship that both my parents travelled from the country to attend his funeral. They, even before me, realised how instrumental Philip was in making me the man (or queen) I am today.

I was just a fresh-faced teenager when I took a summer job at David Jones. I had not yet come out, indeed I had not yet worked out who I was. Looking back, I have trouble remembering how I was drawn into his inner circle; indeed, I have trouble remembering my life before him. Philip opened my eyes to a world that was full of music, laughter and possibility. Any thought I had that being gay was something of which I should be ashamed or attempt to hide was quashed. By example he taught a strict doctrine of squeezing life for every drop of fun that was to be had, regardless of the expense. When I pause to reflect on my own beliefs, values and interests, the echoes of Philip are obvious.

At about the same time that I came into his life, Philip was losing someone very dear to him. The swiftness of JP's decline came as a great shock and his death was something that took a very obvious toll. Each year we gathered with friends and opened a bottle of champagne and toasted his memory. When I was diagnosed, telling Philip was something over which I agonised. I knew that I needed his insight and support but felt that on

***Philip opened my eyes to a world that was full of music, laughter and possibility.***



some level I had betrayed him. Needless to say, when I finally summoned the courage, he listened without any judgement.

I called Philip at about nine to review the day and discuss what the next held. The following morning I had not been at work for very long when I had a call from the store: Philip had not made it to work. I called the house without success and got back in the car to drive over there. I was about 10 minutes away when I got the call that the police had broken down the door and he was gone. A wave of grief and confusion washed over me. I cried like I had never cried before. Despite the 30-year age gap between us, I was unprepared for this moment and indeed the many moments that have come since. I am lucky that I had someone who came into my life and gave me the courage to be whoever I wanted to be. *Freddy*

## My best friend

**I** arrived in Sydney on New Year's Eve. Young, enthusiastic, the big city lights had finally drawn me in. From Adelaide, I'm with my car and my cat, a few clothes and my bicycle. Did not need more – I was only going to stay a maximum of one year.

Sunday February 3, 7.30pm. Ken's was buzzing. I can see him in my mind now as clearly as then. He smiled, I smiled back. We did more (!) We then talked ... and talked ... and talked some more. But he lived "so far away" (in Newtown, I was in Bondi). I managed to drive there but could not possibly drive back and thus "had to" stay overnight (often – and so did Dr Christopher Cat as well!)

Easter. The question is asked: "Would it be possible for you to stay at least one night in your own place?" I answered: "Oh, I must have forgotten to tell you, I've sub-let the apartment." Oops – crunch time! The response: "Then you'd better get all your stuff over to here." Yippee!

Three years later, a commitment ceremony: casual, at home, with 20 close friends. Come at 5pm for 5.30. At 4.45 I lock myself in the bathroom. Eventually I make a very grand entrance down the stairs. We commit: we take care of each other. A great night. We get to bed: "Isn't this great? – I'm so happy, and shit scared!"

"Me too."

A few years on – I'm in hospital, busily seroconverting with a VL of 2.3 million. Not a good time. I'm very frightened. He comes in and says: "I'm so sorry, clearly I have not loved you enough." He was wrong – him making that very statement confirmed his love, in good times and in bad, and he continues to do so.

Twenty-two years later. For obvious reasons, I remain in Sydney. My best friend, life partner, soulmate. He continues to love me and I love him lots! *Steven*

**He comes in and says: 'I'm so sorry, clearly I have not loved you enough.' He was wrong – him making that very statement confirmed his love.**

## Friends, family and significant others

**M**y journey with HIV has not been a solo one. Had that been the case, I would not be here today writing this, I'm sure! It would be true to say that no one person is responsible for my survival. I'm fortunate to have a large number of close and dear friends and significant others, as well as a family who have walked every step of the way with me, through the good, the bad and yes, the ugly.

I am aware that many people who live with HIV have had a difficult time with family and, in some instances, with maintaining the network of friends who knew them prior to their becoming positive. My case was different. I was the only one who gave up on me. I essentially lost sight of who I was.

But recently turning 60, I came to the realisation that I was loved and unconditionally accepted by those who had known me for some time and those who had only known me for a short time. My many changes of role and lifestyle had been accepted by those who have made the journey with me. It was heartening to know that regardless of the ravages that HIV or any other changes had taken on my life, I was essentially the same person. HIV did not define me as a person. My friends and family had not allowed that to occur. They had the same expectations of me as they'd always had. That knowledge has driven me to keep developing as a person and not be lost in the sea of victimisation and isolation.

My children, siblings, grandchildren and friends still have expectations of me. I am still important to them as they are to me. This is my greatest form of empowerment. I am still needed and wanted. That inspires me to respond to others and continue to develop as a member of my family and community. My many facets have been nourished by the diversity of friends and family who have and continue to love and support me. That all comes with a degree of responsibility on my part. I take that responsibility seriously and it challenges me in many ways.

I have made many new friends in the time since I became positive, some know, some do not. Knowing that HIV does not define me as a person, I do not always need to disclose to them. I am not aware of having lost friends because of HIV. I am not always comfortable disclosing. I just have to stop and think, do they need to know?

HIV is something I have, it is not who I am. I look forward to meeting many more people who I hope I can count as a friend and am mindful I will need them all to continue to enjoy this journey of life. *Peter*



## Three best friends

**W**hen I was diagnosed with HIV, my husband was so ashamed and felt such guilt that he would not let me tell anyone of our joint diagnoses. Eventually he relented and we each confided in one friend only. There followed the longest 10 years of my life, a life constructed around secrecy and lies. It involved inventing an elaborate set of deceptions to cover my husband's bouts of illness, hospital appointments, medication schedules, side effects and absences from work. I created a fabricated world in which we, for all intents and purposes, led a normal life. Yet it was problematic. I wasn't able to tell my family, a decision I regret to this day. I also missed not being able to confide in other friends and I realise that this decision to conceal made me put off dealing with my diagnosis, confronting the everyday reality of having HIV and its longterm implications. I didn't live a life of denial, but I definitely lived one that declared, 'let's shelve it for now and deal with it later'.

'Later' occurred 10 years afterward when our marriage ended. I was then free to tell others of my status. Opening up to good friends was extraordinarily cathartic but also very difficult, as I had effectively lied to them for that period of

time. I still have to think long and hard about who I choose to tell and the reasons I'm telling them because of the stigma, ignorance and prejudice that unfortunately still exist around HIV. However, the family and close friends I have disclosed to have been extraordinarily supportive and this has, I believe, led to my gradual acknowledgement and acceptance of the virus in my life. To my surprise, opportunities and doors have even opened as a result.

Having lived a life where I effectively avoided HIV or anything to do with it, I've recently become more engaged with the HIV community and have been privileged to meet some extraordinary individuals who share my journey. Their strength, resilience and courage in often adverse circumstances have been inspirational. I have to confess that up to this point I hadn't really thought of my friends in terms of their positive or negative HIV status. Close friends were simply that – people who accepted me as I am and loved me for who I was, and the feeling was reciprocal. However, having made three really close HIV-positive friends over the past couple of years, one thing I've discovered is that the only people who can truly understand what you are going through from an HIV perspective and able to relate that to a broader worldview are those who are dealing with it themselves.

These are people with whom I can discuss my innermost thoughts and feelings, so much of which, whether we acknowledge it or not, can be tied up with our HIV status. These include negative self-image, insecurities, the angst of disclosure, fear of acceptance, hesitancy over entering a new sexual relationship, blood test results, medication, illness, ageing issues, feelings of shame, regrets

***Up to this point I hadn't really thought of my friends in terms of their positive or negative HIV status.***

## Being heard by a friend is a gift. Being understood is truly glorious.

both for the past and the future ... I could go on. But in these three friends, who are of different backgrounds, gender or sexuality, I have found a common humanity. We share our hopes and fears, dreams, love, laughter, tears, anger, frustrations and energy. We learn from each other's strengths. They don't seek to judge me and I trust them implicitly.

These are friends who I could ring in the middle of the night and know that they'd come over in an instant. They are friends who sense when I might be feeling low and instinctively call or text at that moment to see how I am. When I least feel like going out socially, they will be the ones to coerce me reluctantly out the door

only for me to have one of the best evenings of my life. They come and hold my hand at fraught medical appointments and turn up with lemons and honey or better still chocolates when I'm ill. (Someone once said there's nothing better than a good friend, except a good friend with chocolate.) When I need a hug, they are there for me. They are there not only for the good times but the bad times as well. Their empathy and support has got me through many a day. While I am not for one moment suggesting that I don't get empathy and support from my HIV-negative friends, there are some experiences unique to those of us living with HIV that can only be fully comprehended by our peers.

Perhaps the best way to sum up how I feel about these particular friends is in this quote from Ralph Waldo Emerson: *A friend is a person with whom I may be sincere. Before him I may think aloud.*

I am truly thankful for the love and support of these incredibly special friends. Long may we continue to think aloud with each other. *Mia*

## Magical moments

**My best friend lives in New York, so I only get to talk to him on Skype. Of course the time difference is a problem, but my erratic sleep patterns work well for that. If I wake around 4 or 5am, that's a good time to talk with him, as it's afternoon there.**

We flatted together in Sydney for a couple of years (very platonic) while we were doing some personal growth courses. That was around the early '80s and I was diagnosed HIV+ in 1986. He was around then and like most of the people in the course was very accepting. Then he went overseas and our contact waned, though occasionally he'd turn up unannounced at my front door. One of those times I was annoyed with him, since he

had made no attempt to contact me for ages and was now acting like we were best friends. He gave me a big hug and said, "It's me, David!", as if to say, 'forget about the past, be in the present and enjoy being here with me now'.

We have continued our spiritual quest in our own ways and now chat about what is going on for us and how we deal with it. It's like we are allies for one another. Some of this personal growth stuff can seem quite weird to people, so it's nice to have a friend who relates to my experience. It also seems quite good that he is far away, like a secret part of my life. It is a bit odd to notice that I have a few friends around the globe, yet not so many in my own neighbourhood. What is that about? Needing to keep some distance? Scared of intimacy? Feeling unworthy? All fodder for the therapist's chair!

My friend is not HIV+, which I think sometimes makes me feel a bit 'less than'. However, his unbridled expressions of bond and connection are very warming to the heart. He is also quite a handsome man, yet doesn't have a boyfriend, which makes me feel a bit better about not having one.

Being heard by a friend is a gift. Being understood is truly glorious. In some magical moments, my friend can help lift me up beyond my limitations, offering me insight and doorways to a shift in perspective ... very healing. I appreciate my friend. *Cameron*

## My best girlfriend ... my mother

**I found out I was HIV-positive February 1987. I went to see my family for Sunday lunch and alone in the kitchen I told my mum. She said, "Don't worry dear, we will get through this."**

Well, after almost 15 months of self-destruction, I ended up at a support group at Albion St Clinic. What was to unfold was a whole new life. I ended up going to Langton St Clinic (before rehabs were trendy!) to stop drinking. The next group I did, Petrea King came along and told me that whatever I was doing, to keep doing it as I looked fantastic.

All the way through this my mum would call me and discuss how I was doing. I moved to NYC in 1990 and while there Mum still sourced articles and spoke to my doctor (Virginia Furber), even booking appointments for me when I came home every 16 months.

I lived, I laughed and cried. It is now May 2011. I am 22 years three months without alcohol. I am so lucky and honoured to have the mother I have. Most of my friends and my brother's friends wish she was their mother.

Greatly, I still have her at the ripe young age of 89 with a host of medical issues herself. I speak to her daily even while I'm on my travels. She gets a kick from me sending her photos of food when I am eating out!

We eat fried food, we rent expensive apartments on the Gold Coast when I visit, we play the pokies (a lot). Most of all we love, respect and honour not only our friendship but our totally different lifestyles. *Ray Hansen*

### Next issue

#### Everyday life in July Talkabout

#### Our brothers and sisters

You can't choose your family ... but would you choose them if you could? Do you get on with your siblings? Are you involved in each other's lives or do you keep your distance? Were you close as kids but grew apart in adulthood – or the opposite?

Send your contributions (3-600 words), stories and photos by Monday, June 6 2011 to: *Talkabout*, PO Box 831, Darlinghurst NSW 1300 or by email to [editor@positivelife.org.au](mailto:editor@positivelife.org.au). Digital photos should be as high-resolution as possible. Pseudonyms are fine. Contact Susan, the editor, for any help or advice you need.

# Life.mail

e-newsletter

Keeping you informed about news, events and opportunities to get involved

**Life.mail** is our e-newsletter – delivered to your inbox six times a year. Keep informed about news, events and opportunities to get involved in your local positive community. Subscribe at our website: [www.positivelife.org.au/life.mail](http://www.positivelife.org.au/life.mail)

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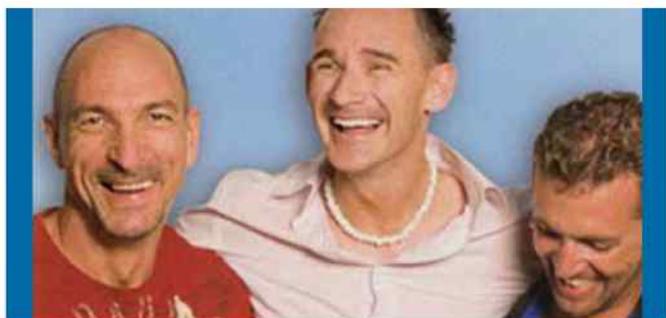
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# Genesis

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

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ACON's HIV Men's Health Promotion Team

**Tel:**

(02) 9699 8756

**Mobile:**

0439 959 119

**Email:**

[hivliving@acon.org.au](mailto:hivliving@acon.org.au)

# The hip bone's connected to the **knee bone** (and the ankle bones ... and shoulders)

A bout of pneumonia led to **Wayne Daubney** having six joint replacements. Now his friends call him the 'bionic man'!



**I'm a 51 year old gay man who's been poz for 27 years. My medical story is a little unusual.**

Back in 2002, I was in St Vincent's with pneumonia – your average, garden variety pneumonia. As I was more than a little sick, I spent a lot of time in bed. I'd already ballooned up to the size of a small whale from all the corticosteroid medications.

After about 10 days I developed a DVT (deep vein thrombosis) in one of my legs. A couple of days later, all hell broke loose. I've no memory of it – I have traumatic amnesia, thankfully.

## **Panic stations**

It was just after Christmas, I remember that much. I was told I got out of bed and 20-30 seconds later had a major seizure. The clot had come loose and hit my lungs. Panic stations all round and they carted me off to intensive care. I'm glad this happened in the daytime while there were people around and not at night as then they may not have got to me in time. A couple of days later I came to in the ICU, wondering why I felt like crap. The next week is a bit of a blur. At one stage I swear I saw the doctors and nurses doing a dance number in the middle of the ICU – but it was the drugs they had me on. At least I didn't have to eat the crappy food – instead I got it naso-gastrically. When I was able to have a look at myself, I was purple all down the left side of my torso and arm from the blood clotting and I'd ballooned up to the size of a large whale. After about 10 days, they transferred me back to 8 North but not before pulling all these plastic balloons and tubes out of my lungs. Yuck – not a pretty sight.

Next came months of trying to learn to walk again as my leg muscles had atrophied so badly from being bedridden. Slowly I regained my health. I hated not being able to do anything for myself, except sometimes for the showering – the male nurse was hot! (Sick as I was and still thinking of sex. Typical Scorpio.)

After two and a half months, I was transferred to the hospice. At least the food was better and I could go up to the Oxford a couple of afternoons a week – even though I

had to have a nurse with me and couldn't drink more than one beer. A fortnight there and finally home. And that's the end of that, I thought. Wrong!

## More crappy food

A month later, back in again with pneumonia. At first they said it was aspergillosis, then PCP. Another fortnight of crappy food. Back home again but another two months later, in again. More crappy food. By this time I knew the hospital menu by heart. The dietitians are good though, as they make sure I get all sorts of extras that aren't on the normal menu.

It took quite some time after that to regain my health. The gym helped. But after I'd been going to the gym for awhile, I was having really bad pain in my hip, so my GP referred me to a joint specialist. It turns out that I had developed avascular necrosis (AVN) in my left hip. (Also known as osteo-necrosis.) The Pain Clinic at first said it was all the prednisone that they pumped into me in the ICU that did the damage. Shit – 44 and needing a hip replacement. At least St Vincent's did their absolute best to get me in for the operation asap – I only waited six weeks. Wasn't happy about it but thought, I'll get through this no problem and hopefully back to work.

Was I ever wrong! I'm no sooner out of hospital and trying to get on with life, doing all the physio, than the other hip is diagnosed with AVN. Only this time they are saying the HIV meds are the culprit. Not quite right; it was the combination of HIV meds and corticosteroids. Evidently the same is happening to other poz people around the world.

## Wrong again

So both hips – hmm, I'll manage somehow. Wrong. Very shortly following the diagnosis of the second hip problem, the shoulders start going. They didn't think the AVN would spread to other joints. Wrong again. In for a shoulder replacement. At least it was only three days of crappy food – and plenty of chocolate brought in by friends.

Then the knees start playing up and my joint specialist diagnoses me with ... you guessed it, AVN. The AVN has now spread to six major joints – hips, shoulders and knees. About this time I was also told I could be waiting three years for the second hip replacement. No way. I went to my GP and said if I have to wait three years in this pain, I will cease all medication apart from pain relief and refuse treatment and let the body start shutting down. He rang the orthopaedic surgeon and they came up with a date eight weeks away.

So far I've had both hips, the right shoulder and both knees replaced. By the time you read this I should have had the left shoulder done as well. My friends joke that I'm bionic – I reckon I've got more metal in me than Arnie in Terminator. All titanium. When they run a handheld metal detector over me, it beeps on all the joints that have been replaced. Four joints so far and one in the head from an aneurysm clip. I joke to friends that at least I know I've got a brain – they opened me up and had a look.

## One operation a year

Hospital waiting lists can be a problem but they are doing one major operation a year for me and I think that's probably the best I can hope for. I get all my operations done at St Vincent's and I joke to them that they've had plenty of practice at putting me back together again and they'll get it right one day.

I was told that the AVN shouldn't spread to my elbows or ankles but have recently been diagnosed with it in my ankles.



Photos: Morgan Carpenter

They cannot be replaced. That it has affected my shoulders is unusual; it is normally weight-bearing joints only. Eight joints in total. At least it shouldn't affect the elbows.

I haven't managed to go back to work. I used to do restaurant management and then part-time waiting work. I have managed to get back to volunteer work sometimes (when I'm not recovering from an operation). And I went back to study. In the past three years I've completed my Advanced Diploma of Hospitality Management. I'd only set out to do the Diploma (passed with Distinction) but I decided that as it was only another six months, I'd do the Advanced Diploma – I passed this with Credit average. I was a little put out that my marks dropped but can live with it seeing as all the pain had made my depression much worse. The disability coordinators at Ultimo TAFE have been wonderful as have most of my teachers in rearranging my timetable and letting me do some stuff from home as the depression made it difficult to get to school some days. I had the graduation for both diplomas at Ultimo TAFE and it was a very nice surprise to win one of their major hospitality awards for the year. It has been incredibly fulfilling to achieve such good results as I had a very rough secondary schooling – the homophobic abuse and bashings made my school life hell.

I'd like to get back to work one of these days as I don't really want to be on a pension for the rest of my life. But what employer will touch me with my joint problems? And there are very few part-time management jobs available in hospitality.

## Good to be alive

Last year I celebrated my 50th birthday. I took over the ground floor of the Oxford Hotel for a small party of about 100 people. I woke up on the day and thought, "I never thought I'd see this day – it feels good to be alive". Even though life can be fucking crappy sometimes, it's a damn sight better than being dead. Sure I have to put up with a lot of pain, but medication helps that most of the time. It's my friends and family that make life worth living – and I thank them for their support.

If you're poz and having joint problems, get it checked. It might not be just old age (or older age), it could be AVN or similar. But it's not the current meds causing problems, it was the meds in the '90s, the protease inhibitors; so don't stop taking meds now if you have a joint problem. [Wayne Daubney](#)

***Even though life can be fucking crappy sometimes, it's a damn sight better than being dead.***

# Pozbot iso:

## 'Positive man in computer seeks other'

**One positive man prefers the virtual world.**

**I've been living fulltime in virtual worlds for over 10 years. Real life became increasingly less interesting to me sometime in the late '90s. I am a Generation Xer and have spent most of my life working on and playing with computers. Being of the first generation to take up computer technology has completely messed up my workplace and personal relationships.**

I've had lots of conflict with workplace managers. I recall fighting tooth and nail in one job to get email for the other staff and then being labelled a troublemaker. In that same job, every time a co-worker's software went haywire, I would have to fix it. So I ended up doing everyone else's work for them. In another job, I was demonised for using email instead of talking face to face. I was hired for my PC skills then criticised for using the PC to get things done! I've been fired from jobs when managers read my personal emails, using the technology against me, with no basis to their actions. The hardest thing for me to accept is that the people who did these things to me probably now use PCs in exactly the same way I did – it's just that now it's accepted that everyone uses computers 24/7.

***I am a Generation Xer and have spent most of my life working on and playing with computers.***

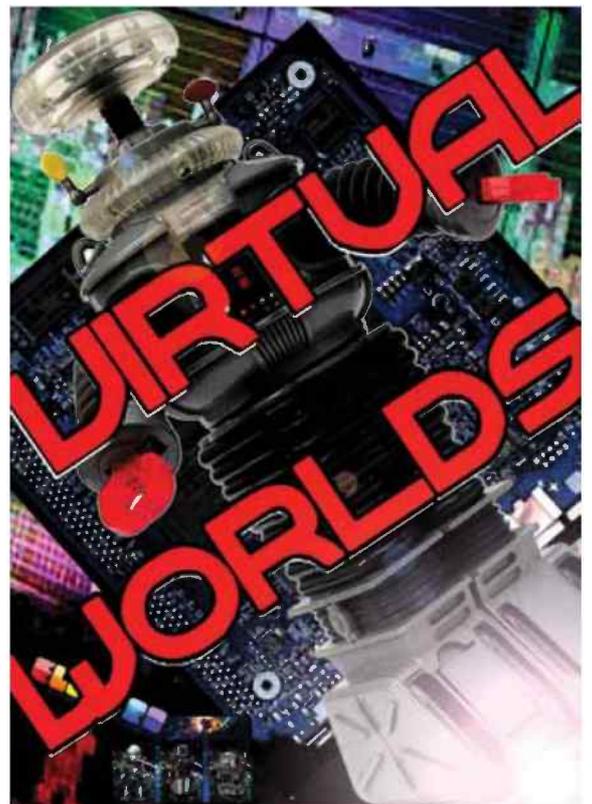
### **Avatars**

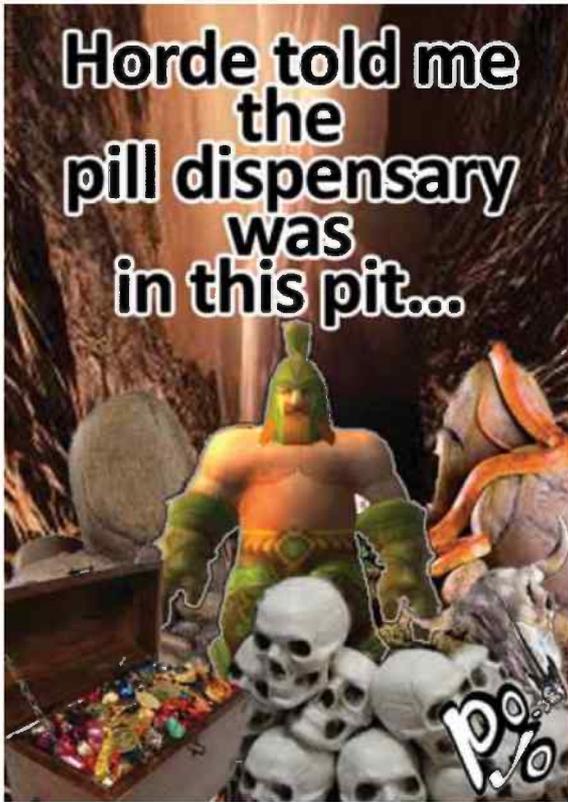
I started staying in on weekends and chatting on the early social networking sites like MIRC around 1995. MIRC was a copy of the university-designed peer-to-peer chat networks that I had spent many nights on in university labs during the late 1980s. There was a gay chat channel on MIRC so you could talk to other gay people – when I say people, I mean avatar names on a list.

In the 2000s, when data speeds finally allowed cost-effective multiplayer gaming, I started spending my weekends in virtual worlds. I've spent the past five New Year's Eves running around the virtual World of Warcraft. I spend more time solving problems in my

virtual worlds than I do in the real world. For me, the sun is now the enemy and darkened rooms are inviting. I pretty much only leave the house to get groceries. Having HIV has meant being on welfare for long periods and so staying home. Now I much prefer to be on my own. There are virtual spaces on the Internet for people with HIV and I log on each day in the hope of finding a partner. Standing in a bar and staring at someone across the room all night as I slowly get drunk will not achieve a relationship.

Living with HIV for 20 years has been hard not because of the virus but because of the demonisation and discrimination – especially the overpathologising. This means everything that happens to me is seen as medically related. People view what happens to me through HIV goggles. Serious stuff like money problems or social problems get ignored because 'It could be worse for you, you've got HIV, remember!'





## Negative software

Trying to find other people going through the same stuff as me has been difficult. I steer clear of newly-diagnosed poz people because their heads are programmed with HIV-negative software and it takes them about eight years to unlearn all that and find their own way.

I gave 'real life' a red hot go. I worked hard in my jobs and tried to buy a house and travelled all over the world and went out every weekend to bars and volunteered and ran sports groups. But my PC has always been my best mate. I feel strongly that the inner Sydney gay lifestyle is fairly toxic to mateship. There are a few reasons for this. Men don't help other men. Gay men compete with others for 'trade'; there's horrific body image competition and sex is basically who can do more for longer (the same applies to recreational drug-taking). Free market forces apply.

People move to inner gay Sydney to enhance their social life. You see all the

time on social networking sites, "I'm looking for a drinking mate or someone to show me a good time." Once you don't enhance someone's social life, you get dropped like a hot potato.

## PC as best mate

Add to the above that I've had HIV my entire adult life since the age of 20 and it's complicated things. Having HIV has distanced me from my family and I've never had the support I've needed from them. Looking back, I'm in my forties, and I've lived my life on my own with my PC as my best mate.

In my virtual worlds I have strong healthy relationships chatting via text or Skype every day. I've never met these people in real life but they are my world and I care about them.

The virtual world is my real world. And I wonder, since I was an early uptaker of technology, how long will it be before everyone else starts living in virtual worlds fulltime like I do? **PB**

## NEWLY DIAGNOSED HIV+ WANT TO TALK?

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

For more information email [hivliving@acon.org.au](mailto:hivliving@acon.org.au) or call 9699 8756 and we'll get back to you asap

# Team4HIVHope across the US by bike

Sydney positive pedaller **Steven Berveling** has assembled a team to take on a huge bicycling challenge.

**W**hen the US lifted its visa restrictions on people with HIV in January 2010, Sydney lawyer and keen cyclist Steven Berveling had an idea. Why not celebrate the visa changes and show what HIV+ athletes are capable of by entering a positive team in the gruelling, seven-day bicycle Race Across America?

It was a tough double-ask – to find cyclists capable of competing at that level who were also seropositive. On June 18, the team of four will set out on the 5000km ride – three of them are living with HIV (Steven, Canadian Ironman Don Smith and New Yorker Jim Williams) and the fourth, Cisco Liuzzi from New York, says that although he is negative, he believes everyone is affected by HIV/AIDS.

The racers take off from San Diego in southern California and cross the continent to the northeast, ending in Baltimore, Maryland, a distance of 5000km with about 30,000 vertical metres of climbing (the equivalent of three Mt Everests). See the Race Across America website (RAAM) at [www.raceacrossamerica.org](http://www.raceacrossamerica.org) for general race details. This has been described as one of the most difficult endurance sports events in the world, over a course that is 50 percent longer than the Tour de France.

A 15-person support crew will accompany the team in a minivan (or three). Teams race in a relay format with at least one racer always on the road. Riding shifts can vary from minutes (on a steep ascent) to hours, but each rider averages about three hours a day on their bike.

Sleep management is one of the biggest challenges of the race. The need for sleep, which means time off the bike, has to be weighed against the imperative to move on in the race. Teams continue racing 24 hours a day



Steven Berveling from Sydney. Photo by Morgan Carpenter

as riders rotate. While three sleep, one pedals – and the support people rotate the driving 24/7.

The Team4HIVHope has to worry about scheduling the right time to take medications. The consensus seems to be after-ride, before-rest. The team aims to show that when people with HIV have access to the right treatment, anything in life is possible. *Susan Ardill*

**When people with HIV have access to the right treatment, anything in life is possible**

You can follow their preparations and progress and blogs by individual riders in the following ways:

Team4HIVHope website:

<http://www.team4hivhope.com/>

RAAM Team4HIVHope on Facebook (listed as an amateur sports team):

<http://www.facebook.com/pages/RAAM-Team4HIVHope/177630818925477?ref=sgm>

Team4HIVHope on Twitter:

<http://twitter.com/#!/team4hivhope>

Don Smith's blog No Fooling Me:

<http://www.nofooling.me/>

Steven Berveling's blog RAAM Positive:

<http://raampositive.blogspot.com/>



Email questions about Team4HIVHope to Don Smith at [don@donaldsmith.ca](mailto:don@donaldsmith.ca)

And watch out for a full report on how the team went in the September issue of *Talkabout*.



# 'If you can, you should'

**Rob Lake**, CEO of Positive Life for the past four years, is moving on to become executive director of AFAO. Here he speaks to **Susan Ardill** about his past and future.

**R**ob is a New Zealander who moved to Sydney in 1987, when he was in his early twenties. Before coming to Positive Life in 2007, he had worked in a variety of jobs, often in the fields of disability and transport, most recently managing the accessibility program for the Ministry of Transport in Lismore. In all that time, he'd been involved in gay activism and HIV work. He seroconverted at the end of 1994.

## Being open

**Susan:** You're very open about your positive status. Was that always easy?

**Rob:** No, no. People say that one of the things about being diagnosed or seroconverting now is that they feel ashamed...

S: like, they should know better?

R: ...yeah, yeah: 'what are you doing getting positive now?' But it was just the same in 1994, it was 'you were stupid'. But one of the things I'm clear about is how lucky I am, the people around me responded really strongly, no one ever said to me any of that [negative stuff], that was all my own stuff.

In terms of being out in public: I've got a fairly religious background, my parents worked in Christian welfare, they were Presbyterian, so coming out was a seriously big deal for me and I think HIV was the same. I feel the responsibility, that if you can, you should.

One of the things I'll never forget in this job is doing an interview with SBS TV around a particular issue. The first question was, 'How did you feel when you found out you were HIV+?' I was really thrown, because that's not what I thought we were going to talk about. But

they wanted emotion. It's interesting how casual people are about expecting someone to talk about that on national television.

But it is part of the job. There are a number of us who are lucky enough to be in jobs like this and it's part of the responsibility.

S: But it's not just people in this sort of job?

Rob: No. I was at a thing on the weekend and a guy said, are there any people with HIV who are out who don't work in HIV organisations? He was a poz guy from Perth and his experience is that no one is open, no one is out. Partly that's Perth. I was amazed, because I know lots of people who are openly positive. They're not parading in the streets, but they're out to their families, they're out to their workplace.

S: You've told me it was hard coming out to your parents as gay. So what was it like coming out to them as being positive?

R: Terrible, absolutely terrible. They were devastated. It took a long time for them not to think, was I going to be dead soon.

I didn't tell them for a year, but it never crossed my mind not to tell them.

I put a lot of work into it. From here [in Sydney], I arranged counsellors. I went over [to NZ] to tell them knowing there would be other people to help them.

It was different from coming out gay. I had a sense of moral outrage about that. But there was no sense of moral outrage about this...

I was lucky, three or four years later the changes [in treatment] came in...

## Changes

S: Now we're seeing another big time of change in relation to HIV...

R: Yes. One of the big changes arising from [the success of] treatments is that a lot of people have put HIV back in the

*I know lots of people who are openly positive. They're not parading in the streets, but they're out to their families, they're out to their workplace.*

***At one point it was all about treatments. Now people's health in many cases has stability, probably longterm.***

box. I think that's a really good thing, they don't have their life taken over [by the virus], but there are other people who can't put it back in the box, because of their health or because of discrimination. HIV defines their life and sometimes that makes it hard for them to connect with other people. For me, what's been important [while working at Positive Life] is getting the chance to talk to people with HIV and finding a strong need for social connection and connectedness, whether that's to other people with HIV or to some sense of a community, and to be able to articulate that.

S: That raises the issues of visibility and identity.

R: The visibility of HIV used to be about very sick people, in wheelchairs in Oxford Street. I can very much remember that. There are a number of people I still see around using walkers or canes, I have a sense they are people with HIV, but it's a bit more one-off than it used to be, so people now don't have a sense of the visibility of HIV and there is no alternative visibility – people wouldn't necessarily know from looking at someone like me that I'm HIV+.

Though lipo [lipodystrophy] is a marker that you notice a bit. You do get outed by stuff like that. So there's a real concern about the stigmatising aspect of that.

## **Identity**

About identity – I know some guys who have BIOHAZARD tattoos; but identity is something you want to have some control over ... would I want everyone I saw to know I was HIV+? We've had the same debates about lesbian and gay identity – when you first come out it's the most important thing, but as you cycle through your life, where you then position it in your life, and particularly, having some control [is more important].

S: Where does Positive Life go from here?

R: I really like the opportunity to be reflective, though where we go is not up to me, where we go is up the next CEO and the board, but we do have some overall objectives. It's been a journey: at one point it was all about treatments – about giving people the best advice about treatments, pushing to get the treatments – to where now people's health in many cases has stability, probably longterm stability. That opens up the opportunity to talk about other things, which is why we explicitly talk about health and wellbeing, and why some of the things within our realm are human rights



and discrimination, poverty, housing... Anyone whose life is impacted by chronic illness is affected by the health system, the welfare system, income support ... so that's why we do so much coalition work. We look for connections rather than differences; that's important, especially in the longer term.

**Every generation of drugs is better. But every generation of drugs has to be fought for – to be funded, to be put on Medicare, to be put on the PBS.**

### **Discrimination**

In NSW, where people with HIV landed so heavily on the health system, the response, quite amazing at the time, was to set up services which acknowledged that discrimination was an element. I ran a transport service which took people to hospital for treatment; there was a very similar government-funded transport service up the road. But a) there was the volume and demand of people [with HIV] and b) in those times the attitudes of usually-volunteer services were hard to deal with. So we had our parallel services for a long time; we don't really have them now because the services have matured. But what we still have is discrimination. For me, that's why being clear around human rights, being clear about the social determinants of health, which are structurally the things that will make a difference to the longer-term wellbeing of people, is an important thing for us to do;

that's why we put it in the Positive Life strategic plan, really clearly. One of the important things about Positive Life is that we demand that people engage with us on more than just our health. It's not just about hospital beds for us, not just pharmacies, it's about all the other things that impact on people's willingness to care for themselves because they feel cared about in the world.

S: Do you agree that the primary problem for women with HIV is stigma?

R: Even before getting to stigma, I think the issue for women with HIV is invisibility. In the Australian context, women with HIV are such a minority that finding the way to make a space, even to meet each other, let alone to think about visibility, is hard. There's no geographic connection. For many women, the only common factor is HIV.

For heterosexual men [with HIV], one of the fundamental issues is that the homophobia is so strong, the fear that they will be thought gay because they're HIV+. If you're a man, services are framed around gay men. How do we find an answer for that? For our organisation particularly, it is to say and to show that we represent people with HIV, not only gay men with HIV.

The big issue for heterosexual people is diagnosis – no one's looking out for or often even expecting it. It's often found by chance. The stark difference is, most heterosexual people with HIV are diagnosed on their first test. They don't have a regular test – there's no expectation they would. That's the challenge for us. So they're not exactly clinical access issues, beyond how to make sure that GPs will think, could it be HIV and ask that question or test for it. It's more the psychosocial stuff that has to happen – the supportive environment that exists in inner Sydney in a better sense for gay men with HIV. There aren't the same set of factors that make it work for positive women and positive straight men. So we need to think about it differently. As do other HIV services.

### **Treatments**

S: Let's talk about treatments. Do you worry at all about a future epidemic of systemic side effects from the current treatment drugs?

R: It's hard to know. I worry about the future health of people who've had the longest exposure to treatments. I don't worry about that for people diagnosed now or diagnosed five years ago but for people who've been on the harsh treatments and have some of that kidney or liver damage and what that might mean for them when they're 60.

S: How long have you been on treatments yourself?

R: For 11 years. They made a clearly positive difference when I started them. I wasn't sick, but looking back I'd had a period of six months of exhaustion. And I was a little bit disengaged from things so I didn't really follow up on it. So when I started treatment I had 120 T-cells, even though I'd been being monitored since I seroconverted. So I did feel an immediate benefit [from the drugs].

People talk about 1996 as the [beginning of the current treatment era], but I think of 1996-2000 as the time of experimentation [in relation to side effects]. It wasn't until 2001, 2002, that they started to get a stronger handle on that, for treatments to become more stable.

S: How did that come about?

R: The dosages, the drugs, the combinations... As there were more opportunities to combine and more opportunities to cut dosages down, that started to make a difference. That's the ongoing challenge, to keep that drug pipeline going, to keep that sense of development. Because every generation of drugs is better. But every generation of drugs has to be fought for. It has to be fought to be funded, to be put on Medicare, to be put on the PBS.

There's a whole narrative around the expensiveness of HIV drugs that doesn't get used in terms of many other drugs. However expensive these drugs are, I'll be on them for the rest of my life, that's a really challenging thing.

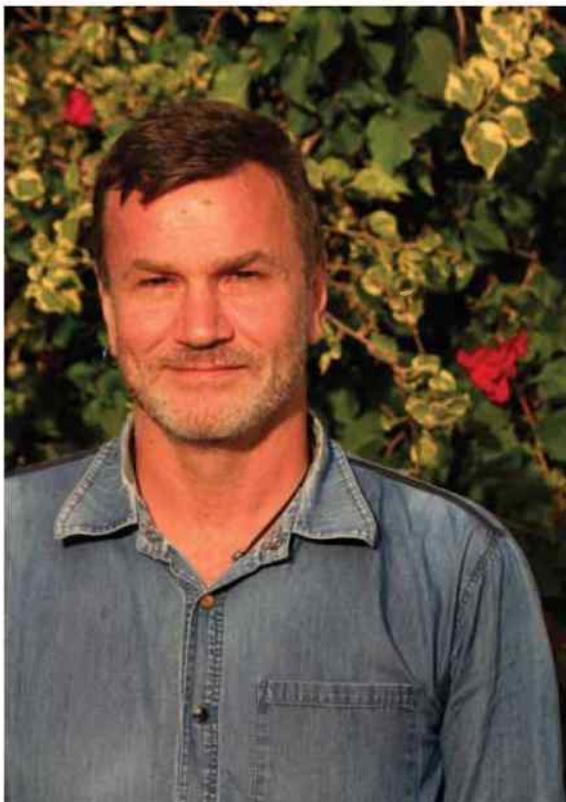


Photo: C. Moore Hardy

## A word from the president

Rob has been with us at Positive Life as CEO for just over four years and has been a major driving force for the organisation. He's been a tireless advocate for people living with HIV and their partners, supporters and friends. His care and compassion are indisputable – he has listened to people's needs and acted on these issues as he was able to.

In 2007, the Board included the Systemic Advocacy position in our three-year plan. Rob then sourced the funding to secure the position. He has always ensured that we kept to the strategic plan, though also mindful of emerging issues. For an organisation of our size this is a balancing act and Rob has done this extremely well.

Rob's social justice principles and ethical standards are second to none. He is a true active listener. The needs of people living with HIV are diverse, but Rob

has been able to listen, while not losing sight of the direction the organisation is going in.

Rob has furthered PL's outreach work in rural and regional NSW, ensuring that we are more inclusive of HIV+ people throughout NSW.

I joined the Board not long before Rob was recruited as CEO and he has served the Board extremely well. Working with Rob since my time as President has been a wonderful experience. My preference is to work in a collaborative style and this always happened with Rob. At all times he has been respectful, supportive and would honour any decision the Board made. Rob is a true leader.

On behalf of the Board and Staff I wish Rob every success in his new position. I am grateful that he remains in the HIV sector as his knowledge and talents will still be here for us. *Malcolm Leech*

We need to be vigilant. Costs of healthcare are a very political issue, costs of medications are a political issue, the choice that we won't list this drug because there's another drug that does the same... But what if you're resistant, if you can't use that drug? This is something we've got to be vigilant about.

## National strategy

S: How will your new job differ from Positive Life?

R: AFAO is a federation and a national organisation. AFAO is made up of member organisations – the Australian AIDS council, NAPWA, the Scarlet Alliance of sex workers and AIVL, the injecting drug users' organisation. The success in Australia of sex worker education and needle and syringe programs means that having HIV is nowhere near as common here as say if you were a sex worker or injector in some other countries.

But keeping the focus, preventing transmission through needle sharing, it doesn't stop. It's not like you say, oh we've done that, we don't have to do it any more. You have to keep vigilant and keep on top of what works and what doesn't.

Australia is world-renowned for its AIDS program both in prevention and treatment. AFAO's role is to bring people together around the table around shared issues and contribute to that strategy.

S: What can you take from your experience at Positive Life to contribute to a national strategy?

R: It's knowing that one of the reasons we've had success in Australia is from people working together, people developing and keeping shared views on the work, a strong commitment, really good leadership, articulating that well to government, what works and why ... sometimes they forget that the fact there isn't an HIV epidemic like there is in the US, that's not an accident. I've always known and believed that the voices of people affected by HIV are a really critical part of what we do at Positive Life, they inform the work and inform our success.

S: How does that occur at Positive Life?

R: In campaign development, checking back about what works, particularly in peer support, talking about problems, what needs to be fixed – the notion of consultation.

We're a diverse community and recognise there's no one answer and you've got to do the work to find the different ways to get through.

## Challenges

S: Do you feel daunted about the new role?

R: Yeah, but I wouldn't have gone for it if I hadn't felt ready for that, cause it's daunting and exciting. It's engaging in a different way. There are challenges I know about and challenges I don't know about.

One important challenge is keeping HIV relevant. Twenty thousand people with HIV in Australia might not be a lot of people [compared to some other conditions], but each of those people, their health, their wellbeing is critically important ... and all the people potentially at risk, their not-getting HIV is critically important.

S: How do you react to the notion that there is an HIV bureaucracy, an AIDS industry?

R: This is a good job, it's an interesting job, it's good work to do, I'm lucky to have it. I didn't get it because I'm HIV+, I got it because I have the skills to do it and I hope people get that. I know there are people who believe this is a small circle who just circulate around themselves. But people gather experience over time and passion drives a lot of people in work like this. It's about what you do with the opportunity, where you situate yourself in the work.

S: Do you ever worry that HIV has defined who you are?

R: When I was thinking about next steps [to take in my life], I wondered what it would be like to look back over my whole life and feel like HIV had defined it. But it's funny, I knew it was going to be like that, the first time I heard about HIV. A guy came back [to NZ] from the US in 1982 and said, 'there's this weird thing going on, you should know about it'. I remember me and some friends thinking, this is going to change our lives. There was a sense, either you run away from it or you move towards it, and I made that choice to move towards it [as an activist].

The notion that I get to 60 and look back and it defined my life, well that's okay, there are lots of people have lives like that. On one level it's a privilege to be able to do this. \*



At Mardi Gras Fair Day 2009



# Ampy and Benji

Two rescue dogs are an integral part of Tim and David's home life.

**A**mpy (name not changed – how many dogs called Ampy do you know?) and Benji (name changed from Bungee – we can see how he got that name in the first place) are both from Monika's Doggie Rescue. And if any dogs could be said to have come from hardship and landed on their four paws, these two have.

Ampy was picked up by Monika from the pound as a puppy and lived in foster homes for a couple of years before we ran into him outside PetBarn in Alexandria and adopted him. Benji had a bit of a harder road to get to us, coming from a background of chronic neglect (though how anyone could have neglected Mr Personality Plus is totally beyond me and my partner David). When we encountered him at the same place we met Ampy (four years later), he was skinny, his fur was brittle and discoloured, his back was covered in sores and his teeth were badly damaged from having been caged and trying repeatedly to get out. Despite having spent most of his eight years in a state of total deprivation (he is 10 now), he is the easiest-going dog, almost as though he knows the worst is behind him and it was worth it to be where he is now.

The boys are both Jack Russell terrier crosses. Ampy looks like he's crossed with a chihuahua or possibly fox terrier and Benji is crossed with God-knows-what, as he is a tricolour with a long body and huge paws. They are as alike in looks and personality as chalk and cheese. Ampy is our serious dog. Everything has to be right, proper and to habit, be it where he does his business, the calculated marking of objects, what time and where he takes his walks, right through to the organisation of the household to his standards. Benji is the total opposite. As long as he gets fed at night, the rest of the day can be as it unfolds.

## Jack Russell alarm clocks

There is no sleeping in at home, nor has there been for a long time, as the Jackie alarms are set for 7am and that is walk time whether I want to or not, though I have to say that I've been getting up at this time for so long that it's a habit and it's a beautiful time of day to be on the move.

Benji is the toy lover, one of his many endearing traits. He has a box at the end of the lounge full of tough stuffed toys and hard rubber toys in various states of delapidation. It's taken me a lot of Internet searches to find toys that he can't destroy within 10 minutes (go to Oz Pet Shop <http://www.ozpetshop.com.au> for a huge range of indestructible – well almost – toys). Now I regularly walk into a lounge room that has rubber dinosaurs, stuffed 'Fleas' and his favourite teddy bear scattered from one end to the other, with him on the lounge trying to devour some new gem. There's no fooling Benji when we get him something new – despite us trying to hide toys amongst the groceries, his nose will shoot into the exact bag and the next thing you know he's

*The Jackie alarms are set for 7am and that is walk time whether I want to or not.*

racing down the hall, gaily tossing it over his shoulder and ready to give it a good Jack Russell mauling.

Benji also has a food fetish. We have to watch him like a hawk when we take the dogs to Sydney Park on the weekends, as being as short as he is he can fly under our radar and the next thing we know he's sitting right in someone's face playing his starving dog card. Benji absolutely hates cats and scares the life out of me by chasing them at every opportunity.

## Sharp as tacks

Ampy, on the other hand, is a most gentlemanly and subdued dog, never scavenging, always eating demurely and with the best of manners. Having said that, Ampy appears to be picking up some of Benji's habits, such as leaping about while their dinner is being prepared and playing with toys, which he never used to do. It's almost as if Benji is teaching Ampy how to be a dog. The words "din din" send them running to the kitchen, "wee wee" has them at the front door and "ni ni" has them in the bedroom waiting to get on the bed. They are both as sharp as tacks, make no mistake.

Our dogs hate rain and getting them out in a shower, let alone a downpour, is a job and a half, though if you can get them out in their matching Drizabone dog jackets they are fine – and so cute. We have few fights these days – maybe they have decided I'm boss after all (not!) The occasional spat lasts about 30 seconds and is over and done with.

At night, Ampy sleeps at the foot of the bed, buried under an old quilt that David's grandmother gave us and

Ampy and Benji



which is now his (at least for the winter), while Benji sleeps between the pillows at the head of the bed. Everyone is happy when we are huddled in together, like a true pack. The two of them really have become our life and the whole weekend is arranged around the fact that at some time on both days we will have to take them to the dog park. In return they give us total, unconditional love and devotion, a lot of really good laughs and are true confidantes in every sense of the word. As I move from one room to the next in the course of the day, I can always rely on them to be dogging my heels, waiting patiently next to me until I move on. We are currently house-hunting for our move to Brisbane and the very first requirement of any house we look at is that it's 'pet friendly'. We wouldn't swap them or leave them behind for anything. *Tim Alderman*

***They give us total, unconditional love and devotion, a lot of really good laughs and are true confidantes.***

If you have an animal companion you'd like to tell us about, contact Susan on editor@positivelife.org.au or 9361 6011.

# Talkabout

**Come and talk about *Talkabout*!**

**We have a new look and new features – is this a new era for *Talkabout*? We're holding a readers meeting where you can meet the new editor and discuss the magazine – what you like and what's missing.**

**WHEN: Come and talk over light refreshments at 5.30pm on Thursday June 9.**

**Bring your ideas for the future!**

## WHERE:

**Positive Life offices  
Suite 5, 94 Oxford St  
Darlinghurst**

## RSVP

**or email your feedback to  
Susan on 9361 6011 or  
editor@positivelife.org.au**





# The four-year theory

**Brett Paradise** has a theory for anyone dreaming of making a move to the country.

**B**efore I get underway, let's make it perfectly clear that this is an opinion piece. It's my world view. It just so happens that since 1994 my world has been seen from the Northern Rivers region of NSW.

I'm someone with theories, quite a few in fact (one of the many benefits of living in the country with fewer distractions). For this piece I am going to stick to just one of my theories, what I call the four-year theory. This theory is for anyone who has ever dreamed about making the tree/sea change.

## Exemptions from the theory

If you spent considerable years in a regional or rural area in your childhood, then settling back into the country is a lot easier, even after many years of inner city life, or life on the urban fringes. (Note to self: Urban Fringe is a great name for a hair salon.) So you are exempt from my four-year theory. The rest of us who were born and raised in big cities are likely to take a full four years to put our roots down strongly enough to start seeing a longterm living-in relationship with the country. Even then, the temptation to flee back into the anonymity and convenience of the city can take hold without warning.

I remember the day I decided I could make the move from Sydney to the Northern Rivers. I had spent a week holidaying at a gay guesthouse at Byron Bay (a guest house that has since been straightened). It was September, so the Sydney winter blues were still fresh in my memory and my work had become a bit of a drudge. My then-partner had surprisingly agreed to my heading off with a friend for time away from the city. In

retrospect, I'm sure this was all part of his cunning plan to get me to make the move to the Rainbow Region. I had passed through a couple of times and spent a few days around Byron Bay, but never seriously thought that any future for me would be without traffic lights and 24-hour Thai food. Note to self: don't make life decisions based on a week's holiday.

One last hurdle I had to leap over before I was willing to escape to the country was employment. Luckily for me my employer had a staff member based in Lismore and it didn't take long before the position became vacant – and became mine. I would never have lasted a year, let alone four+ years, without stable employment. I've watched a few people arrive and find work easily enough in this region, but mostly I see people struggle to find suitable



**Note to self:**  
*don't make life decisions based on a week's holiday.*

employment. Mind you, there are many who come here without any desire or, on rare occasions, need to find work. But it can be tough!

## Don't be fooled

Here is where the four-year theory can become an unavoidable trap. You'll regularly hear those who are about to head back to Melbourne to take a position with a credit retrieval company (after two and a half years producing handmade soaps, never quite raising the money needed to open the crystal healing centre of their dreams) say: "It takes a long time before you're seen as a local and find your social niche in the country." That's true. The community may be warm and welcoming but don't be fooled into thinking you will build the strong, supportive relationships you're looking for until you have made it past that four-year anniversary. The now-locals have been burnt too many times, having invested a lot of time and energy opening our hearts and minds to new friends only to have them sell their 1979 Subaru wagon with the Magic Happens sticker which we gave them last Mardi Gras and disappear from our lives, never to be seen again – except for that moment when we see them staggering between the dance halls at the Tropical Fruits New Year Festival, giggling away with their city friends. [Note to self: this writing thing is very therapeutic.]

So what can you take away from this article? Well, if you're here for three months or 16 years or the rest of your life, it doesn't matter. There is no right length of time to be

anywhere. It's what you do with the time that counts. Some ideas:

- Life on the Northern Rivers may be greener and lots of fun, but not necessarily easier, just different.
- Waiting four years is well worth it.
- Waiting four years is obviously too long.
- (Insert your own idea here...)

Things to do while waiting four years:

- Learn the value of patience.
- Make friends with someone of another gender or sexuality.
- Volunteer your time to help with a Tropical Fruits event ([www.tropicalfruits.org.au](http://www.tropicalfruits.org.au)).
- Get up at dawn to watch the platypus.
- Cook food and invite people over for lunch.
- Learn useful things such as priming the pump from the dam, threading the brush cutter line correctly and removing large pythons from your poultry house.
- Learn how to write (still learning that one!)

Despite everything, I have enjoyed my years of rural life and picked up great friends along the way, many of whom, despite my theory, are now living in the city or other parts of the world. It's not where you live that matters, it's the adventures you have along the way that make the difference. *Brett Paradise*

Brett Paradise lives in the Northern Rivers on a small acreage with his partner, two cats and countless fowl. Brett is a board member of PositiveLife NSW, Homeless Australia and is a manager in the social services sector. Despite his theory, Brett's friends say he spends more time in capital cities these days than at home in regional NSW.

If you'd like to contribute your story about being HIV-positive in the bush, contact Susan at *Talkabout* on [editor@positivelife.org.au](mailto:editor@positivelife.org.au)



## 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](mailto:family@acon.org.au)

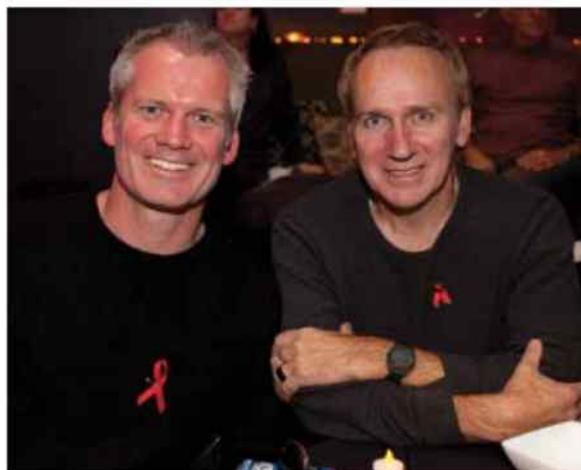
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HEALTH & WELLBEING 1985-2010



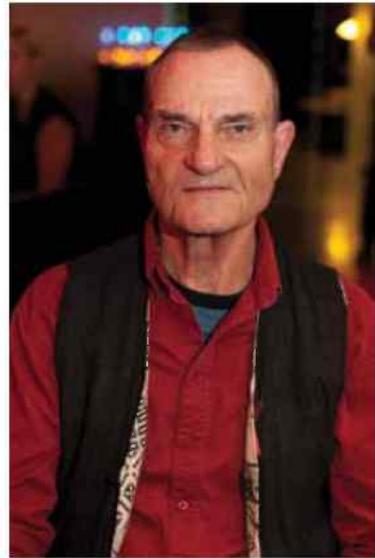
# Candlelit remembrance

**T**he annual Candlelight memorial moved from December 1 to Sunday May 15 this year, in line with the international event. There was a new venue too – the Slide bar on Oxford Street, a warm haven on a chilly autumn afternoon. Guest speaker was Chris Puplick AM, along with performer Vincent Hooper, accompanied on the piano by Craig Renshaw.

Photos by **Morgan Carpenter**







# Valley Retreat

Phoenix regional workshop,  
Nepean Valley, April 2011

**A** three-day Phoenix Workshop was held from April 18-20 in the picturesque setting of the Nepean Valley just outside Sydney. It was the third in the Phoenix series of regional NSW workshops for people living with HIV. People came from Western Sydney, the Hunter, the Riverina and the Central West district of NSW.

The workshop was a joint venture between the Bobby Goldsmith Foundation, ACON, the Nepean and Blue Mountains Local Health Network, the Heterosexual HIV/AIDS Service (Pozhet), Positive Life NSW and the Western Suburbs Haven.

Relevant topics had been identified beforehand from client surveys and the resulting program featured a workshop on resilience run by the Black Dog Institute, complementary remedial massages, meditation and yoga and a Change Options forum. BGF's new careers counsellor provided information on career options and a nutritionist gave a presentation on health and wellbeing.

## A participant reflects:

*Having recently returned from the Phoenix workshop held in the Nepean valley, I am left with wonderful memories of a time spent with the most incredible people, all of whom had amazing stories of hope, courage and humour.*

*Initially, I have to admit I was anxious, as this was something that was well out of my comfort zone, but my fears were put to rest the moment we arrived at our destination – a place of peace and tranquillity, far removed from all the pressures of city life.*

*A major part of the time was made up of presentations from various organisations, as well as personal accounts of journeys made by participants. From the moment of arrival, everyone was put very much at ease and there were plenty of hours to spare when we could get to know each other informally.*

*Throughout the retreat, there were moments of sadness for some, but the mood was one of support, so tears became laughter and some good friendships were formed. Three days well worth the effort.*

Further details are available at [www.bgf.org.au](http://www.bgf.org.au) or by contacting Kit Ayers, Phoenix Coordinator on (02) 9283 8666 or freecall 1800 651 011.

The next workshop is planned for the Northern Rivers in late 2011 and consultations are commencing now. Other Phoenix programs coming up:

### PozQuest

Petrea King's Quest for Life Foundation at Bundanoon, south of Sydney, June 20-24

### Phoenix Resilience

Positive personal change: commencing June 16 in Surry Hills, inner Sydney

### Phoenix Directions

Exploring career options: commencing August 11 in Surry Hills

### Art Phoenix

Drawing and Painting: Wednesdays October 12 to December 7 in Darlington, inner Sydney



# Advocating for ourselves



Last December, Positive Life trialled a new program to assist people with HIV to make better use of the health system.

**The Saturday workshop provided practical tools to help those attending improve their communication with doctors, plan ahead for medical appointments, understand their rights as healthcare consumers, resolve complaints and find out what services are available and where to find them. In short, this was about helping positive people make the most of the services that are available and speak up for their individual healthcare needs.**

The workshop was facilitated by a group of experienced people who have worked in healthcare for many years. They included nurses, hospital HIV care co-ordinators, managers of home care services, lawyers and peers with HIV.

The day was a wonderful success. Positive Life now plans to run four workshops each year in Sydney and regional NSW.

The next Health Advocacy workshop will be held in Sydney in July. Those who went last December were keen to tell others about the benefits of attending. I asked them to share their experiences and they have generously agreed. *Lance Feeney*

***I saw myself as well informed and prepared on the medical front (having been positive for 27 years). How wrong was I?***

## Well spent

I attended the workshop expecting the bulk of it to have no relevance to my needs as I saw myself as well informed and prepared on the medical front (having been positive for 27 years). I thought the component dealing with legal rights was all that would be of interest to me. How wrong was I? The opposite proved true. I was shocked at how much I didn't know about the services and assistance available, access to them, the preparation needed to make life easier when accessing them or in anticipation of a planned/unplanned stay in hospital, whether HIV-related or not. I must admit I was not only surprised by the relevance and content

of the course but also by its organisation, structure and facilitation, which were excellent. This was definitely a day well spent. I have since changed the way I approach services and upgraded my preparation and preparedness. I have improved knowledge and expectations and feel much more confident and at ease. *Peter*

## Renegotiation

When I spoke with Lance [from Positive Life] as to where I was with my health care, he suggested the workshop would be ideal. He was right on target. I guess my surprise was just how well it fitted into the questioning that was going on for me. Even to the point of where there were glaring differences between what some of the speakers were presenting and what my actual experience had been – quite different. That in itself was sufficient to drive home to me the need for me to take charge of my health care and renegotiate with my S100.

As a result of attending the workshop I have changed doctors, negotiated with my new doctor about what I wanted to do and asked for support from him. I also needed to take a more holistic approach and one that was integrated. I am trialing alternative treatment to combat the side effects I was experiencing. This is being monitored. *(another) Peter*

## So much help

I am always surprised to discover that there is so much help out there. I haven't changed much in my life yet as a result of attending the workshop, but I am now equipped to tell my friends or anyone who is going in for care/treatment that we have a specialist HIV coordinator on site [in the hospital]. I am going on living with the knowledge that there is even more help out there. *Leslie*

## So much more

Having been HIV positive for over 28 years, I was pleasantly surprised to discover that although I had been doing quite a good job of navigating my way through the health system, this presentation was so much more than I could have imagined. Not only were there representatives from various HIV/AIDS organisations, there was also a lawyer present to discuss our legal rights as well as an HIV-triage nurse from St Vincent's, who provided important facts to assist those who find themselves needing to be admitted to hospital. The amount of useful information provided by all the speakers was amazing and the amount of time allowed for open discussion with all who attended was more than adequate, without cutting into the time needed to get through all the topics. Well worth attending if you have any questions or are dealing with complex issues relating to your health. *Roderick Smith*

Contact Lance Feeney on [lancef@positivelife.org.au](mailto:lancef@positivelife.org.au) or (02) 9361 6011 for details of the next workshop.

# MAKING IT WORK

## July 2011

## You, HIV and the health system

### A ONE-DAY WORKSHOP TO HELP YOU:

- > Plan for a doctor's appointment
- > Develop tools to keep health records
- > Learn about Medicare
- > Navigate the health system
- > Know your rights
- > Learn how hospitals work
- > Access nursing and care at home
- > Learn from your peers.....

### Enrol now

To register or for further information:

[www.positivelife.org.au](http://www.positivelife.org.au)

Call Lance Feeney 02 9361 6011

Email [lancef@positivelife.org.au](mailto:lancef@positivelife.org.au)

PositiveLifeNSW  
the voice of people with HIV since 1988



Pos-pos sex  
is based on  
knowing  
each other's  
HIV status

PositiveLifeNSW  
the voice of people with HIV since 1988

# Positive Life gets online social

Positive Life NSW now has a fledgling presence on Twitter and Facebook. Find out how you can join us there.



**I**remember, at least 15 years ago, reading about the Internet as a place for push-pull media technology. I didn't really get it at the time, but I do now. The social media, chief among them Facebook and Twitter, are prime examples of push-pull. At Positive Life, we now push information via Facebook (FB) and Twitter – and you can pull it in, if you want to and if you have the technology to do so.

Which technology? The omnipresent computer and mobile phone, of course. Both FB and Twitter can be accessed on PC and phone – but I think of Facebook as a site best used on the computer and Twitter as primarily a phone activity. However, the smarter your phone, the easier it is to do things on it that used to be confined to computers.

## Twitter

Let's look at Twitter first. You can sign up (via the Internet, on PC or phone) for a free Twitter account, either in your own name or under a moniker of your choice. Being on Twitter doesn't mean you have to tweet. You can simply follow other tweeters, both individuals and organisations. What's a tweet? It's a sentence of 140 characters that broadcasts information, makes a comment about something in the news or sends out a link to an online story.

Positive Life NSW is on Twitter as #positivelifensw. Search for us from the Twitter home page then check the Follow box and you will start receiving our tweets – either on your phone or on your Twitter webpage – whenever you choose to log in to your Twitter feed. To give you a flavour, here are some of our recent tweets:

- Encouraging progress re vaccine study from Melbourne researchers. May 7.
- \$40k damages. NSW Health patient privacy breach. Paying attention now? #disability #discrimination #HIV. April 25.
- Great new Mardi Gras Fair Day vox pops on disclosure and sex on the Wrapped or Raw site: <http://bit.ly/eI8gYA> #saysomething #hiv #gay. March 25.

Now, what are all those # symbols? Those are hashtags and when they appear in front of a word, it indicates that the tweet has been broadcast into a Twitter stream

that deals specifically with that subject. For example, #HIV is a stream concerned with news and comment on HIV. On Twitter you can look into an infinitesimal number of #streams, covering just about every topic you could think of, and follow categories that interest you. But if it all seems overwhelming and you'd rather keep it simple, you can just follow Positive Life NSW. It's a good way to find out about local news and events for positive people. You can also re-tweet our news – send it on to your own friends who are also on Twitter.

## Facebook

Once again, signing up for Facebook is free. Generally, individuals sign up under their own real names, though it is possible to use a nickname. On your own Profile page, you can have as little or as much information as you want about yourself. But the point of Facebook is to be social, by making Friends and Liking organisations. On your Home page, you'll get a stream of information and updates from your social network – and this can now include Positive Life NSW.

Positive Life NSW (you must be specific if searching for us) is on Facebook as a non-government organisation under Pages, which means that in order to link up with us, you check the Like box, (rather than becoming Friends with us).

Facebook is a site of overlapping communities and a powerful news referral source. On Facebook we can build our NSW-based poz community by sharing information about local events easily and rapidly, at the same time as we link in to the national and international community of positive people. On our FB page we share frequent links to other HIV blogs, stories, magazines and resources. If you join us on Facebook, you'll tap in to all this as well. *Susan Ardill*

## Privacy

Privacy is a major concern on Facebook – it's a concern for everyone, but positive people have reasons to take it seriously. Everyone on Facebook should carefully scrutinise their account settings. Go to Account in the top right corner of your page and set who you want to be able to see what you do on Facebook. Remember, if you check 'friends of friends', you could be letting literally tens of thousands of people see your profile, who you're friends with and whatever you write on anyone else's Wall.

Now go to Privacy via the top right corner of your FB page. Here, you can again customise what other Facebook users (who are not your Friends) can see about your profile.

Then look at the lefthand bottom corner where it says Edit Your Settings. Click on that and on the next page you will see Public Search – edit settings. From here (this is well buried!), you go through to a page which asks if you want your Facebook profile to be accessible to search engines. It's better not to tick the Enable Search box. If it is checked, then uncheck it. If Google can show that you are on Facebook, it can also show the world who your FB Friends are. It's simply better to keep all that off the search engines.



## Live in SYDNEY SOUTH WEST? NEED FREE general dental care?

**Who:** People with HIV who hold a health care or pension card and live in the Sydney South West Area Health Service (SSWAHS) catchment area

**What:** Free general dental services, including dentures

**Where:** Royal Prince Alfred or Liverpool Hospital dental clinic\*

**Bookings:** Please ask your SSWAHS health care worker to make a booking for you

**More information:** HIV/AIDS & Related Programs (HARP) Unit on 02 9828 5945 or [harpunit@sswahs.nsw.gov.au](mailto:harpunit@sswahs.nsw.gov.au)

\*A treatment plan will be developed at your first appointment. You can then make subsequent dental clinic bookings at other dental clinics within SSWAHS if this is more convenient for you.



**anwernekenhe**  
NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER  
HIV/AIDS ALLIANCE

**ANWERNEKENHE NATIONAL  
ABORIGINAL AND TORRES  
STRAIT ISLANDER COMMUNITY  
CONFERENCE ON HIV/AIDS  
AND SEXUAL HEALTH:  
'US MOB HEALING'**

**8 - 11 AUGUST, 2011  
GIMUY WALLABURRA YIDINDJI  
(CAIRNS)**

### REGISTRATION

Registration forms can be obtained at [www.ana.org.au](http://www.ana.org.au) or by phoning (02) 9557 9399

Registration opens on 1 June, 2011

### SCHOLARSHIPS

The ANA will be offering a limited number of scholarships to attend the conference. Details, eligibility criteria and application forms will be available at [www.ana.org.au](http://www.ana.org.au) from 1 June

# News update: Study halted due to dramatic results



**A study funded by the National Institute of Health (NIH) in the US has confirmed that early treatment of HIV-positive people with antiretroviral drugs reduces the risk of transmitting the virus to their HIV-negative sexual partners by 96 percent — at least among heterosexual couples.**

The large study, called HPTN 052, enrolled nearly 1800 HIV-serodiscordant couples. All but one of the couples were heterosexual. All of the HIV-positive participants had to have a CD4 count between 350 and 550 upon entering the study. After the study began, the HIV-positive participants were randomised to either start drug therapy right away (the early treatment group) or wait until their CD4s dropped below 250 or they developed an AIDS-related illness (the delayed treatment group). All of the people in the study, many located in developing countries, received HIV care, access to condoms and prevention counselling.

The study was originally scheduled to continue until 2015. An early look at the data by the monitoring board, however, found clear evidence that those in the early

treatment group were much less likely than the delayed treatment group to transmit HIV to their partners and thus it would be unnecessary to continue the trial.

Commenting on the study, Rob Lake of Positive Life NSW said, "This trial brings increased confidence to Australian heterosexual serodiscordant couples about the risk of transmission to a negative partner. We look forward to that same confidence for gay men in serodiscordant relationships through Australian research which will commence shortly. The study also adds to a growing confidence that starting treatments earlier brings longterm benefits for people with HIV, so knowing your HIV status and considering antiretroviral treatments are important decisions to make."

Another ongoing international clinical study run by the NIH called Strategic Timing of Antiretroviral Therapy is examining the optimal time for asymptomatic people with HIV to begin antiretrovirals. *Susan Ardill*

For Q+A about the study, see: <http://www.niaid.nih.gov/news/QA/Pages/HPTN052qa.aspx>

## Are you thinking about returning to work?

**BGF are pleased to introduce to you a new project called Job Futures, a partnership with Inner West Skill Centre (IWSC).**

Inner West Skills Centre (IWSC) is an employment, training and recruitment company that has been assisting the local community for over 20 years. As a non-profit community-based organisation, IWSC is committed to providing services to assist the most disadvantaged by creating opportunities, enriching lives and ultimately benefiting the community.

**Sue Wood (caseworker from BGF) is working with IWSC to assist you if you are thinking about returning to work in any capacity. She will help you to create an employment pathway plan (EPP), working out your skills/strengths and training or study needs.**

**Sue and IWSC will also:**

- assist you in searching for the job right for you
- help you with your resume writing and submitting your job applications
- refer you to vocational and motivational short courses which will increase your labour market competencies
- provide ongoing job search mentoring and support
- prepare you for job interviews
- negotiate with employers on your behalf to increase your opportunities to gain permanent employment
- offer employers incentives and information about traineeships and apprenticeships to give you a long-term career path
- provide ongoing post placement support for up to six months after gaining employment.

**If you are interested call Sue Wood on (02) 9283 8666 or email [sue.wood@bgf.org.au](mailto:sue.wood@bgf.org.au)**

# Dental



**bobby  
goldsmith  
foundation**  
practical emotional  
financial support



**We hold dental funding of up to \$1000 per person for people living with HIV on Centrelink benefits in the SESIAHS area.**

This can be used as a stand alone sum or to top up dental treatment received under the Enhanced Primary Care Scheme.

You need to be a client of BGF to access and talk to caseworkers for information

**Contact our intake officers Peter Thoms and Gitta Backhausen 9283 8666 or 1800 651 011**



## FREQUENT TESTER?

**Need to have regular STI testing?**  
Xpress clinic is the way to get a quick STI screen. No symptoms needed!

**Xpress clinic**

 **Health**  
South Eastern Sydney  
Local Health Network

Sydney Sexual Health Centre  
Level 3, Nightingale Building, Sydney Hospital  
Macquarie Street, top of Martin Place  
Call us on: 9382 7440

# STOP DISCRIMINATION

**Disability discrimination is against the law**    **Make a complaint — Get confidential advice**

For information and advice on discrimination because of your disability contact the **Anti-Discrimination Board of NSW**.

You can make a complaint by:

- >> filling in a complaint form (available on website)
- >> sending an email
- >> writing a letter

Your complaint can be in any language, or in Braille. If you need assistance to write your complaint down, phone us and we will help you.

You can also lodge your complaint in audio or video.

If you are unable to email, post or deliver your complaint the Board can arrange to collect your complaint.

## Complaints

Phone 9268 5544 or 1800 670 812  
TTY 02 9268 5522

## Email

[complaintsadb@agd.nsw.gov.au](mailto:complaintsadb@agd.nsw.gov.au)

## Website

[www.lawlink.nsw.gov.au/adb](http://www.lawlink.nsw.gov.au/adb)

## Mail

PO Box A2122, South Sydney NSW 1235

## 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.

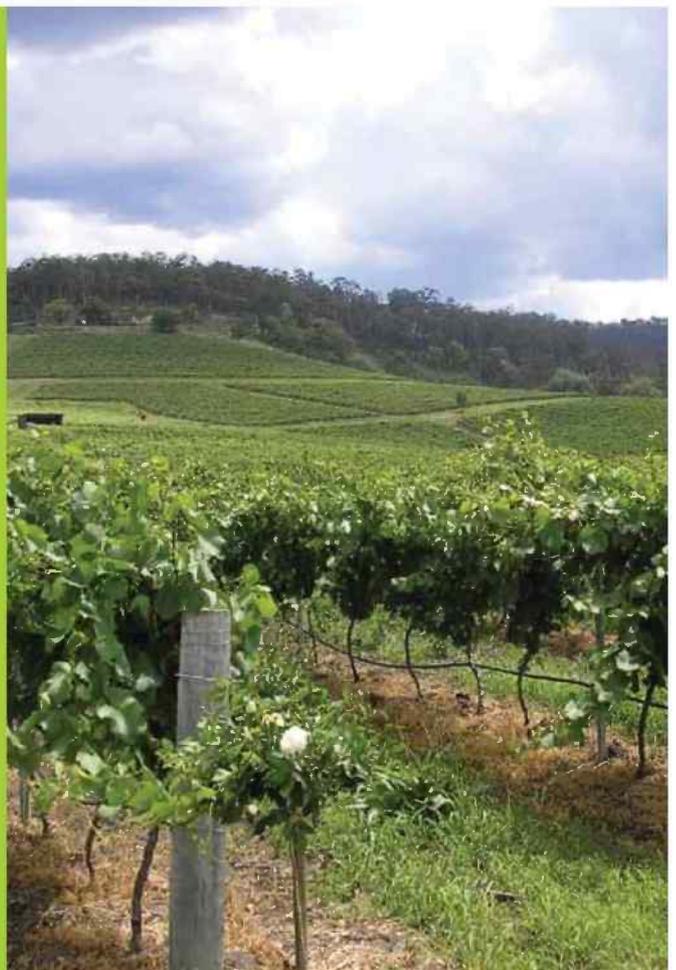
- Social lunches, Tuesday and Thursday, 1pm
- Complementary therapies by appointment, Tuesday and Thursday
- Internet access and computer assistance
- Monthly discussion group
- Counselling and many other services

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

Tel: 02 4940 8393

Email: [peersupport@karumah.com.au](mailto:peersupport@karumah.com.au)

Web: [www.karumah.com.au](http://www.karumah.com.au)



# Towards safer relationships in Northern Rivers

a forum for workers and community

## Thursday 2nd June

Meeting the specific domestic and family violence support needs of lesbian, gay, bisexual, transgender, intersex and queer people (LGBTIQ) and their families in the Northern Rivers area.

Who is it for? Government and non-government organisations, community, youth, health and social workers, counsellors, teachers, GLOs, DVLOs, YLOs, GPs, criminal justice practitioners, interested community members, anyone working in the field of family and domestic violence in the Northern Rivers - **ALL WELCOME!**

### What we will offer:

- Presentations by specialist workers in the field and key organisations in the Northern Rivers;
- An opportunity to network with other service providers and connect with local community.
- Suggestions on how to work better with local LGBTIQ people and their families, offer appropriate domestic and family violence support and encourage the building of safer relationships.

### What we hope to explore:

- Best practice – making services LGBTIQ friendly, legal information, domestic violence service provision, encouraging healthy relationships etc.
- Ideas, questions and strategies to guide best practice for domestic and family violence service provision for LGBTIQ clients in the Northern Rivers.

### PROGRAM

9:30am	Registrations with tea and coffee
9:45 – 10:00am	Welcome
10:00 – 11:30am	Presentations: gay, lesbian, transgender, intersex experiences
11:30 – 11:45am	Networking with tea and coffee
11:45 – 1:00pm	Panel discussion and questions
1:00 – 1:30pm	LUNCH with evaluations and networking

**WHERE:** Lismore YWCA  
101A Rous Road  
Goonellabah

**WHEN:** Thursday 2nd June 2011  
9:30am - 1:30pm

**COST:** FREE

**RSVP:** Mobility and dietary requirements to Kate on 9332 1966 or [kate@iclc.org.au](mailto:kate@iclc.org.au)

**acon** BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

anti-violence  
partners

LISMORE  
WOMEN'S  
RESOURCE  
CENTRE

**ICLC**  
INNER CITY LEGAL CENTRE

**Safe Relationships Project**  
SUPPORTING VIOLENCE AGAINST WOMEN

court advocacy services



# TIED UP IN KNOTS?

REGULAR SEXUAL  
HEALTH CHECKS  
ARE EASY, QUICK  
AND PAINLESS

## NO DRAMA!

 [WWW.THEDRAMADOWNUNDER.INFO](http://WWW.THEDRAMADOWNUNDER.INFO)

   
BUILDING OUR COMMUNITY'S  
HEALTH & WELLBEING 

## 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](http://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](http://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](http://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](mailto: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

## 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

**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](mailto:admin@positivelife.org.au)

**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 – <b>Available on the website only</b>
<input type="checkbox"/>	7 Clinical Trials
<input type="checkbox"/>	8 A Night with Tina (Methamphetamine and HIV) – <b>Available on the website only</b>
<input type="checkbox"/>	9 HIV and your mouth (a pamphlet is also available)
<input type="checkbox"/>	10 The Dynamics of Disclosure – <b>Available on the website only</b>
<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 – <b>Available on the website only</b>
<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"/>	<b>10 reasons to test for STIs</b> encourages regular testing for sexually active positive gay men. – <b>Available on the website only</b>
<input type="checkbox"/>	<b>Positive or Negative HIV is in Our lives</b> – <b>Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?</b> 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? – <b>Fact Sheet 2 Positive Sex and Risk:</b> What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk? – <b>4 post cards with key campaign images</b> – <b>Available on the website only</b>
<input type="checkbox"/>	<b>Getting On With It Again</b> <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"/>	<b>Get The Facts Syphilis</b> (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"/>	<b>KNOW THE FACTS SEX AND HEP C</b> (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"/>	<b>SERO DISCO Why let HIV get in the way of a good relationships?</b> gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness.

**One-off lifestyle magazine and 4 postcards with key campaign messages.**

## Workshop Resource

- Let's talk about it (me, you and sex):** a facilitator's resource & workshop guide on positive sexuality. (160 pages)
- Simple Pleasures** (Workshop Guide) builds on material presented in our booklet **GETTING ON WITH IT AGAIN Living longer with HIV**. The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

Organisation

Name

Address

State

Postcode

Ph

Email

Date ordered

# Olga's personals

## Men Seeking Men

**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**

**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**

**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**

**Rugged,** 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**

**Bankstown area,** 56YO ISO good friend to be close to. I work part time. I am caring, affectionate, versatile and well presented. Prefer mature age and stability 55 to 60. **Reply 120710**

**Professional 43YO,** young-looking, good-looking, well-endowed HIV positive GWM, 71kg, slim, 5'9" tall, brown hair,

[sexually] passive, live good, healthy lifestyle, work full-time. WLTM attractive, very masculine & straight-acting, healthy-living, interesting, good, non-scene, non-addictive, passionate, cool top for LTR. Hung, even better. **Reply 200710**

**Greek 33YO,** very fit, attractive HIV+ male, fitness/exercise physiology student (Parramatta area). ISO specifically to make friends and have LTR with other guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE **Reply: 300710**

**South Coast.** 49YO Poz guy, 78kg, mo + goatee, hairy chest, 5'8". Looking for friendship or LTR with Poz guy in local area. Quiet nights, GSOH, single. **ALA. Reply 230810**

**Genuine 40YO Aussie guy,** 5ft7, 73kg with brown hair, caring, affectionate, with GSOH and varied interests. ISO friendship, relationship, fun with slim to medium guys any nationality to 45yo. **ALA. Reply 240810**

**Leura - 44yo Poz man** who recently moved to the area ISO friends and/or partner aged btwn 30-40 for LTR. My interests include music, house renovating, cars, cooking and movies. **Reply 151110**

**Mid North Coast - well presented** younger looking 44yo, 5'10, blue eyes, cropped hair. Slim-med build, 70kg, versatile poz guy. Honest, healthy & hygienic with GSOH & varied interests. Love animals & laid back country/coastal living. WLTM similar guys for friendship or more depending on chemistry. **Reply 040110**

**Gosford tradie,** 47yo, 6ft1, 78kgs, black hair, blue eyes, 3 tats. Being over one night stands, I'd ultimately like to find that one special man to share life's journey. Seeking other poz guys up to 50yo to date with a view to LTR if the chemistry is there. **ALA. Reply 040111**

**Surry Hills - 47yo blonde poz GWM,** 5ft7, 56kg, clean shaven smooth skinned toned bottom with average looks. Friendly and caring ISO totally active passionate top for adventurous fun times. 30-50's skinny to medium built guys a plus. I enjoy Yoga and long, imaginative & enthusiastic love making. **ALA. Reply 020211**

**South Coast - Masculine 49yo outdoors** type healthy poz guy. I'm 5'7, 77kgs versatile, attractive & straight acting. I work full time, enjoy country lifestyle healthy living. Looking for mates, lover, LTR. **Reply 280311**

## 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**

**Sydney 56 YO** genuine, fit, active poz guy seeking a secure independent lady to enjoy the fun things in life with. I have a wide circle of friends and interests. So let's make contact and see what happens. **ALA. Reply 150810**

**SYDNEY - Poz 38yo Aussie male,** secure & enjoying good health, ISO Asian female of similar age to enjoy mutual interests and possibility of LTR. **Reply 221010**

**Poz guy late 40s,** 6ft, Caucasian ISO lovely girl to form a sincere, trusting and supportive LTR. I have an enquiring mind and I look to those things which enrich my life, indisposed with fun loving interests. Like hearted souls to respond. **Reply 081110**

## Women Seeking Men

**Papua New Guinea (PNG),** 32yo poz lady ISO pen pals aged 33 to 49yo. Looking forward to your letter. **Reply 080810**

**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**

**Grafton - Affectionate caring 38yo** single mum ready to meet someone special to love and adore, hopefully for the rest of my life. I love and appreciate everything in nature and I believe in healthy life and mind. I'm an outgoing fun open minded thoughtful lady who humbles herself to please someone she cares about. Genuine reply only please. **Reply 220211**

## 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](mailto: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](http://www.positivelife.org.au/about/privacy). If you have questions about your privacy, please contact Positive Life NSW at [admin@positivelife.org.au](mailto:admin@positivelife.org.au) or 02 9361 6011 or 1800 245 677.

Have you have found love through Olga's? Wanna tell us about it?

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

 (02) 9515 5030

Translating and Interpreting Service  
**131 450**



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

**AKAN** Ye betumi aboa wo na yen akyerekere wo HIV/AIDS yaree mu. Bisa saa yaree yi ho nkrataa ewo aha. Biribiara a ye be ye amawo no yen mma obiara nte, afei nso yen nge wo hwee.

**ARABIC** HIV أو الايدز نستطيع أن نقدم لك الدعم والتفهم بالنسبة لفيروس أسأل في هذه العيادة عن منشورات بلغتك جميع الخدمات تتم في سرية وبدون مقابل

**BURMESE** အိတ်စ် ဝဲစ်စ်၊ ဝေးအိတ်စ်စ် အက်စ်စ် အကြောင်း သိရှိနားလည်စေရန်နှင့် လိုအပ်သည့် အထောက်အကူကို ပံ့ပိုးနိုင်ပါသည်။ ဝေးအိတ်စ်စ် နှင့် ဖြစ်ပေါ်လာသော နှင့် ပညာပေး စာစောင် ရယူနိုင်ပါသည်။ ဝေးကုသကုန် ကျခံရန် ပေးရန် သည့် အပြင် ကုသခံယူမှုကို မခင်ဘိကြားစောင့်ရှောက်ထားပါသည်။

**CROATIAN** Mi vam možemo pružiti pomoć i razumijevanje u svezi HIV/AIDS-a. Zatražite u ovoj klinici brošuru na vašem jeziku. Sve usluge su povjerljive i besplatne.

**GREEK** Μπορούμε να σας προσφέρουμε συμπαράσταση και κατανόηση για το HIV/AIDS. Ρωτήσατε σε αυτή την κλινική για φυλλάδιο στην γλώσσά σας. Όλες οι υπηρεσίες παρέχονται εμπιστευτικά και δωρεάν.

**INDONESIAN** Kami dapat memberikan dukungan dan pemahaman mengenai HIV/AIDS. Mintalah brosur dalam bahasa Indonesia di klinik ini. Semua pelayanan adalah gratis dan rahasia.

**KHMER** យើងអាចផ្តល់ការគាំទ្រដល់លោកអ្នកនិងយល់ពីទុក្ខពុះចាំបន្តិចនៃជំងឺអេដស៍ដែលបង្កឡើងដោយមេរោគអេដស៍និងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រុមជាសមាជិកនៃមន្ទីរពេទ្យស្រាវជ្រាវនិងការពារជំងឺអេដស៍នៅកម្ពុជា។ ពិធីប្រជុំនិងទំនាក់ទំនងរក្សាការសម្ងាត់ជាប់ខ្លួនរបស់លោកអ្នក និង មិនគិតលុយទេ។

**Macedonian** Обезбедуваме поддршка и нудиме објаснување за вирусот кој предизвикува неотпорност на телото и за самото заболување СИДА (HIV/AIDS). Во оваа клиника можете да побарате брошура на вашиот јазик. Сите услуги се доверливи и бесплатни.

**Korean** 본 진료소에서는 에이즈바이러스(HIV)와 에이즈 (AIDS)에 대해 지원 및 지식을 제공합니다. 본 진료소에서 한국어로 된 팸플릿을 요청하십시오. 모든 서비스는 비밀이 보장되며 무료로 제공됩니다.

**SOMALI** Waxaad naga heli kartaa gargaar iyo garasho ku saabsan cudurka HIV/AIDS. Weydiiso xaruntaan caafimaadka aqbaar ku qoran luuqadaada. Dhamaan howlaha aan qabano waa qarsoodi qof kalena ma ogaanayo aan ka aheyn qofka ay quseyso, waana lacag la'aan.

**SPANISH** Nosotros podemos ofrecerte ayuda y comprensión acerca del VIH/SIDA. Pregunte en esta clínica por un folleto en su idioma. Todos los servicios son confidenciales y gratuitos.

**VIETNAMESE** Chúng tôi có thể cung cấp dịch vụ hỗ trợ và thông cảm về HIV/AIDS. Xin hỏi trung tâm y tế về thông tin viết bằng ngôn ngữ của bạn. Tất cả các dịch vụ đều miễn phí và kín đáo.



Multicultural HIV/AIDS and Hepatitis C Service

[www.multiculturalhivhepc.net.au](http://www.multiculturalhivhepc.net.au)