

173 | August – September 2011

Where we speak
for ourselves

PositiveLifeNSW
the voice of people with HIV since 1988

Talkabout

**Hitting the
gym at 57**

**Why I'm
not telling
my parents
I'm HIV+**

**Insurance:
mission
impossible?**

***We Were Here:*
a film of love
and grief**

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Where we speak for ourselves

Contents

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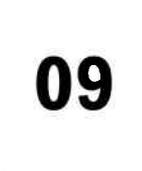
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Our brothers and sisters

Readers explore aspects of their everyday lives.

03



Lipoatrophy news

Medicare now covers the dermal-filler procedure.

08

09

We were here – in Sydney and San Francisco

Four positive men discuss a documentary film.



Overcoming the disconnect

A social club for positive heterosexuals.

13

14

Ten good reasons I haven't told my parents I'm HIV+

Greg Page compiles a list.



HIV and superannuation insurance

Consultancy Chant West's report for Positive Life NSW.

15

18

Shaping up

Pushing 60, Tim Alderman discovers that 'gym' is not a dirty word.



Kitchen magic

Shane Duniam cooks at a country retreat for his poz peers.

21

24

Arjna the goddess cat

Wayne Daubney worships his feline companion.



25

Do you want a PCEHR?

Lance Feeney examines the e-health juggernaut.

31

Olga's personals

Positive Life's classified ads.



On the cover

Taylor Square, Candlelight rally, 1995.
City of Sydney Archives, C.Moore Hardy Collection: 66630.

From the editor



Welcome to July *Talkabout*. Starting with this issue, there's another new section in the magazine. *Still Going Strong* is about ageing with HIV, with its specific physical and emotional nuances. Tim Alderman, who will be a regular contributor, kicks off (page 18) with the amusing and inspiring tale of his first foray into the gym at the age of 57. Contributions from others in middle age (however you define it!) are welcome. Contact me at editor@positivelife.org.au.

In *Everyday Life* (page 3), a number of Positive Life members write movingly about their brothers and sisters. For the next issue (turn to page 6), to write in with your experience of community – who and where is your community? How did you find and become part of your community?

Don't forget that the magazine is now online in page-turning format and as a downloadable PDF file at <http://positivelife.org.au/talkabout-gets-animated>. And look for us on Facebook and Twitter. Thanks to those who responded to the changes in the last issue – your stories, letters and emails are always very welcome. *Susan Ardill*

Keeping you informed

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

By now most of you will have heard that Sonny Williams has been appointed new Chief Executive Officer of Positive Life NSW.

Sonny began work in the HIV sector at ACON as Manager, Acting Co-ordination, Community Development and Education Officer. In May 2005 he joined People Living with HIV/AIDS (PLWHA) Victoria as their Executive Officer. During his time at PLWHA he supported the means to change organisational processes and cultures and increased funding opportunities and partnerships. Sonny demonstrated the capacity to engage all levels of the community, stakeholders, staff, board and interested parties. He successfully and dynamically led his staff through periods of change and expansion and in program funding and partnership networks. He saw the organisation through a substantial increase in funding, at the same time strategically raising its profile, attracting a broader range of volunteers, sponsorship and in-kind support initiatives.

We are very fortunate to recruit a person of the calibre of Sonny Williams. He brings great skills in leadership and management to our organisation. He has demonstrated an ability to work in partnership with many communities and with the HIV communities in particular. As the current Vice President of the National Association of People Living with HIV/AIDS (NAPWA), Sonny has a broad national perspective on the HIV sector and the opportunities for Positive Life NSW to achieve our aims.

Sonny commenced work on Monday July 18. I'm sure you'll join me in welcoming him on behalf of the board and staff as our new CEO.

I'd like to acknowledge the work of Kathy Triffit during her time as acting CEO. Kathy's workload is great at the best of times and she is to be congratulated on the way she stepped up to the role and performed her duties in both positions superbly.

I'm pleased to report that the board and staff have finally signed the 2011-2015 Enterprise Agreement, which has now been approved by Fair Work Australia. This has been a major undertaking and I would like to make special mention of Harry Richardson for all his work and his keen eye for detail in the finalisation of the agreement. It is an agreement the organisation can be proud of.

In early June, Lance Feeney and I were invited to attend the Western and Far Western NSW HIV/AIDS Related Programs Unit midterm review in Dubbo. It was an amazing experience to learn firsthand what the workers were doing in that area. With often limited resources, their output is incredible and their passion and commitment to their clients is commendable. The participants valued our presence and the support we could give them over the two days and into the future. Positive Life NSW will conduct our next outreach in Dubbo, which not only services people living with HIV in Dubbo itself but the outlying region.

The Governance Working Group has been working on a new constitution for Positive Life which was subsequently approved by the Board and put to the members of the association. The Special General Meeting to approve the constitution was held on Thursday June 23. I'm pleased to report that it was approved by members. A highlight of our new constitution is that we now have postal voting, which means that Full and Distinguished members, including those who live in regional and rural NSW, have the opportunity to directly participate in voting for the board. I encourage all members to do so in the future.

If you'd like any further information about happenings with the board, please contact me at president@positivelife.org.au.
Malcolm Leech, President



Our and **brothers** **sisters**

Welcome to *Everyday Life*, in which you, the readers, respond in each issue to a different talking point about all those ordinary threads of our domestic and personal lives.

This month, I asked *Talkabout* readers to write about their siblings and posed these questions to help them get started writing: *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? Where does HIV fit into this picture?*

I'm sure you'll find their answers as thought-provoking as I did.

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

A tale of four brothers

This is about my blood brothers, not those brothers and sisters who I chose and who chose me along the way. It's certainly no Brady Bunch/Von Trapp situation in my family. More like the squabbling of shows like *Brothers & Sisters*, except it's mostly behind backs and without the eventual pat resolution.

Childhood in a family of four boys was not that unusual. The eldest: a much older half-brother, extremely intelligent, burdened with the responsibility of being a role model for and protector of the younger boys, as well as the test pilot and ground-breaker for the freedoms we were to enjoy.

Next in line: athletic, lazy, smart and a smartarse, the baby of the family for a time and highly resentful of the next to take the title of 'baby'. That would be me:

happy (before school at any rate), nicknamed 'Sunshine', sensitive, creative, painfully shy, tidy, clean, solitary, well-spoken, non-sporty, found education a breeze and a joy. Described as different to the other boys and explained away as 'Artistic' with a capital A. The writing was writ large on the wall in glitter, lit by a mirror ball, for this one.

Then came the baby in perpetuity, the coddled clown, sporty, gregarious, outgoing, adorable and adored, plagued throughout life with learning difficulties, frustrated because he was smart enough to know he didn't understand and worked three times as hard to no avail.

We all got on well enough, with the usual spats, reconciliations, favourites and competitiveness amongst brothers, me excepted. I was not interested in or concerned with their interests and concerns. My head was in the clouds, blasé and a dreamer.

Who could have predicted our adult relationships and lives? The oh-so-promising eldest left home for

Who could have predicted our adult relationships and lives?

university, secretly already an alcoholic at 18, while the rest were in primary school or beginning high school. We lost touch. Alcohol ruined his life and all relationships; he died alone, a long way from home, of emphysema, alcoholism and substance abuse at the age of 53.

Second eldest arsed around, realised too late that an education was important after failing his HSC. With a competitive zeal he spent the rest of his working life working up from the bottom to relative success, financial security, middle-class morals, mores and conservatism and thoroughly enjoys a clichéd suburban life in critical, retired, self-righteous judgment of his brothers and others.

The youngest seems to have big-heartedly blundered through life always with a sense of poor self-esteem, comparison and competitiveness with successful son No 2. All of my brothers married and had children, with totally different parenting styles in response to their lives.

Back to me: six years of work in hospitality to pay for seven years of university, an artist, caterer, teacher, interior designer, public speaker. Gay but closeted to family – how they didn't know is beyond me. I had the additional secret in 1984 of an HIV diagnosis. My first relationship of 10 years began then too. At 27, the shit hit the family fan at supersonic velocity. My admission to an AIDs ward with a prognosis of two weeks to live with stage 4 Hodgkin's lymphoma brought about a forced coming out as gay and positive to my brothers. The eldest couldn't cope – that was no surprise, coping was not his strong point. Avoidance and alcohol were his solutions. His issue was more the fact that I was gay than HIV+. My other big brother, who ironically I felt closest to, disowned me in writing at my 'deathbed'. My naive, funny, younger brother, at this time devoutly Christian, to my shame for expecting less of him, cried and held me and loved me wholeheartedly, non-judgmentally and protectively. He continues to this day.

At 48, I love all of my brothers, the one who died, the one who judges me and the one who cares.

Over the years my eldest brother came somewhat in terms with his issues about homosexuality, which were more about himself than me. It turned out that on several occasions during his youth there had been attempts to molest him by a family friend. In regards to my second eldest brother, it took many years for him to speak to me again and even more to be at relative ease with me. There is and I suspect always will be a certain tension between us. My being the favourite uncle to his children dismayed him, especially as his intention had been that I have no contact with them. My mother had other ideas and often invited me over while she babysat them. As young adults they tell me with disbelief the homophobic and distorted views he still has. I adore them.

My younger brother, though still a Christian, is more critical and questioning of church doctrine and has been steadfast and protective of me. He has taken on the role that should be the province of an older brother. I reciprocate that love and devotion and spoil him and his family constantly.

At 48, I love all of my brothers, the one who died, the one who judges me and the one who cares. In dealing with my mortality I haven't the time or energy to resent or hate. I try to understand them and treat them all as I'd like to be treated, to set an example even if they're blind to it. It still hurts though. *Peter*

My sister

Of all the people who I approach for support, there is no one who has been there for me quite like my sister. I have no family in Australia, where I've been living for more than 35 years. Of my kin, she is the only one who is aware of my health problems and has been very supportive since I revealed my HIV status about 20 years ago and then my HCV status a few years after that. I have had Ankali support for about eight years now but it is not quite the same support as with my sister, who has been a special friend all my life – now 65 years. She has informed herself about the details of both viruses as time has gone on. Fortunately a stoic person, as I am too, there is none of her emotional stuff for me to have to deal with, just good, non-judgmental support.

When I had a liver transplant four and a half years ago, she flew over to be with me while I was in hospital for several days. We speak by phone every week and she is a great listener. I am sometimes amazed how she keeps up with my particular issues, which are extremely complex, involving reports from my immunologist, dermatologist, endocrinologist, neurologist, ophthalmologist and GP. I don't know where I would be without her and fortunately her husband is accepting of it all as well. *John*



My mother made me a homosexual...

I'd heard about this thing called "middle child syndrome", so I looked it up when I started to write this piece – I thought I should know if a bit of pop psychology could explain why my life turned out as it has. According to urbanDictionary.com, the syndrome is "a disposition that generally arises with the middle of three children. Middle children often lack the attention that the oldest (the most important) and the youngest (the parents' favourite) receive; it's where the older child gets all the awards, the younger gets all the love and the middle gets nothing". This would apparently lead to "a lack of friends, inability to maintain relationships, an easy-going personality, trouble choosing a career path and maintaining a career, quick loss of interest in things, negative outlook on life and indecisiveness".

Wow! Was this me and my life? I was the middle of three children, so if there was a syndrome that had psychological *imprimatur*, why shouldn't I avail myself of it? But this also reminded me of another bit of pop psychology that was popular during my childhood, that an overprotective or dominant mother would turn a male child into a homosexual. Such was its ubiquity that 'my mother made me a homosexual' was even graffitied onto the back of cubicle doors in public toilets. While it worked for me (thanks Mum), it failed miserably with my brother and sister, both of whom ended up happily heterosexual and married with children.

And as far as middle child syndrome was concerned, it didn't seem to work for me either. While I might be easy-going, I had a happy childhood and wended my way through several rewarding careers, had a long-term relationship of 23 years, made some great friends and travelled to interesting places. So I've had a very fulfilling life – even got HIV along the way.

My brother was five years older than me and I didn't get on with him, but there were good reasons for that: he was a very unadventurous person, not a role model I ever aspired to follow. Indeed, he was the bane of my teenage years, for when I wanted to do something perhaps a little out of the ordinary, I was told "but Ronald never wanted to do that when he was your age". What a benchmark! I got on quite well with my sister Dell, who was five years younger – I think she saw me as someone who was always willing to listen to her and her tales (what else is an elder gay brother for?)

Once we reached adulthood, our life paths went in very different directions and for many years there wasn't a lot of contact. While they were marrying and raising families, I was travelling overseas or involved in Sydney gay life, very diverting when there was plenty on offer in the pre-AIDS era and a quick visit to the doctor and a needle in the bum solved most 'social problems'. And when I came out as gay, the different responses merely confirmed what



I already felt: Mum and Dad 'always knew' and my sister wasn't fazed (though her husband took a while longer to get used to it, but since we can often sit and sink a beer together now, it obviously doesn't worry him any more). My brother, on the other hand, deep in his conventionality and religious conservatism, took it as an affront to all the values he held dear. He and his wife stayed clear of sinful me and could never bring themselves to acknowledge my partner and I whenever we were all in the same room together, even when we were all gathered around my father's deathbed.

Luckily his kids didn't find my sexuality an issue; indeed, both my sister's and my brother's kids got on very well with me and my then-partner. And there were rewards. To save the family gatherings from tensions at Christmas, after my father's death my partner and I would have a 'pre-Christmas' lunch a few days before the big day, with Mum and my sister and all the nephews and nieces. These were great get-togethers. We all left saying "we should do this more often" – and sometimes we did.

Although most of my friends know about my HIV status, I haven't told the family. While I'm sure it won't affect how they see me, I'm also sure some of them would worry too much (and I really don't want to have to go through all that educating process with them as I did with some friends, assuring them that as long as I stick to my pill regime, I would be around for a long time still. I'm too old for being a teacher again). But we all get together occasionally – when one of them is in Sydney from overseas or interstate or for the birth or birthdays of my great-nieces and nephews. They raise their eyes in mock despair, however, when my sister and I reminisce about the 'good old days' when we were growing up in Maroubra and the world was a far less stressful place.

So that bit of pop psychology – the middle child syndrome – was off the mark in my case. In fact, an apt response to that other bit of pop psychology was also inscribed on a toilet door: under 'my mother made me a homosexual', someone had written 'if I get her the wool, will she make me one too!' [Garry Wotherspoon](#)

Confined to the archives

I have two brothers, one older and one younger. Would I choose either one of them if I could? Never in a million years, sadly.

The older one, who was molesting me and our younger brother for quite some time as kids, repaid my confiding my HIV conversion in him by telling all and sundry that I had AIDS and wouldn't be seeing the year out. The good thing was getting lots of Xmas presents from those who had never bothered before! (Ha, it was funny really, because they, like him, believed it.)

When I told my younger brother, he went and talked to his GP, then told me I was doomed and to get my life in order before I fell off the perch.

Where are they now?

The older one became so engulfed by his guilt he turned to alcohol and died an alcoholic, undiscovered for a month, alone in his unit. His funeral was the day before our father's funeral. Our father passed on four days after my brother, not from the shock of his death, but from the shock of his discovery like that. I had the choice of my brother's funeral, which was on my golf day, or to play golf. Guess which one I chose – and no, I'm not sorry, I despised him for what he did to us as kids.

Next issue

Everyday life in September Talkabout

Community

'Community' is a ubiquitous buzzword. Has it become an empty word or do you feel a sense of genuine community in your life? Where is your community – in your neighbourhood, at your sports club, in a bar, online? Who is your community – does it include other people living with HIV? Are you part of more than one community? How did you find and join a community? Tell us about your community life.

Send your contributions (3-900 words) and photos by Monday, August 22, 2011 to: Talkabout, PO Box 831, Darlinghurst NSW 1300 or by email to 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.

My younger brother dealt with his problems by turning to drugs and now lives in a caravan park in the country, where he can't remember what happened yesterday. He has lost everything, including his kids and grandkids, and of course it's not his fault, so he says.

I did have contact with him until a few months ago when he turned on me for trying to help him. Now there is no contact, nor do I envisage there ever will be any.

I have my kids and grandkids and my golf buddies, who all know my status and couldn't care less, and am living happily ever after. My brothers are confined to the archives, along with my pre-HIV so-called friends, and there they will stay. Tony

Kathy, keeper of connections

My sister is the matriarch of the family, not really by choice, more from circumstance. Our parents died when we were in our twenties and she is the only sibling of four who stayed in New Zealand. She feels that we have all left her behind, I feel that she holds us together – the eldest, the historian, the keeper of connections and memoirs. She plays a pivotal role among us and is the focal point of our return visits.

Kathy the party animal, leader of the pack. As a growing teenager I remember her more for her absence than her presence. And her bedroom, before I inherited it, could always

be relied on for a wealth of prohibited goods, from clothes and make-up to the latest in music and party drugs: uppers, downers, rolling round the top drawer among the abandoned mess. My sister and her friends were well-known identities in small town Auckland in the '70s – some said outlandish. I was always impressed and felt privileged as the younger sister to be occasionally included.

I came to know her more closely in my early twenties after my return from London. Recently divorced and with two small children, she bought a house in inner-city Auckland. I moved in with them and our time together cemented a friendship that has held together ever since. I'm sure siblings always find each other frustrating and annoying and there are more than a dozen things I could say about her that drive me mad, like the way she speaks so loudly about people who are standing right there or how she never lets the truth get in the way of a good story, especially when it's about me! But she has never been judgmental of me or my life, even if she hasn't quite got it at times. She has never been bossy or prescriptive and has always been there at the important moments.

My mother tried to discourage her from having children as she was "too highly strung". Well, she proved them all wrong and has four beautiful and talented children and is the doting grandmother of three toddlers so far. Nurturing through sheer will, it amazes me how she can dig up some tree or other and plonk it elsewhere, only to visit a year later and it's become this 15-foot vision of flowering gloriousness.

When I came to live in Sydney in the late '70s I didn't visit NZ much, but the past 15 years has seen me regularly return to witness engagements and marriages. Plus I've taken my children to visit and show them where I grew up. Kathy and Steve live on their own now that their kids have their own lives. On a few occasions when my uncle visits from Los Angeles, my other brother and sister will fly to Auckland and we have a major family get-together, re-enacting old family feuds and fun times. Kathy plays host with her beautiful garden in the same house she bought when we were so much younger.

Each time we see each other we take turns with the Mizpah brooch. This is two hearts inscribed with: "The lord watch between me and thee when we are absent from one another". Popular in the Victorian era and among soldiers during WW1, it signifies safe passage for loved ones who are separated. Kathy swears that it was her brooch and she started it and of course so do I, but you know, she gave me a beautiful brass and silver heart for those times when it was her turn with the Mizpah so I wouldn't feel lost.

Kathy turned 60 this year and I couldn't afford to celebrate with her so I am off to find something that will tell her how special she is to me. Vivienne

Sisters Kathy and Vivienne



Women's Wellness, Education and Support Day

Relationships

Date: Saturday August 13, 2011
Place: Joseph Sargeant Community Centre
Erskineville
Time: 11.30am – 3.30pm
Lunch provided

Women and Families Project (ACON) and HHAS (Pozhet) invite you to a day of information, discussion and support for women with HIV.

Topics to be discussed include

Disclosure
Negotiating safe sex
Maintaining healthy relationships

For more information:
call Susan at Pozhet on 1800 812404 or Jodie at ACON on 92062104
or email: pozhet@pozhet.org.au or families@acon.org.au



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
or call 9206 2101/2102 and we'll get back to you asap



News update: Medicare funds lipo treatment

From July 1, 2011, those people with HIV who have facial lipoatrophy are able to claim the cost of derma-filler treatment from Medicare. The Government announced its approval for funding the procedure to inject the drug Sculptra in the May Budget. The Health Minister's Determination on Health Insurance (Facial Injections of Poly-L-lactic acid) enables the payment of Medicare benefits for the "medical procedure to inject poly-L-lactic acid (Sculptra®) for the treatment of severe facial lipoatrophy caused by antiretroviral therapy in HIV positive patients".

Two new Medicare Benefits Schedule (MBS) items provide services for eligible patients:

- The initiation of a course of treatment, limited to one injection session (item 14201)
- Subsequent injection sessions, up to a maximum of four adjustment treatments, followed by one maintenance injection session every two years (item 14202).

The Medicare Pharmaceutical Benefits Scheme (PBS) previously agreed to subsidise the cost (as opposed to the procedure) of the

Sculptra product (also known as Newfill) in September 2009. As of January 1, 2010, the cost of the co-payment is \$33.30 for most medicines on the PBS. People with health concession cards pay a co-payment of \$5.40.

'HIV treatment-related facial lipoatrophy' – or lipo – describes the loss of fat from the face as a result of certain HIV treatments. It's not a serious physical health issue, but people with lipo can experience depression, anxiety and loss of self-esteem due to the change in their appearance. Those who've had treatment to correct lipo report significant improvements in their mental wellbeing.

The HIV treatments that can contribute to lipoatrophy are d4T (stavudine), AZT (zidovudine), ddI (didanosine) and (EFV) Efavirenz. Other contributing factors include the effects of the virus itself, the length of time spent living with HIV, the length of time on treatments that contribute to lipo and smoking.

To access treatment, you'll need to see a doctor qualified to administer Sculptra and obtain an authority prescription for the product, which can only be written by doctors who have undergone training to perform the procedure. Some doctors bulk bill or negotiate rates for people on benefits or low incomes. Ask around to find out what others know. Your HIV doctor could also have further information. *Susan Ardill with thanks to Jae Condon*

Further information:

- Acon's Lipoatrophy page:
<http://www.acon.org.au/hiv/news/scupltra-2011>
- Lipoatrophy Resource Centre at TheBody.com:
<http://www.thebody.com/content/art47332.html>

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

Or email: editor@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988



TREE OF HOPE

Located in Surry Hills, the Tree of Hope is a Catholic Care program which provides pastoral support services for people living with HIV/AIDS, their families and primary carers. All are welcome.

Are you living with HIV or supporting someone with HIV?

Would you like to broaden your social network through a variety of activities?

If you would like to know more about how you can be supported, please call Margaret on 8306 2320 or treeofhope@catholiccare.org

We Were Here – remembering the early AIDS years

Sydney and San Francisco are officially sister cities – both hilly Pacific cities with bridges and harbours and strongly visible gay communities, on Oxford Street and the Castro. San Francisco was among the first cities to be hit by AIDS in 1981 – and it was hit extremely hard. The impact of AIDS on San Francisco is unequalled on a per capita basis anywhere in the developed world. *We Were Here*, screening at Queer Doc in September, is a film about the experience of an epidemic that cut through the gay community with shocking swiftness. Thirty years on, five people who lived through the eye of that storm look back in calm reflection and in sorrow in David Weissman's documentary. *Talkabout* editor Susan Ardill gathered four positive Sydney men to discuss their responses to the film.

A scene from *We Were Here*: 1981, a photo in the window of the Star Pharmacy shows a man opening his mouth, pulling back his teeth to reveal blue lesions and the message, 'Watch out – there's something out there'.

Ross Duffin lived in San Francisco for nine months in 1981.

Ross: So I was there when they stuck that notice about Kaposi's sarcoma up in the chemist window on the Castro. He stuck it up to document it for others: this is what's happening, it's real. I came back to Canberra at the beginning of '82, but went back again for six months at the end of that year because I was so magnetised by what was going on in San Francisco. The difference between San Francisco in 1981 and a year later was extraordinary. I came back to Sydney and none of it [AIDS] was happening here – except that I knew what was coming.

Lance Feeney lived in the UK from 1976 to 1980, then decided to return to Australia via the US. He has strong links to San Francisco.

Lance: I spent about four and a half months in San Francisco, staying with friends on the border between Pacific Heights and Fillmore. Then I returned to Sydney. I went back to San Francisco in '86, for the Gay Games, and stayed another three or four months. I went back again in the late eighties, then again in '91.

When I was there in '86, the Castro was really starting to feel the effects from AIDS and I remember a lot of people saying to me, 'We're so pleased that you've all

come from around the world', because for a short period of time, it raised people's spirits.

[By that time] people were starting to get sick here too. I had a lover who was a major in the Army Reserve and he started to get sick in '83. He had some sort of diagnosis of cancer and went to Europe to try and get the latest information about cures – there were people treating things like that in Europe. They were probably charlatans, but he went anyway. Then he went back to South Australia, to his family's property on the Yorke Peninsula, and died there in '84.

We knew it was something to do with the same thing as San Francisco. There was a lot of to-ing and fro-ing at that point between Sydney and San Francisco and people were talking here about what was going on there.

There were strong similarities between the two cities, but also differences.

Lance: Sure, the gay community was strong in Paddington and Darlinghurst and Newtown, but that notion of a gay ghetto that you have in America, that just didn't exist in Sydney in the same way.

Ross: In San Francisco, it was 'Buy gay, live gay, be gay'. It was the lot.

Lance: The post office was gay. The bank teller was gay. The cops walking up the street were gay. The fireman was gay. Everyone ... it was amazing.

In San Francisco, it was 'Buy gay, live gay, be gay'.

Ross: San Francisco was an immigrant community. People who were most at risk, that's where they went and people who were into multiple sexual partners, where did you go? You went to San Francisco. When we were in San Francisco in '83, the prevalence [of HIV among gay men] was approaching 50 percent. At the beginning of '81, our Sydney prevalence was below five percent, so we were quite a big distance behind. We never, ever reached the scale that it reached in San Francisco.

James Wilson is in his late twenties.

James: I think there were aspects of the film that were quite manipulative. They'd show a person who was healthy, who would get sick and then they'd put up the obituary – like they were just putting it in to make viewers even more emotional. Obviously, [as a younger man] I have a different experience from the other three guys here and I look at it differently. It doesn't hold the same meaning for me as I imagine it does for others.

Paul Ellis is in his sixties. He was in San Francisco in 1991 and 1994.

Paul: OK, I'm trying to relate to this movie and I was trying to look at who the audience was [that] it was aimed at. I was thinking that people who had been through it there in San Francisco would have their own stories and there'd be thousands of stories. As far as people in a movie house, people who would go and see it are people who already know the story. I don't think it's going to educate anybody who wasn't involved.

The interviewee in the film who was in the Shanti project there [Ed Wolf], the equivalent of the Ankali project out here, which I was involved with – I saw what he was going through and related to it. But I felt as a movie it was actually a bit long.

Ross: I think we've learnt to switch off the emotion of the epidemic. I think that's why this film is important, because I remember, way back in the eighties, someone saying, 'We'll only begin to understand all of this when the history gets written, in 10 years time'. Now, it's almost 30 years later and there is no history. The history that's

being done is being written by journalists or medicos, not by us. The people who can write that history aren't there any more. This is, in fact, the first documentary or historical movie [about AIDS] done by gay men that I've seen. What happened to people in San Francisco is the same as people around the centre of the epidemic here – an enormous amount of grief and loss, an enormous amount of horror, like horror movies. It got so much that people could no longer talk about it and it got put away into a drawer. It was a shared bond, but you never talked about it. In a way, this film is quite gentle [compared to what really went on]. I have a bit of tears on my cheek, but watching it is cope-able. We've learnt how to deal with the horror.

I would find it fantastic if 50 gay men who had lived through that period in Sydney decided to somehow document it, whether by film or writing or whatever. I think that's a really important thing to do, because in 10 years time most of the people who lived through that period aren't going to be around

or aren't going to be able to do that. That's what I think is important about this film, that we start opening the door. If we look at this as if its purpose is entertainment, then it probably doesn't work real well. But if we look at it in terms of therapy, then I think it becomes very worthwhile, even if it just opens the door for others who need to do that. For example, my father didn't start talking about what happened in the Second World War until he was well into his eighties. I think there are lots of us who are sitting with all of this stuff. Some of us can start talking about it now, where we couldn't for a number of years. I think some of us might need to.

*Sydney mirrored San Francisco in many ways. In *We Were Here*, interviewee Paul Boneberg is shown addressing the first gay community meeting in San Francisco called to work out how to respond to the strange new illness. Ross Duffin attended a similar meeting at Paddington Town Hall in August 1983.*

Ross: There were 600 people there. It was packed beyond belief! Lex Watson got up and said, "This is the most political disease in history". That meeting was called because of the first homegrown case. All of the first people who got AIDS in Australia had travelled overseas. So people said, 'Oh, it's all about people who have been to San Francisco. It won't affect us'. We had all these forms of denial, until someone got diagnosed who hadn't been out of the country and people said, 'Oh, God! It's got to be spreading here'. There was this meeting called with Ron Penny, who was a professor of immunology at St Vincent's. People had a lot of questions.

James: Lots of people in Sydney who are HIV positive are also gay men and, being gay, you also hear a lot of coming out stories and they can be, 'Oh, personal story overload!' It is for me anyway. I guess the part of the film I identified with most was when they were talking about how people they knew were getting sick and you would just shut yourself off from it. It's the same way as I was diagnosed and I told people and then I couldn't tell people any more, because I got overwhelmed with their emotions, more than anything else. So I understood that.

Paul: That's when I was most interested, when they were talking about how they were dealing with [all the deaths] and the overload and they were saying, 'I can't cope any more'. I remember at the time, in Sydney, we were talking about burnout. The volunteers were dropping out of Ankali, because they just burnt out, you know? They couldn't handle it any more.

Lance: I thought it was hard to watch. I'm not saying, by any means, that my experience was the same as theirs, but so much of the context of what they talked about was part of my life, both here and in San Francisco, and I remember the palpable fear and the fact that you'd see people, particularly in the later eighties and the early nineties, you'd see people disintegrating before your eyes and it was a bit like some sort of Russian roulette. Some people did a lot better than others and you never quite knew what was around the corner. It was an extraordinary time and I think Ross is right. It was such a terrible time that I think many of us have built an emotional wall around that period and we just don't go there. Occasionally it will pop up, memories will pop up and things will trigger memories, but I think many of us just don't want to go there. It was just too horrible.

I think we've learnt to switch off the emotion of the epidemic.



James, Paul, Lance and Ross. Photo: C Moore Hardy

Ross: The psychic terror... You could see, even this many years later, it's obviously territory that's very hard for the people in this film to look back at. For some men here, who were in the middle of all that, it was exactly the same experience.

Lance: And there's nothing there in the film that is terribly confronting! When you're sitting beside somebody with the death rattles, that's confronting! It was awful! Just awful! And it's damaged most of us, I think, irreparably.

James: I think certainly people who are older than me, within the HIV sector, are probably more compassionate than other people who haven't lived through the same experience. You guys might hate me for saying this, but at the same time, there's a tendency to be very dour. When I go to various meetings, a lot of the older people in the group would never see the positive side or anything.

Lance: It's hard to see the positive side of having your whole friendship network decimated.

James: Exactly. I understand it, but I don't understand it, if you get what I mean.

Lance: It's a different reality.

Ross: In Sydney, you could live through the eighties and nineties and not be that affected by it or you could be like Lance and me where it intensely affected your friendship network or you could have been part of the leather community, where more than 50 percent of people died.

I lived in a household in Glebe in the '80s and there were five of us in the house. There was Kevin, who'd been

infected in London. When he came back, he was 22. He had his T-cells done and he had 30. (This was before you could get the antibody tests.) I remember him asking me, 'What's that mean? I'm going to die, aren't I? What do you do when a 22-year-old asks you that question? I would have been 27 myself. Then there was Matthew, who was my age. There was Adrian, who was Matthew's lover. There was Anthony, who would have been a teenager. He was a very young man. Anthony had HIV. Adrian had HIV. Kevin had HIV. I didn't then, but I caught HIV too. So Adrian and Anthony were teenagers and Kevin was 22. They all died in the eighties. I thought life was just stupid. I mean, I shut down. I shut down. I was the only one of us still alive. I was involved in the HIV support project, but I stopped doing the direct caring stuff.

I really only started talking about what happened with selected people in the last two years, because it was just territory you never went to. When you lived with it and when you've got those images in your brain, at some point, you need to talk about it. I don't want to be in the last week of my life and wanting to emote all over my visitors! I'd rather do it now with people who need to or want to. That doesn't mean to say that I sit and think about that, but when you've closed the drawer in order to survive, at some point you want to open the drawer. That's the territory,

I thought life was just stupid. I shut down.

of this film, I think... While I wouldn't recommend it as general viewing for lesbians and gay men, I think there is a group of us who need that experience. It's a useful reflection. I'd love to go [to the film] with some friends who I lived through the nineties with, as a way of then going to dinner and talking about it. I think it opens up that territory.

James: I think this movie would be good for people in my age range who aren't positive. A lot of my friends are clueless about this stuff. People act the way now as what they did in the late seventies, early eighties. I'm not saying everyone has unsafe sex, what I'm saying is that there seems to be a lot more complacency now – I still don't know anyone personally that has passed away from an HIV-related illness. But this film would be useful, I think, for people who don't know much about it or are negative.

Lance: The reality is that HIV, in 2011, is a different thing to what it was in the eighties, early nineties. The reality is that there was nothing around that effectively controlled HIV until 1996. So most people thought they were going to die. The average lifespan was 10 years and it was just a matter of time. So people readied themselves for death and either cleaned up their act and tried to be as healthy as

possible or basically partied themselves into the ground. Many people cashed up their superannuation, sold their houses, sold their art collections, sold whatever assets they had and basically partied. Many of those people did die. Some survived and unfortunately were left with nothing, but it was a very different time. People thought they were going to die and there was every indication that they would, because there was nothing to stop it.

Ross: There was this guy who was very involved in my HIV support group, Bill, and his superannuation was worth \$350,000 and he was getting sicker and sicker. His doctor said to him, 'Cash your super and go on a grand world tour'. So he did and not only did he spend his \$350,000, he came back with a huge debt and he came home to die. When he came back, multi-combination treatments arrived. And it was like, 'Oh, what have I done! I'm \$50,000 in debt!' It was like, 'Oh, my God! Now I have to live?'

People thought they were going to die and there was every indication that they would.

We Were Here – the AIDS Years in San Francisco will screen as part of the Queer Doc festival at the Dendy Newtown in early September.
We Were Here: <http://wewereherefilm.com>
Queer Screen: <http://www.queerscreen.com.au>

SPAIDS

36th Tree Planting

SPAIDS invites you to the 36th tree planting & BBQ

Where: Sydney Park AIDS Memorial Groves, St Peters

When: Sunday July 31, 2011, from 11 am to 3pm

Tree-blessing ceremony 12.30-1pm organised for SPAIDS by Sisters of the Order of Perpetual Indulgence. The BBQ will be held in the Community Planting Area. Bring a rug, sun protection, loved ones, your memories.

For more information, call Mannie (03) 9471 4878 or email: josken@josken.net

Overcoming the disconnect

Why a social club for positive heterosexuals? Mia Dawson explains.



Our social club is for heterosexual men and women living with HIV, set up and run by us. The club came about because we recognised a need in our very diverse community for peer connectedness in a friendly and accepting social milieu that's also completely confidential. Our aim is to provide a social network that's empowering and allows us to meet other HIV-positive heterosexual people in an environment of mutual understanding and support.

Disconnected

There's an increasing body of research which indicates that social connectedness is beneficial to the wellbeing of HIV-positive people. But phase one of the Straight Poz study noted that heterosexual people living with HIV "often feel like 'cultural outsiders' in the HIV sector and are generally disconnected from other positive people and from communal forms of dialogue and support around HIV." The report goes on to note that social contact between positive heterosexual people is problematic because of the unique challenges experienced by this group, including

not necessarily having anything in common beyond HIV, unlike positive gay men.

"Few participants had close friends with HIV and most had little or no contact with other positive people ... An estimated one in five people with HIV in Australia identify as heterosexual, yet they remain largely invisible in Australian heterosexual society, as well as in the broader HIV epidemic, and little is known about their experiences of living with HIV. The history of the HIV epidemic in Australia is closely linked with the gay community, which has been disproportionately affected by the virus... Meanwhile, HIV has gradually receded from mainstream awareness and today exists on the periphery of heterosexual society. It is not woven into language, relationships and awareness in

the way it tends to be among many gay men. While there are shared issues across affected populations, heterosexuals' experiences of living with HIV are culturally different from gay men's experiences because disclosure, relationships, sex, reproduction and community have different subtexts and priorities in a heterosexual context."

As an HIV positive heterosexual, it can sometimes seem as though you're a minority within a minority and this has impacts on our relationships and sociality. Phase

two of the Straight Poz study acknowledges that "because of their limited contact with the HIV community or with peers, the participants had limited exposure to diverse discourses or ways of living with HIV." The Heterosexual HIV/AIDS service (PozHet) also recognises that "many living heterosexually with HIV described becoming isolated in their attempts to not be 'caught out', left in compromising circumstances or forced to disclose. Many people withdrew from social interactions, becoming socially isolated as a coping mechanism and a consequence of their need for ongoing secrecy." (Reakes and Manolas)

So the challenge has been to create a peer-run support group based around social interaction that's relevant to and meets the diverse needs of the positive heterosexual community. As Straight Poz phase one points out, "The diversity and geographical dispersal of positive heterosexuals in NSW, the deep need to protect privacy and confidentiality and the difficulties of accessing appropriate resources and support, create particular challenges for building a heterosexual HIV positive community."

Our club

Our club aims to provide a safe and supportive atmosphere for meeting socially around organised events or activities. We've recently reinstated the regular first Friday of every month get-togethers. Examples of past and planned future events include visits to restaurants, barefoot and tenpin bowling, film evenings and outings to the theatre, shows, galleries and concerts. Generally we try to source locations that are accessible and close to public transport and have been holding events in central Sydney, though we'd like to expand to other areas as well. We're also currently looking at adding weekend events, including picnics and meeting up for lunch or coffee. Above all, we encourage feedback about how our members would like the concept to work and what they'd like to see the group accomplish.

If you'd like to join us, please email us and we'll ensure that you're kept up to date with all our planned activities. We look forward to welcoming you to one of our events which are also posted monthly on the Pozhets website.

Mia Dawson

The social club: phsocialclub@gmail.com

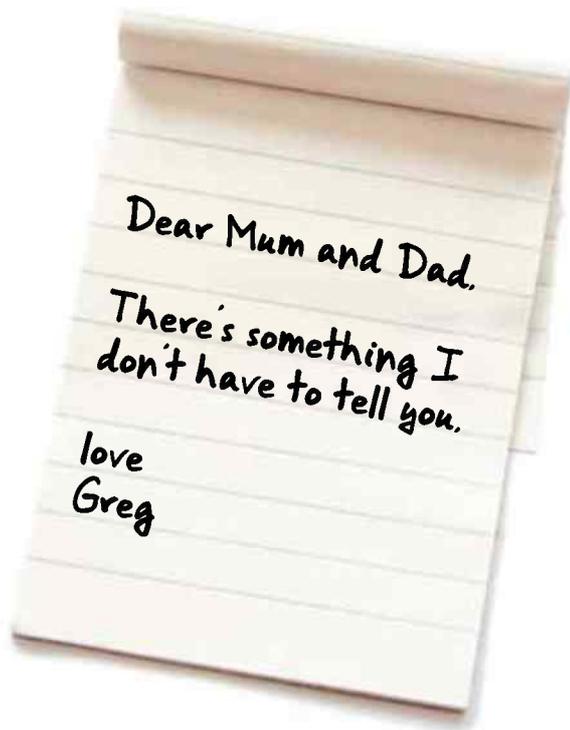
Pozhet: <http://www.pozhet.org.au>

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As an HIV positive heterosexual, it can sometimes seem as though you're a minority within a minority



Ten good reasons

I haven't told my parents I'm HIV+

Greg Page compiles a list.

1. They're old!

My parents are in their mid-70s, living in a retirement village on the outskirts of BrisVegas. They go line-dancing once a week to keep their heart rates up and their cholesterol down. Their topics of conversation generally revolve around senior discounts for cappuccinos at Gloria Jean's, early-bird dinner specials at the local RSL and Nora, down the street, getting a hip replacement just like the Queen Mother had. Those are the big issues of the day, believe me.

2. They have their own health issues!

I figure they have enough to worry about with their own slowly disintegrating bodies without having to worry about mine as well. I'm happy to do the worrying for my own body myself.

3. They don't really know what HIV+ means anyway!

It's not that they're uneducated or under-educated, but when most of the information you get is from Kerry Stokes' *Today Tonight* current affairs show or Rupert Murdoch's conservative daily paper *The Courier-Mail*, you can be guaranteed it will be misinformation. And sensationalised at that: What about our kids? Our way of life? Or, most abominable of all, our pets?!!!

4. They think AIDS=death!

Their notion of HIV/AIDS is circa 1984 Grim Reaper, with a touch of "what happens in Africa, stays in Africa" on top of that. The government forgot to inform them that the times they were a-changing somewhere in the mid-80s.

5. I'd hate to have to swap medical stories with them!

Nothing, believe me, nothing, gives my father more joy than to have a captive audience to whom he can recite his litany of health woes. Barely catching a breath (except to reach for the asthma inhaler),

life over 70 is like an episode of *Grey's Anatomy*, except it's been renamed *Geriatrics Anatomy*.

6. I'm still a bit ashamed of my status!

I know they tell you that you shouldn't be, but I am still ashamed of myself for becoming infected. It shouldn't have happened and I still don't know quite how it happened, but it did. Besides, the less my parents know about my sex life the better.

7. I don't want them to think I might die before they do!

My mother once said to me, "The worst thing that can happen to a parent is that their child dies before them." I've always carried that with me. And so kept silent, just in case.

8. I don't want my mum to buy me pill containers!

Give my mother a reason to shop and she's happier than Julia Gillard winning an opinion poll. If my status did get blurted out, along with the fact that I have to ingest a number of pills a day, I know it would become her mission in life to purchase copious pill bottles and containers for me. De-cluttering is not a concept my mother has heard of.

9. I don't want them to ask why my partner is HIV-!

It would be hard enough for them to grasp that I'm HIV+, but that my partner is HIV- and still with me, has sex with me and is happy? My own life is too short to try and explain to them the finer details of that situation. Best left unsaid.

10. I'm fine!

I have a loving partner, a nice house, a great job and go to the gym three times a week. So far, so good. Why let them worry? I don't. I'm more worried about them having too much coffee from their two-for-one special offers at Gloria Jean's every morning. *Greg Page*

HIV and superannuation insurance

Earlier this year, Positive Life NSW commissioned specialist superannuation research and consultancy firm Chant West to prepare a report on how superannuation funds treat people with HIV who are seeking death and disablement insurance. **Susan Ardill** outlines the findings.

You might be surprised to discover that a person with HIV is not automatically excluded from insurance cover via their superannuation, but there are limited windows of opportunity – usually on starting a new job – to access such cover. If an HIV-positive person joins an employer-sponsored superannuation fund when they start with a new employer, they are generally eligible for the default level of death and disablement cover. Claims relating to default cover will generally be paid even if the claim is related to HIV. In many funds it's also possible, at the time of certain specified 'significant life events', to increase your level of coverage beyond the default without a health assessment.

However, when someone applies to start cover at any time other than commencing with a new employer, their health will be assessed and the insurer will apply a pre-existing condition that excludes any HIV-related claim.

This article summarises the types of super funds, the types of insurance available through super funds and what might happen to people with HIV when they apply in various circumstances for insurance cover via superannuation.

Types of super funds

Basically, the Australian superannuation industry is segmented into not-for-profit funds (industry, public sector and corporate), retail funds and self-managed superannuation funds.

Industry funds are governed by boards with equal representation from unions and employer associations. With the gradual increase in the compulsory superannuation contribution to 9%, these funds have grown very large. AustralianSuper, the largest industry fund, now has assets of over \$30 billion. Industry funds operate on a not-for-profit basis.

Public sector funds provide retirement benefits for public sector employees. A number of these funds cover Commonwealth public sector employees, the different state public sector employees and local government employees in each state. Like industry funds, they operate on a not-for-profit basis.

Up until the late 1990s, many medium and large-sized companies operated their own corporate superannuation funds for their employees. However, over the past 10 years, the number of corporate funds has fallen dramatically, as many corporations chose to outsource to either a master trust or an industry fund. The still-existent corporate funds also operate on a not-for-profit basis.

Retail funds are operated by financial institutions such as banks and fund managers. They include personal master trusts for individuals and corporate master trusts that employers can select as the default fund for their employees.

Self-managed superannuation funds have just one to four members and are operated by individual trustee members, who are typically assisted by accountants or financial planners in the operation of their fund.

A person with HIV is not automatically excluded from insurance cover via their superannuation

Types of insurance cover provided through super

Each type of fund can provide insurance for death and disablement. The most common type of insurance cover is for Death & Total and Permanent Disablement (TPD), which provides a lump sum benefit in the event of the member's death or TPD. TPD is generally defined as suffering an illness or injury that renders someone unlikely ever to be able to engage in their usual occupation or any occupation for which they are reasonably suited. It generally covers the loss of use of limbs or eyes and the inability to perform simple daily tasks such as bathing, dressing and eating/drinking.

A default level of Death & TPD cover is usually provided to members of employer-sponsored superannuation funds when they join a new employer, without the need for any health evidence. The level of default cover is different for each fund. While the standard cover provided by most funds is Death and TPD, many funds also provide the option for Death Only cover, while a few only provide Death Only cover.

Most employer-sponsored superannuation funds also provide Income Protection cover that provides an income benefit in the event of temporary disablement that renders a member unable to work for a period. The amount of cover is generally linked to the member's wage or salary. This benefit is paid for a certain maximum period which is generally two or five years or a long-term benefit to age 60 or 65. Payments commence after the member has been absent from work for the waiting period, usually 30, 60 or 90 days.

Insurance and people with HIV

Most people join an employer-sponsored superannuation fund when they start with a new employer – either a corporate fund, industry fund, public sector fund or corporate master trust. These funds generally provide default Death & TPD cover for all members (a few also provide default Income Protection cover), with no requirement for health evidence at the time of joining. Thus people with HIV will be accepted for this default cover without having to provide any evidence of their health status when they join the fund on commencement with a new employer. When a claim for the default level of insurance is made on such cover, there are generally no exclusions based on health conditions, including HIV.

Some employer-sponsored funds allow members to pay extra premiums to increase their level of insurance coverage beyond the default when they join the fund (or within a certain period of joining, for example, 60 days) with no requirement for health evidence. This option might apply to both Death & TPD cover and Income Protection cover.

This additional insurance generally covers any pre-existing conditions the member had on application, including HIV. So people with HIV who apply for additional cover in this way should receive the additional amount in the event of a claim, even if the claim is HIV-related. The exception will be for those who make a claim within one to two years of joining one of the few funds that have a limited period that excludes pre-existing conditions – these funds exclude the additional amount (beyond the default level) for any claim in the first one to two years if it relates to a pre-existing condition.

Most people join an employer-sponsored super fund when they start with a new employer



Additional cover on a 'significant life event'

Most personal master trusts and an increasing number of industry and public sector funds provide the option to increase your insurance cover if a 'significant life event' occurs. Each fund has its own definition of significant life event, which typically refers to a non-health-related event such as:

- commencing/increasing a mortgage
- completing a first undergraduate degree
- becoming a carer
- marriage
- birth/adoption of a child
- divorce.

Additional cover on an event like this is generally provided without requiring health evidence, although a few funds apply a one-to-two-year pre-existing exclusion. So people with HIV who have this extra cover and make a claim are likely to be paid the additional insurance amount, even for HIV-related claims, except for claims in the first one-to-two years from one of the funds that have a limited period pre-existing exclusion.

Health evidence

When a super fund member wants to increase cover in circumstances other than on starting with a new employer or on a significant life event, they need to undergo an underwriting process in which they provide health evidence, usually in the form of a questionnaire. The fund's insurer then decides whether to accept the requested level of cover and whether any exclusions or premium loadings will be applied, based on the information disclosed in the questionnaire. The insurer may also request further information from the member or request blood tests or other medical tests before they finalise their decision.

If an HIV positive person applies for cover in this way, they should disclose in the health questionnaire that they have HIV. (See the section below for a discussion of the need for full disclosure and privacy provisions.) The insurer is likely to apply an HIV exclusion to the additional cover, if they accept the increase at all. This means that any HIV-related claim is likely to be denied on any additional amount of cover that has been granted.

Applying for cover in personal superannuation

Personal superannuation products do not provide default insurance cover. Likewise, traditional life insurance policies sold outside superannuation typically have no default cover. For each of these, the member has to go through an underwriting process by providing health evidence. When a person with HIV applies for cover in one of these products and discloses their HIV status in the health questionnaire, the insurer is likely to apply an HIV exclusion and any HIV-related claim is likely to be denied. So such cover hardly represents good value for people with HIV.

The importance of disclosing HIV – but only if asked

While an HIV-related claim will generally be paid on default insurance (unless a specific HIV exclusion has been applied), an HIV-related claim will be denied if the member was asked to provide health evidence but did not disclose that they were HIV positive on application.

It's very important that someone with HIV who is asked for health evidence when applying for insurance cover (usually in a health questionnaire) does disclose that they have HIV. The questionnaire may ask directly if you have HIV or it may ask for any pre-existing conditions. In either case, a positive person should disclose that they have HIV. If they don't, while the insurer may initially agree to the cover and accept premiums for that cover (perhaps for many years), any HIV-related claim is likely to be denied – making this an expensive and futile exercise for the member who has paid premiums.

It's important to realise that any disclosure of HIV to an insurer in such a questionnaire is confidential and protected by privacy legislation, so it can only be used for the assessment for insurance cover. The information cannot be accessed by other parties such as employers.

Superannuation funds do not generally provide blanket exclusions for HIV-related claims. Insurers are increasingly treating HIV just like any other illness. HIV is taken into account in the underwriting process (when health evidence is required for cover), but does not preclude the payment of a claim if the insurer accepted the cover on application.

Possible HIV exclusions

At least one fund in the health sector does impose an HIV exclusion to default cover, but the exclusion only applies to people who had HIV when they joined the fund and who are employed by an HIV/AIDS affirmative action employer.

Most funds do not disclose all their terms and conditions in their disclosure documents, so when a person with HIV considers joining a fund, they should ask a general question about whether there are restrictions on cover for any specific conditions, to make sure the fund doesn't have an undisclosed HIV exclusion.

Summary

For a person with HIV to get the most out of their insurance within superannuation, you should disclose that you have HIV if asked as part of a health questionnaire. But keep in mind that if, as is likely, you are eligible for default insurance cover that does not require health evidence, you won't need to disclose your HIV status when you join a fund. If you are already covered and have never been asked for health information, then HIV-related claims will be paid. Someone who is accepted for a certain level of cover (either through default or through underwriting) before becoming HIV positive will generally be paid a claim for an HIV-related condition. Seroconversion after being accepted for cover will not disqualify a member from a claim. Funds do not apply blanket exclusions for HIV. Insurers generally only exclude claims if the member had HIV when they went through an underwriting process for insurance cover. If HIV was disclosed at the time of application, cover is likely to explicitly exclude any claim for HIV. If someone with HIV was asked to provide health evidence but did not disclose it in their application, any later HIV-related claim will also be refused.

If someone becomes HIV positive after they are accepted for cover, whether they were accepted through default cover or by providing health evidence, an HIV-related claim should be paid by the insurer.

The best way for people with HIV to secure death and disablement insurance is to:

- take up default death and disablement cover when they join an employer-sponsored fund when starting with a new employer
- use any available option to increase death and disablement cover without health evidence on joining a fund
- use any available option to increase death and disablement cover without health evidence on a significant life event. *Susan Ardill, with thanks to Ian Fryer of Chant West*

To discuss the Chant West report in further detail, contact Lance Feeney at Positive Life on 9361 6011 or lancef@positivelife.org.au



Still Going Strong

Shaping up

Pushing 60, **Tim Alderman** discovers that 'gym' is not a dirty word.

Getting older seems to have caught up with me very quickly. One minute I was 40, then 50, now I'm rapidly approaching 60. I'm not complaining. I've survived AIDS (with a couple of disabilities, but nothing to hold me back) and when all is said and done I'm really enjoying the experience of getting older, the quieting down of life and the intuitiveness that seems to come with age. HIV is no longer something I feel concerned about – in fact, it's very much on the backburner in my life. Everything HIV is under control, so as far as I'm concerned, it's no longer an issue. It's just something that is – so integrated into my life that it's not a separate issue.

There is much about the contemporary world that I love – like the technology and all the wonders it brings, plus the latest dance music. I still like to dress and groom myself well. However, 12 months ago I started to notice things about my body that were in stark contrast to what I liked to think about myself. Having been blessed with good genes that have allowed me to keep all my hair, most of it in its original shade, and which for most of my life gave me a slim profile, I was disconcerted to find that gravity was finally having its wicked way and changing my body shape. I was becoming flabby, with a very discernable spare tire, flabby tits, misshapen arse and bad posture. I was starting to look so 'old' it was knocking my self-esteem around. It also didn't fit with how I liked to dress – I

wouldn't go out in anything that clung to me or showed off my body shape. To make matters worse, I started to go up in clothing size (from SM to M in shirts, from 32" trousers and shorts to 34"). I wasn't happy! Other nasty developments were finding myself sitting on the edge of the bed to put on trousers and shorts, having my partner comment on how bad my posture was getting (that was a real "shit, is it?" moment) and the doctor starting me on cholesterol meds, an additional pill I really wasn't happy having to take.

Body fascism

When I lived in Sydney's eastern suburbs in the '80s and '90s, I made a conscious decision to avoid going to the gym. They were places full of gay guys who were there not to get fit but to mould themselves into an image of what gay men were 'supposed' to look like. They posed, preened, plucked, depilated and fake-tanned and when they went out to the bars, only ever hung around with and picked up guys who looked like themselves. It was a form of body fascism that I disliked then – and still do. I hung around with the scrawny brigade so as not to feel out of place.

However, a move to the outer edges of the Inner West brought a change in my thinking and perceptions. With the body rapidly getting out of shape, with my self-esteem taking a dive and with the prospect of 60 looming (and a potentially rickety ride into an unhealthy older age), it was time to do something about it, so it was off to the gym in Marrickville.

I loved the gym, which came as a bit of a shock. From the word go I was made to feel comfortable and a lot of fallacies that I attributed to 'going to the gym' were dispelled. To start with, everyone else is too busy doing their own thing to care what you're up to – nobody is

I was disconcerted to find that gravity was finally having its wicked way and changing my body shape.

watching and assessing you (except yourself). I had an initial assessment with a personal trainer who in no way criticised my body; instead, she helped me set some goals, the major ones being to get fit, lose excess fat, tighten my whole body up, fix my posture and improve my health in general. I wanted to reclaim my hips and arse, both of which had long ago disappeared. In other words, I had a determination to transform myself. And at 72kg, I wanted to do all this without losing weight, as weight wasn't the problem. The other encouraging thing about going to a local gym was the number of other mature-aged men and women there, doing their best to get fit and healthy. There are now a few older role models around to encourage us to do something about being fit while older. Actors like Rob Lowe (how hot is that man), Rick Springfield (who, despite his demons, looks fabulous for someone in his 60s) and, dare I say it, Tony Abbott (hate his politics but admire him for his commitment to fitness) have given men a new way of looking at ourselves as we age.

The boredom barrier

So, having set goals and been given a regime to follow, it was off to the beginners studio for a 10-week starters program. The first week, I suffered. Every muscle ached and I looked at the piss-weak weights I was starting with and wondered if I'd ever be able to do things at the heavier end. And don't think it doesn't get tedious! Doing the same routines over and over again can get very boring. I started to vary things myself, made a lot of changes to what had been set out for me and found that helped me get through the boredom barrier. I started going three days a week, for one hour each visit. And I bloody worked hard! Nothing was going to deter me from my goals. Within seven weeks of starting, the miracles began. I was using a lot of resistance equipment and found that the weights started to increase. The spare tire didn't just reduce, it disappeared. I noticed my pecs tightening and starting to show a firm profile; muscles appeared in my arms. My energy levels also increased, as did my flexibility. My self-esteem started to rise and this prompted me to work harder, to really challenge myself. At the end of the 10 weeks, I couldn't believe how different I looked and felt. It was noticeable at the gym how regular I was and how hard I was working and the gym staff gave me a lot of encouragement.

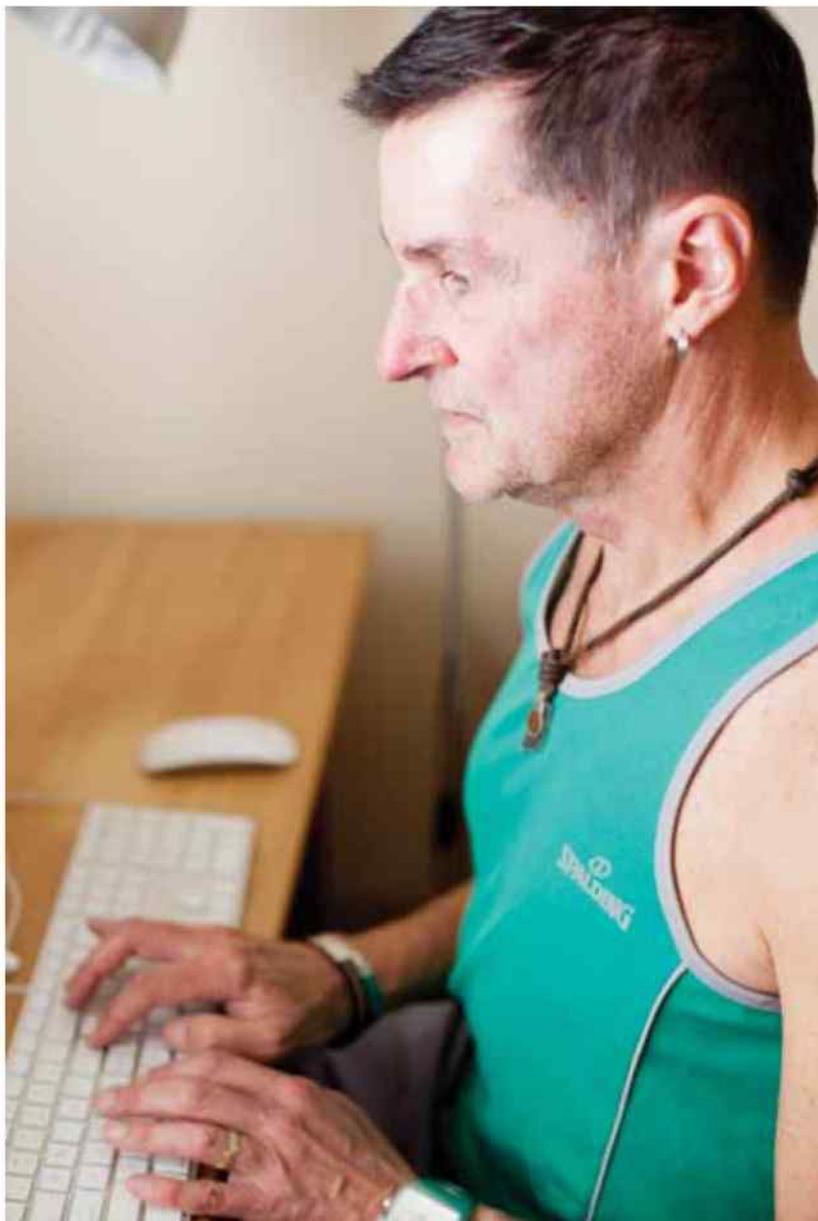
It was time for another assessment and a harder program of work, starting in what I jokingly called "the big boys room", where all the weights and serious resistance equipment are. I continued to flog myself three days a week (still for a total of three hours a week) and the improvements continued. I was still having problems getting a flat stomach (I wasn't after a six-pack – I could probably get one, but at my age it would be a constant battle to maintain it), so the tweaking of our diet started. I should point out that I don't approve of diets, especially fad ones, but I do believe you can create a healthy diet for yourself without going to extremes, without adding supplements and without cutting out carbs and proteins. Your body needs these things to function properly – it's all a matter of proportion and balance. We cut out a lot of fatty foods, a lot of sugar (I have a terrible sweet tooth, so this wasn't easy) and increased the amount of raw vegetables, fish and poultry in our diet. This helped a lot,





I've come to realise there's more to me than I ever thought there was. I can push myself beyond my limits when I have a reason to.

Photos: Morgan Carpenter



as well as a lot of repetitions on the Ultimate Abdominal machine and a lot of suspension work (whereby you suspend yourself and lift your legs as high as you can for as long as you can, or hold your legs out at a 90° angle – you can really feel the pull on your abs). So I pulled and pushed and strained and grunted through the main weights floor for the next three months.

Pumping

By this stage, I have to say I was starting to find it harder and harder to get myself to the gym to go through the routines. I realised I needed to add some variety to my program, so at New Year's 2011, I decided to do my first class. I looked at all the alternatives and assessed what I thought I could and couldn't do. I've done yoga before but felt it wasn't dynamic enough to maintain the

body profile I was aiming for. I still haven't tried pilates, but it is on my list. Anything that involved balance was out (I have peripheral neuropathy, the numb, not painful, type. This means I have no feeling in my feet and ankles). Anything involving too much co-ordination was out (I'm unco-ordinated at the best of times) and anything done in dark rooms, such as Spin, was out, as I'm partially blind and have night-blindness. This left me with Body Pump, a class that involves work with weights and is very dynamic, very muscle and cardio-orientated. You really push your heart rate up doing these classes. I found I really loved Pump and have stuck with it. I avoid lunges (for balance reasons) and do squats instead, which means a double session of squats every class, which can really push you to your limits, especially when you have 25-28kg of weight sitting on your upper back to add to the challenge. The routine (Les Mills classes are done in most gyms these days, so it doesn't matter where you go, you will always know what to expect from a class) changes every three months, so just as you are getting bored, it changes.

I started doing two morning classes a week (usually the token male in the class at that time of day) and one day a week in the weights room to work whatever muscles didn't get worked in the class. Having recently moved house, I found the break in routine and to a new gym a bit unsettling, but I've just got back into my two Pump classes and will probably get back to resistance work soon.

Metamorphosis

What's the end result of all this? To be honest, it's been staggering. I still look in the mirror and wonder, 'is that really you?' I have my hips and arse back big time and can walk around in a singlet without feeling embarrassed. I have pecs, I have muscled arms and legs. My posture has improved, as have my energy levels and flexibility. I've gone off my cholesterol meds. My self-esteem has gone through the roof. I can honestly say I feel fantastic and that's reflected in how I look and dress. I've come to realise there's more to me than I ever thought there was. I can set goals and challenges and achieve them, I can push myself beyond my limits when I have a reason to and I can establish routines and stick to them when I have an end objective. I now feel that I can go into my elder years truly fit and healthy and that is going to help cut back the risks I would have faced without going through this metamorphosis. I can move forward knowing I'm still flexible, that high blood pressure and cholesterol aren't going to plague me and that problems from being overweight have pretty well been eliminated.

What would I recommend to others of my age? If you smoke, stop! If you have a bad diet, fix it – it's not rocket science. Don't think that walking the dog is all you need to do. If you're overweight, do something about it. Look at the long-term, not the short. It's not about having the body beautiful, it's about being fit and healthy and prolonging your prospects for good health and wellbeing as you progress through the years. Don't think (like I did) that looking fit and healthy is just for the young. The flow-on effects of a good exercise routine are endless, both in your public and private life. Look good and feel good – you'll thank yourself for it. *Tim Alderman*



Kitchen magic

Shane Duniam loves cooking, especially for his poz peers.

I recently catered for the Acon Northern Rivers Gay men with HIV Retreat. When I was invited to take on the job (extending over a long weekend, Friday night to Tuesday morning), I immediately thought of a dear friend who now lives in Adelaide. We met at an Edna Wallings tree planting day on a Northern Rivers property nearly 20 years ago ... how time flies! He is an excellent chef and was at that time cheffing in Byron Bay. (That's my trade as well, not that I'm employed in it any more – 27 years in the hospitality industry is enough for anyone.) From our first meeting we established that we both had a passion for good food and so started a deep and abiding friendship. So it seemed only natural to invite him to join me in cooking for a great group of poz guys at the retreat. We would have time together in the kitchen again: sharing stories, laughing about shared memories, reminiscing and maybe crying about past loves and losses – the kinds of things which can make a kitchen a haven of light and love. Some of the most memorable times of my life have been in the kitchen. It's where family gathers, stories are swapped ... it's where we heal.

Happiness therein

Greg and I share joint custody of a plate embossed with 'My Kitchen Prayer'. You know the one your nan had, a little pot belly stove and other kitchen bits around the text, wishing for 'naught but joy and peace, and happiness therein'. In his kitchen many moons ago we shared his seroconversion in real time – we are still here and queer and cooking!

I love nothing better than spending all day making beautiful food with nice ingredients with an interesting bunch of people around me. It reminds me of family gatherings. Greg, together with the dedicated team of volunteers from the retreat, created that kind of magic.

I tried to devise a menu that was easy, fresh and interesting, a reflection of the food I've made for myself and friends over the years.

I was diagnosed HIV+ in the late '80s. The doctor in Tasmania pointed the bone at me and told me I would be dead within two years from AIDS. The first thing I did after the shock wore off was sit down with my three sisters in my kitchen and together devise a management plan for my health. I went straight to a naturopath/dietitian and, comforted by good advice and many words of encouragement, started cooking and meditating.

In 1991, after a nine-month flu that I couldn't shake, I travelled north to Lennox Head to stay with my sister. Every morning we would have half a pawpaw with lemon or lime juice. Within two weeks the flu-like symptoms had cleared and my body had repaired itself through my own and others' nurture.

For the 15 years after my diagnosis (you know, those plague years, fraught with much uncertainty and joy and grief all mixed), I managed my health through good patches and not so good until the time was right for me to commence drug treatments.

Rainbow region

I have mostly lived in country areas, as I do now in the Rainbow region known as the Northern Rivers of NSW. I was born and bred in Tasmania and miss the beautiful landscapes of my birthplace on the northwest coast. I love the Northern Rivers – it reminds me of home: the chocolate red soils, the rainforests and green rolling hills.

Being on the steady slope of middle age (what does that mean?!) for me means maximising my health. A couple of years ago I bought my change-of-life dream machine – a pushbike makes regional living even better. It's a faithful companion which enables me to enjoy the fresh air and get some exercise at the same time: how fortunate am I! At times life in a regional area is as stressful as urban living, but I make time to do the things I think are important: cooking, eating really healthy food, sharing stories, walking my fur kid girl dog Dot, pursuing my art practice and volunteering for my community through Tropical Fruits.

Some of the most memorable times of my life have been in the kitchen. It's where family gathers, stories are swapped ... it's where we heal.

I returned to regional NSW about five years ago after two years living and working in an Aboriginal community as Art Centre coordinator in far northwestern South Australia. After faithfully standing alongside that community of extraordinary first Australians, I came away thinking: 'Who's my mob and where's my mob?' Being the right side of 50, I felt then and now even more so that it's important to give something back to this life that has given me so much over the years. I knew that one place I could do that was Fruits (aka Tropical Fruits Inc).

My mob

For the past four years Fruits has allowed me to give something back and to support 'my mob'. I've now committed two years as Artspace coordinator, four years on committee and two years as chairperson; currently I am events coordinator, so if you're at our New Year Festival, come up and say hi!

I have a well developed circle of friends and a deep love for family. Like us all, I've had hard places through which I've had to navigate. Life as a young gay teenager coming out in deep south Tasmania when the state dared to declare my kind of loving 'criminal' and an offence, wasn't easy, especially when your father is a police officer! But like all of us I weathered such storms and am wiser and stronger for it.

Part of my giving back has been to cook for my poz peers. I so much enjoyed the process of catering for my brothers with HIV at the retreat. It was great to know that I can still do it and it's something I'll always remember with pride. Like most great endeavours in life, I didn't do it alone. Thanks go out to: my number one kitchen-bitch, the manager of ACON Northern Rivers Dermot Ryan, the fabulous staff Roy, Sioux, Tobin and Renia, the volunteers who took time out to help. I thank you one and all! We had a lot of fun and laughter. Thanks Greg for your strength and support. Also the debonair and erudite organiser as well as uber travelling companion, Neil.

So as I'm putting the final bits of dinner together in my kitchen under Nan's plate, I pray that your kitchen smells as good as mine. Bon appetit! We love beetroot! And thank you kookaburras for waking me for the breakfast shift... *Shane Duniyam*

Shane Duniyam is an artist, chef by trade and currently the event coordinator for Tropical Fruits Inc. He lives with his partner, faithful four-legged friend and six very curious chickens in northern NSW.

Greg, Shane and Dot the dog



Retreat Menu

Friday 6 May 2011

- Snacks:** Hummus, Beetroot dip, Antipasto, Oyster and fresh fruit platters with assorted breads and crackers
- Dinner:** Vegetarian: Stuffed whole pumpkin, Oven-baked Atlantic salmon and lemon butter sauce, Steamed minted potato, honeyed pumpkin, steamed beetroot, Pear, parmesan and rocket salad
- Dessert:** Fresh fruit salad and yoghurt

Saturday 7 May 2011

- Breakfast:** Swiss muesli, fruit salad, stewed prunes, yoghurt, assorted cereals, milk, lite milk, soy milk and rice milk, toast, brown and mixed grain, Spanish omelette
- Lunch:** Assorted sandwiches: chicken and mayonnaise, ham and pickles, egg and lettuce, tomato and cheese, roasted capsicum and eggplant, fresh fruit
- Dinner:** Eggplant fetta stack with tomato sauce, Spit roast of lamb with beetroot couscous and Greek salad, teamed corn, minted peas
- Dessert:** Blueberry tart with a mixed berry sauce

Sunday 8 May 2011

- Breakfast:** The usual plus: Scrambled eggs and bacon
- Lunch:** Assorted wraps: Roast pumpkin and fetta with greens, avocado and beetroot with sprouts, leftover lamb, garlic mayonnaise and spinach, felafel, garlic mayonnaise and spinach
Fresh fruit
- Dinner:** Ratatouille with soyaroni pasta, beef stroganoff with soyaroni pasta, steamed green beans and carrots
- Dessert:** Orange almond cake

Monday 9 May 2011

- Breakfast:** The usual plus: Croissant, butter and jams
- Lunch:** BBQ: pesto chicken, lamb sausage, pesto tofu, coleslaw, potato salad and green salad, fresh fruit
- Dinner:** Vegetarian fried rice, roast chicken and gravy, steamed minted potato, roast pumpkin, peas and carrots
- Dessert:** Chocolate beetroot cake, strawberries and cream



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Arjna

the goddess cat

Sometimes he calls her Madam or Bitch, but really Wayne Daubney worships his feline companion.

When the editor of *Talkabout* told me the name of the pet column had changed to *Life Companions*, I thought, 'It fits – that's what our pets mean to us'.

My cat Arjna is named after a Hindi goddess; which one, I'm not sure – her previous owner named her when he was going through a Hindu period. She tends to get called other names – Barge Arse, Arsehole, Madam, Bitch or other unsavoury titles depending on her mood or how demanding she's getting around feeding time.

Photo: Wayne Daubney



She's a bitser moggy (I'm not sure of her breed: black, tan and white domestic shorthaired, I think) who is currently a couple of months away from being 19 years old. She's been in my life for 17 of those years, since not long after I moved into my current unit. A dear friend of mine and previous flatmate Geoffrey was her owner. When he moved out he asked if I wanted her, as he knew I loved her.

Some days Arjna is nothing more than a demanding cantankerous bitch; others, a delight. Most days she's great fun, great company and a great friend. She's also a good alarm clock. If I hit the snooze button on my alarm too many times, she'll walk all over me demanding food, which means I have to get up. God help me if I'm still in bed after 10am. No peace for the sleeping.

Low-flying cat

She used to run around like a mad thing and visitors had to beware of a low-flying cat. I say 'had' as she's getting old now (rather like her owner) and doesn't get around too well – again, rather like her owner.

Arjna seems to know when I'm feeling a bit low and then is always ready to snuggle up to me, which helps take my mind off my problems and makes me feel loved. She knows when I'm in pain from surgery and doesn't get too demanding then and has learnt not to get under my feet when I'm on my walking stick. After getting hit accidentally a few times with the walking stick, she's learnt to be aware of it.

As I write this, she's lying sleeping on the floor in front of the heater near me, dreaming her cat dreams (of food, probably). I've had to learn to watch that her tail isn't near the castors of my computer chair. When I catch her tail, a screech erupts and she takes off like a bolt of lightning. She comes back eventually with the most pained expression, demanding an apology – or at least expecting me to make it up to her with some attention.

Antsy Arjna

She's been a good companion over the years and I'm dreading having to put her down when she gets too old or too sick. I've been very lucky with her health as she hasn't had much in the way of illness. A good varied diet helps but my late father used to reckon I spoil her by feeding her twice a day. I'd argue that I wouldn't put up with one meal a day, so why should she have to?

Arjna gets antsy the moment she sees me with a suitcase, big or small. She equates it with me going away, whether for a holiday or into hospital. But when I return she's all over me and won't leave me alone for a week.

And I wouldn't have it any other way. *Wayne Daubney*

Do you want a PCEHR?

The new Personally Controlled Electronic Health Record is just around the corner. **Lance Feeney** reports on how the proposed e-health juggernaut could impact on people with HIV.

'Health reform' has been a mantra of the Rudd and Gillard Governments. Getting 'better efficiencies and outcomes' from the health system has repeatedly been stated as an aim by the Prime Minister and Health Minister Roxon. Fragmentation of health information is one challenge facing the current system. Currently, your health information sits across a number of locations in isolation. That's good for privacy, but getting quick access to your information is not always easy or even possible. There's information kept by your GP, your specialist, your dentist, the pharmacy, physiotherapist, hospital/s and possibly a host of other consultations across years of medical history. Information fragmentation can result in a potential risk to safety, wasted time in collecting and reduplication and little or no participation by you in the management of that information.

The electronic health record

To address these issues, the Commonwealth has committed to developing a personally-controlled electronic health record – or PCEHR. The PCEHR is designed to:

- Improve your care by enabling multiple healthcare providers to access your key health information, where and when it's needed.
- Consolidate information about your medicines and provide safer and more effective treatment by limiting adverse events and drug interactions.
- Enable you to access your healthcare information and review the content.
- Improve diagnostic and early treatment.
- Improve care coordination for people with chronic or complex conditions by enabling your healthcare team to make better-informed decisions about your care.

From July 2012, one year from now, you'll have the option to register and choose to have a PCEHR. We've been told that no one will be forced to register and that it's an opt-in option. If you choose to participate,



you'll be able to set your own access-control settings. This means that key pieces of information will be able to be viewed by the healthcare providers that you authorise.

Health snapshot

The PCEHR will provide a series of desktop views and will allow your authorised healthcare providers to see an overview of your allergies/adverse reactions, medicines, pathology tests, medical history, immunisations, directives and recent healthcare events.

This 'Consolidated View' is intended to provide a snapshot of your health status and assembles information from a range of clinical documents, including Shared Health summaries, Event Summaries and Discharge Summaries.

The consolidated view will include:

- Name, date of birth, sex, Individual Health Identifier, contact details
- Your Nominated Healthcare Provider
- Consolidated lists of:
 - Allergies/adverse reactions
 - Medical history (from the Shared Health Summary and other clinical documents)
 - Medicines – prescription/dispensing history
 - Immunisations (from Shared Health Summary)
- A list of clinical documents
- A list of recently changed clinical documents
- Directives, including organ donor status
- A list of recent healthcare events and dispensed medications from Medicare Australia
- An ability to search and filter clinical documents.

Nominated healthcare provider

It's recommended that people nominate one healthcare provider (this could be your GP/S100 prescriber) to maintain the information in their Shared Health Summary. The information from this summary will then be included in the Consolidated View. People with HIV should note that the Consolidated View will show a list of recently dispensed medications and prescriptions.

The system designers say that the PCEHR will treat all your clinical documents as potentially sensitive information and will provide you with a number of options around how each document can be handled. For example, there will be options to:

- Include or exclude specific individuals and healthcare organisations from viewing your information
- Limit access to clinical documents. These three options are:
 - General access
 - Limited access
 - No access

There will also be an audit log of all access to your PCEHR.

Driving the PCEHR and using its control settings will require considerable knowledge and thought. This is a system with inherent complexities. For people with HIV who may be sensitive about disclosing their health conditions to different healthcare providers (for example, HIV and HCV status, STI and mental health diagnoses, drug and alcohol histories and dispensed medications), the system has additional issues to be overcome.

As we understand it, if you give access to a Healthcare Provider Organisation such as St. Vincent's Hospital, you will also give access to all the healthcare professionals in that organisation, despite the fact that they may not have a clinical relationship with you. This would be an issue for many people with HIV who are selective about which health workers they disclose to. For reasons of privacy, we believe that individuals should be able, for example, to select their HIV treating specialist and exclude other healthcare providers from within that same organisation. People need to think carefully and ask questions of their organisation-based healthcare professionals about who will be able to access their PCEHR if they agree to upload documents to it from a consultation.

Informed consent

Making an informed decision about whether or not to have a PCEHR and controlling access to your information will be crucial to personal control and confidence in the new system. If you register for a PCEHR, it's worth remembering that the onus is on you to inform your healthcare provider that you do or you do not want a particularly document or type of information loaded onto your PCEHR. Consultations with healthcare professionals, such as GPs/S100 providers, are already time-restricted. People with HIV often have many competing health issues that need to be monitored and discussed with their doctors. The electronic health record will add a further time burden onto the healthcare provider and patient to discuss its related issues. If you have a PCEHR, consultations will have to stretch to include:

- discussions about how sensitive information is to be treated
- time to upload clinical documents
- time to decide who can have access to them.
- Currently, no Medicare item number has been allocated to cover this and health professionals will have to squeeze all these discussions into a standard consultation.

For people with depression, anxiety, cognitive impairment or an intellectual disability, understanding and controlling their PCEHR and giving instructions to their healthcare providers may be frustratingly difficult and burdensome.

Longevity of the PCEHR record

It's very important to understand that while at one point in time it may be of benefit to you for certain information to be posted onto your PCEHR, at a later date you may not be happy to share that information. The onus will be on the individual to retrospectively review and change the access-control settings for clinical documents that have previously been uploaded. It's worth noting that while it will be possible to opt out of the PCEHR at any time and suspend your entire record, once information is in the system it cannot be deleted or removed.

It's reasonable to assume that people with a chronic condition such as HIV – and thus often multiple healthcare providers – will be encouraged to opt in to the PCEHR. Healthcare providers will therefore need to address any privacy concerns raised by patients. In any discussion with your doctor, they should explain the role of the PCEHR, who can have access to your health information and what controls you have to limit access to sensitive information. They will also need to explain that an opt-out option is available at any time in the future. Government agencies also have a responsibility to provide educational materials that clearly and precisely explain the workings of the PCEHR system well before July 2012.

Careful consideration

The PCEHR can offer a number of potential benefits for those people with HIV who manage a range of complex health conditions. Unfortunately, for those who have issues around privacy and who may have experienced stigma and discrimination, any decision about whether to opt in and register for a PCEHR is difficult and complex and needs careful consideration.

If people with HIV are to have confidence in the PCEHR and utilise its potential benefits, they will also need to be proactive and have a thorough understanding of the system's complexities and drivers. They'll need to understand the use of the control settings and how types of information can be viewed from within different areas of the health system, including who will have access to their information in Healthcare Provider Organisations (for example, a hospital). For people with cognitive impairments or learning difficulties, navigating the PCEHR and making a decision to opt in will be even more challenging and complicated.

People with HIV will need adequate education and support to discuss the pros and cons of the PCEHR and to negotiate with their healthcare providers before and beyond July 2012. This will be particularly important for those people with HIV who may be asked to register for the PCEHR pilot/trials at St Vincent's Hospital and in other areas of Australia later in 2011-2012. *Lance Feeney*

Further information:

- eHealth: <http://www.ehealthinfo.gov.au/>
- PCEHR Consumer Booklet (PDF): <http://tiny.cc/dpdhd>
- Bringing the PCEHR System to Life video: <http://www.youtube.com/watch?v=3IOoUMwSGMI>
- Positive Life NSW submission on the introduction of PCEHRs: <http://www.positivelife.org.au/advocacy/submissions>

Contact Lance Feeney at Positive Life NSW on (02) 9361 6011 or lancef@positivelife.org.au

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- > **Changing** doctors
- > **Discrimination**
- > **Resolving** conflict and where to **get help**

Part 3. Services:

- > **GP-based** care
- > **Specialist** healthcare: depression and anxiety, heart disease, diabetes, cancer, neurology, surgery etc
- > **Community** services: nurses at home, support for your partner or carer, financial assistance
- > **Hospital:** preparation, inpatient and outpatient care, discharge

To register or for further information:
www.positivelife.org.au

Call Lance Feeney: 02 9361 6011
Email: lancef@positivelife.org.au





DON'T FORGET TO REMEMBER!

SIGN UP FOR AN SMS
OR EMAIL REMINDER
FOR A SEXUAL HEALTH
CHECK ONLINE

 WWW.THEDRAMADOWNUNDER.INFO

 
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING 

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!



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

Website

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

Web: www.karumah.com.au



Positive Life NSW membership

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

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

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

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

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

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

Privacy / Health Information Statement

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

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

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

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

Name

Address

State Postcode

Email

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

All resources listed are free of charge.

For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011
Email: healthpromotion@positivelife.org.au
Website: www.positivelife.org.au

Health Promotion Fact Sheets

Quantity	Item
<input type="checkbox"/>	2 Boosting your energy
<input type="checkbox"/>	3 Getting Started on Combination Therapy
<input type="checkbox"/>	4 I want to return to work
<input type="checkbox"/>	5 Living with body shape change
<input type="checkbox"/>	6 Positive Pregnancy – Available on the website only
<input type="checkbox"/>	7 Clinical Trials
<input type="checkbox"/>	8 A Night with Tina (Methamphetamine and HIV) – Available on the website only
<input type="checkbox"/>	9 HIV and your mouth (a pamphlet is also available)
<input type="checkbox"/>	10 The Dynamics of Disclosure – Available on the website only
<input type="checkbox"/>	12 Changing Horizons – Living with HIV in Rural NSW
<input type="checkbox"/>	14 Growing Older – Living Longer with HIV
<input type="checkbox"/>	15. 10 reasons to test for STIs – Available on the website only
<input type="checkbox"/>	16 Relationship Agreements Between Gay Men
<input type="checkbox"/>	17 Dealing with diarrhoea
<input type="checkbox"/>	18 Disclosing to your child
<input type="checkbox"/>	19 Living with HIV and hep C
<input type="checkbox"/>	20 Balancing act: HIV and cancer

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

Social Marketing Campaigns

Quantity	Item
<input type="checkbox"/>	10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – Available on the website only
<input type="checkbox"/>	Positive or Negative HIV is in Our lives – Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks? How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis? – Fact Sheet 2 Positive Sex and Risk: What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk? – 4 post cards with key campaign images – Available on the website only
<input type="checkbox"/>	Getting On With It Again <i>Living longer with HIV</i> (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.
<input type="checkbox"/>	Get The Facts Syphilis (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.
<input type="checkbox"/>	KNOW THE FACTS SEX AND HEP C (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.
<input type="checkbox"/>	SERO DISCO Why let HIV get in the way of a good relationships? gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness. One-off lifestyle magazine and 4 postcards with key campaign messages.

Workshop Resource

- 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**

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/age 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**

Parramatta region - Athletic 46yo tall, DTE guy looking for same. Interested in keeping fit & dining in, friendships & LTR. I have a slight walking impairment and hope this does not turn you away from the real loving and caring me. Genuine replies only please! **Reply 180511**

Central Coast - 20something very healthy Poz guy, 5'11, attractive, athletic build, uncut & well endowed. Can be shy but enjoy a thrashing in bed! ISO rough trade, active F/B up to 60yo who is also well endowed. Please try and reply with recent photo. **Reply 010611**

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, dispersed with fun loving interests. Like hearted souls to respond. **Reply 081110**

Sydney to Newcastle - Trim, well groomed, youthful 50YO poz guy. Genuine, DTE and caring. WLTM a lady to care for & to share some laughs, friendship and happiness with. Age, nationality are no barrier. **Reply 200611**

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 201010**

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**

Western Sydney - Genuine, sincere, working African woman. I'm a loving, understanding person tired of being on my own. WLTM a loving, interesting and honest single soul. Prefer LTR. **Reply 190611**

Placing personals

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

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

You can send your personal ad to Olga, including your name and postal address for replies, to editor@positivelife.org.au or by post to: **Olga's Personals, PO Box 831, Darlinghurst NSW 1300**
Ads will remain in Olga's personals for 5 issues or a period of 12 months. We encourage you to submit a new ad if your circumstances change or your ad has expired.

Common acronyms

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

Answering personals

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

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

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

Olga then forwards your response to its intended recipient.

Meeting someone

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

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

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

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

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

Protecting your privacy

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

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.

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

AMHARIC የእኛ ስን ሀመም በተመሳሳተ ግንዛቤ እንዲረዱዎት እስፋላጊው ምክርና እርዳታ እናቀርባለን። በዚህ ክሊኒክ በራሳችሁ ድጋጽ የተጻፈ መግለጫ (ቋንቋ) እንዲሰጣችሁ ጠያቂ። ግንኙነቱም እንልግሎት በሚሰጥር የሚያዘና ከስፍያ ነገ ነጠ።

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

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

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

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

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

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

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

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

THAI เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์ ตามหาแผนพับข้อมูลในภาษาของท่านได้ ที่คลินิกนี้ บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

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



Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au