

# 176 | March - April 2012

**Where we speak  
for ourselves**

**PositiveLifeNSW**  
the voice of people with HIV since 1988

# Talkabout

**Dancing  
shoes:**  
positive tales  
from the  
Mardi Gras  
party

**Working lives**

**Flood-bound!**

**The Genesis  
of acceptance**



ENHANCED MEDICATION ACCESS (EMA) SCHEME

# PHARMACY

SERVICES INFORMATION

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# Where we speak for ourselves

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### DISCLAIMER

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



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Dancing shoes: photo by Robert Douglass courtesy of Sydney Mardi Gras. See page 7.

# From the editor



Welcome to the first *Talkabout* for 2012. Last things first, on page 29 you will find a survey that I warmly invite all readers to fill in. The keyboard whizzes amongst you can do it online: <https://www.surveymonkey.com/s/M7TPLYK>. Let us know what you like, loathe or are indifferent to about the magazine.

In this issue, two men write about how significant our peer support groups have been for them. Genesis was a way forward for Garry during the initial shock of his HIV diagnosis (page 9); while Rod, positive for many years, was going through a rough patch when he found 729 – and transformed his life (page 19). The Social

Club is another valuable peer support group for positive heterosexuals and Mia describes the lovely Red Ribbon lunch held on World AIDS Day (page 20).

Been on holiday this summer? Then write an account of your travels for the next *Everyday Life* – see the box on page 5 for details.

Feeling lost between *Talkabouts*? You can always join our social media conversation on Facebook or Twitter. And keep an eye on the Positive Life website for the latest news and events. *Susan Ardill*

Facebook: Positive Life NSW Twitter: @positivelifensw



## Keeping you informed

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

**I hope you've had a good summer. It seems like an eternity since our Christmas party and I hope those who attended had a great time – I certainly did. It was also wonderful to see all who came to our very busy and successful stall at Fair Day (see page 28).**

Big news: after 20 years in our current location, Positive Life NSW is on the move. The office will relocate to 414 Elizabeth Street, Surry Hills (near Central) on Sunday, March 18 – a space occupied by a number of HIV organisations. The move will provide greater efficiencies for the agency as well as better access for members. Co-location will also create a better synergy with other HIV services such as ACON, HALC and the AIDS Trust of Australia. I would like to take this opportunity to thank our current landlords the City of Sydney for all the support they have given us over the past 20 years. Our PO Box address will remain the same. Updated contact details will appear on our website closer to the date.

World AIDS Day is a significant time for us all. Last December, I attended the announcement of the Enhanced Medical Access scheme (EMA) by the NSW Minister for Health Jillian Skinner. EMA will assist people with HIV to get our medication more easily. Many people with HIV experience difficulty getting to hospital pharmacies to collect medication, particularly those who are working. People in outer metropolitan, regional and rural areas often have to travel big distances, which is time consuming and costly. Now, after a referral from your HIV doctor, you can have your medication delivered to one of the participating pharmacies, your home or workplace. Please check our website for more details about the scheme and participating pharmacies. A working group has been formed to oversee the implementation of the scheme and I'm pleased to report that Sonny Williams will be part of this. I'd like to thank Lance Feeney, PL's Advocacy Officer, for all the work he has done helping to make this a reality.

The Positive Speakers Bureau was busy with World AIDS Day talks. Sixteen talks were delivered in hospitals, including St George Hospital's maternity unit, the Prince of Wales, Fairfield, Royal Prince Alfred and Auburn. Other talks took place at Randwick Library, the Benevolent Society, Childfund Australia, Drug Health Services at Liverpool Hospital, the Aboriginal Health Centre in Redfern, Redfern Community Centre and ASHM. Schools also featured strongly, including Pittwater, Auburn Girls, Punchbowl Boys, Sydney Girls and Birrong Girls High Schools. The work that the members of the Positive Speakers Bureau do on behalf of Positive Life and people living with HIV cannot be overestimated. Through their personal stories

they not only deliver a message in prevention but help break down the stigma and discrimination that people with HIV can face. I congratulate all the speakers for all the work they do throughout the year.

The new Board met for the first time on Saturday, 25 February for the Governance workshop. This day has replaced the former Board induction day. It is a facilitated workshop to inform directors of how we operate within the Incorporated Associations ACT (2009) and associated regulations. The workshop also informs the Board about its roles and responsibilities as Directors, amongst other governance issues.

The Board Advisory Groups (BAGS) have now been replaced by Positive Strategic Forums, with the aim of reinvigorating our community consultation process. We believe we have created a clearer purpose with new terms of reference for these forums. Their main purpose is to provide feedback to the community and our stakeholders on our work and to consult on key issues of significance for people with HIV throughout NSW. The first forum will be held at the end of March and the second at the end of June. If you want more information about the forums or would like to take part, please contact Lance Feeney.

After almost 10 years as an employee and many years prior as a volunteer, Phillip McGrath our Web Designer left Positive Life in December. Phillip is a quiet achiever and man of great humility who was a tremendous support to the organisation. On behalf of the Board and staff, I thank Phillip for his great contribution and wish him well for the future.

If you would like any further information about happenings with the Board, please contact me at [president@positivelife.org.au](mailto:president@positivelife.org.au) *Malcolm Leech, President*



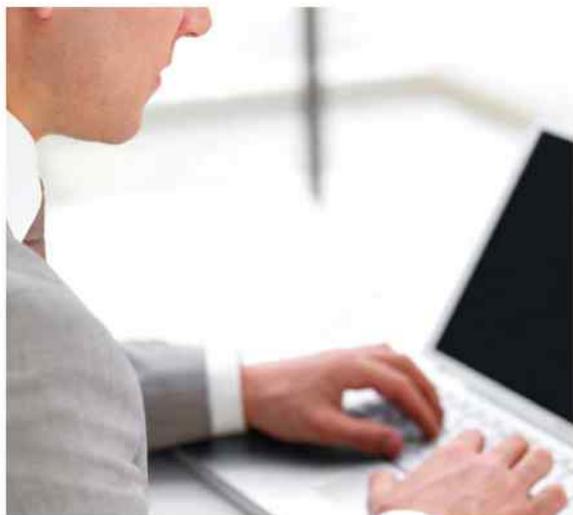
# Positive at work

Welcome to *Everyday Life*, in which you, the readers, respond to a different talking point each issue. This time, I asked *Talkabout* readers to write about being positive at work. These were the questions I posed to help you get started:

*How does living with HIV impact on your job? That's if it does – maybe you think of it as a minor issue which barely crosses your mind while you're at work? If you work fulltime, how do you fit in medical appointments and pharmacy waiting times? And how do you strike a balance between the stresses of the workplace and the body's health needs? Do you disclose to workmates or bosses or to the people in HR? Has disclosure at work ever rebounded on you? Is HIV a factor in your plans for retirement?*

The responses focus on disclosure, how to explain absences from work and the risk of injury.

See the box on page 5 for next issue's talking point – and your chance to show your holiday snaps! [Susan](#)



## Unplanned absences

One of the few things I remember my Health Advisor in England saying when first diagnosed HIV positive (and there weren't many as my head tried to make sense of everything going on!) was 'Think carefully about who you tell, as once told it cannot be undone'.

To start with this was quite simple, I only needed to tell my partner, no-one else need know while I got used to the idea myself. Within four months this became slightly complicated as my CD4 count plummeted to near 200 and the need to start medication so soon after diagnosis became a reality. As with most things in life the timing was not perfect, we were shortly to start a three-week trip to Australia to visit family, during which we had planned my first ever Mardi Gras. My doctors were concerned, as they didn't want me to start medication just before the trip in view of the potential side effects; however, they were also aware of the risk that being in a party environment raised the potential to pick up an infection, given that my immune system was so suppressed.

Jointly, a decision was made to defer medication until I returned from my holiday, with advice given to take sick leave from my full-time job during the first couple of weeks of starting the drugs to allow my body to adjust. At the time I had a fairly long commute to work, so this advice seemed sensible. But it raised the question of whether I should tell my employer, particularly as this sick leave would fall immediately after three weeks annual leave and questions would be asked!

My role at that time was manager of a busy telephone contact centre and it would be necessary to find cover for me. While considering what to do, things took a turn for the worse. My doctor had prescribed a course of antibiotics before I left for Australia to boost my immunity to any potential infection risks while away. Unfortunately I had an adverse reaction to these and a week before I was due to depart I became very ill and had to take unplanned sick leave, with my doctor signing me off until my day of departure. At one point it was touch and go whether they would recommend



against flying, however I recovered enough as soon as I stopped taking the antibiotics. I was very well looked after and advised by my HIV doctors.

I now had the difficulty of not only explaining my current unplanned absence, but also my absence on return from annual leave to start medication. How would I tackle all this at a time I was feeling considerably unwell? I thought carefully about how I believed my manager would react. I had a good relationship with her and my gut feel was that, while she may not fully understand HIV, she would be sympathetic and keen to understand rather than jumping to conclusions.

The next decision I had to make was how to tell her. I would not be seeing her face to face now due to my absence from work and didn't want to tell her over the telephone, so I decided that writing to her would be the best option. Clearly I had to say something immediately by phone and while I can't now remember exactly what I said, it was sufficient to buy me some time. Then I wrote a letter explaining the situation as best I could and enclosed some information I found from a website regarding starting HIV medication, which included the recommendation to take time off work. I sent all this off to her with my doctor's certificate, which had been suitably worded to allow me to explain in my letter, rather than being immediately obvious from the certificate.

This approach worked well. My manager was supportive and did not disclose to anyone else other than HR for advice. I have to say I was somewhat anxious on my return to work and first meeting her, however I needn't have been, as the conversation flowed freely and she was keen to learn more. I believe adding the information from the Internet in my letter helped significantly in her understanding and provided her with a useful resource to find out more if she wished.

Unfortunately, she moved on to a new role shortly after. Her advice to me was to tell my new manager so that he was aware, but I never felt in a position to do this or to any subsequent managers (all of whom were male!) Luckily I have never had the need to, either. I also never told any of my immediate work colleagues, being very aware how quickly the news would spread and the undoubtedly difficult position it would put me in as their manager. I trusted the manager who I told, which was the most significant influence on my decision to disclose.

The longer I have lived with a positive diagnosis, the more aware I am of the prejudices and lack of understanding in the wider community – a lack of understanding I too shared before my diagnosis, so I fully accept this, however it doesn't make the decision of who to tell and who not to tell any easier! **Neill**

## A tradie's story

I am a tradesman so am at constant risk of being injured at work – even if it's just hitting a finger with a hammer or cutting myself on something sharp like my Stanley knife or a nail and bleeding all over the place. I am very mindful of this at work all the time, as there are many obstacles on building sites, like tin and nail guns and power saws. Although I think the risk of passing the HIV virus on in this way is much lower than say hepatitis, I am always thinking about it and being extra careful.

I no longer disclose at work sites as I once explained to an employer, at a time I was on wages doing maintenance jobs on houses, why I was having some health issues and taking time to go to the clinic. This was before I was on meds, when I had a very low CD4 count and was quite unhealthy. I actually had jaundice so I appeared a bit yellow. I soon lost that job.

One guy who I told, who I have known and worked for off and on doing subcontract work for seven years, is not too bad with it but still always freaks out on site and gives me a hard time about it, so I kind of regret saying anything at all. And the work leads from him have gone down now by 85 percent.

I am kind of lucky that I can make my own hours being a tradesman and I source out my own jobs, but I do worry that I may have to retire earlier than expected; I should be working harder and paying more insurance, but I find it more difficult now. Long-term exposure to the virus I find is taking its toll on my health and I struggle with peripheral nerve damage. It's hard to get by in a society that is structured as a business and revolves around money first, health and comfortable living second. At the moment I am seeking out another career.

It's not all doom and gloom for me by any means, it's just modern-day living and there are a lot of people with worse conditions than HIV; but for me personally, I find that the cost of living has gone up by 300 percent or more in the past 10 years, but federal award wages have been the same since 2001 – \$14.40 per hour – so the stress of living definitely adds to my health issues. I quite often see my dreams disappear, like my motorbike.

Luckily for me material needs are pretty low on the important list and I have my friends, family and two dogs to keep me smiling. I'm happy to be here because 11 years ago I was told I had maybe 12 months to live.. **David**

<http://str8talk.org.au>

## To tell or not to tell, that is the question

Back when I was diagnosed with HIV in June 1985, it was a really scary time. The HIV question then was 'to die or not to die'. People were scared of you, big time. People with HIV were getting sick, giving up work, drawing down their super early, blowing it... And then quite a lot did not die. Bugger, what now?

HIV is now not death-scary, but as you get older it is very much quality-of-life scary.

In my 28 years with HIV and recovery from a major AIDS illness in 2004, I have seen quite a shift in work/life effects.

I cannot hide one physical residue of my significant recovery from the AIDS condition of PML (progressive multifocal leukoencephalopathy): the lack of balance on uneven ground, the need to hang on to railings on stairs, the occasional minor speech impediment.

When they ask what happened, how do deal with it? Fudge? Tell a bit of the truth? Fib a little? What has it got to do with my professional capacity? Will it cause them embarrassment if I open up? Is meeting a recovered AIDS patient going to be confronting (for either of us)? Will they think less of me? Will they question my professional capacity? What has it got to do with the job I am doing?

Oh to hell with it! I usually answer their question of 'Have you had an accident?' or 'What happened? Do you need help?' with just enough info.

"I have a neurological balance impediment."

"Why?"

"It is like a rapid onset of multiple sclerosis – called PML."

"What caused it?"

Big pause... Do I educate them? Do I incriminate myself as a recovered AIDS patient? How do we cut this conversation and bring things back to the task in hand?

Sometimes I will tell. Sometimes I end up feeling uncomfortable professionally about the disclosure. I can't help thinking, will they be questioning, is this guy up to the job?

Do I take on really complex stressful stuff like expert witness reports for the Federal or Supreme Courts and also court appearances? It pays well in money, but will I pay with my long-term quality of life? Will I risk another immune suppression and an earlier change to different drug treatments? What about the increases in Professional Indemnity insurance that are crushing small consultancies with their 50 percent premium increases each year even with no claims ever? What about runoff insurance for another five years after I stop work? I can't afford income protection insurance, which would exclude any condition that might relate to HIV. What about my working life expectancy? And what of my health after retirement in a decade's time? Will I end up with early onset of dementia that was so common with those whose immune system collapsed? It is the uncertainty on so many fronts that is so scary.

I have moments of depression contemplating the 'what ifs?' There are times I just want freedom from the struggle and freedom from the fear, freedom from worrying about finances, stress and old age health decline. It has just been so long with this thing, 28 years of this fear, this worry.

Pushing past the brain blasts of negativity – new encouragements appear out of the quagmire.

"An amazing recovery you have had!" The empathy can be really supportive, heart-warming.

"Don't stress yourself. What can you manage comfortably?" – a really supportive guy who uses me as a consultant.

Last Christmas was especially uplifting. After my four-monthly check-up with my senior neurologist, I received an email: To whom it may concern. Stephen will have a normal life span.

Moments of renewed confidence to rise above the 'what ifs' and just get on with living.

My loving partner is also HIV poz and amazingly supportive. It takes him years to let selected work colleagues know his status. There is always the question, would they treat him differently? Would they be less inclined to load him up with work? Would it affect his work advancements? Would it?

Uncertainty is still the story of living with HIV. It is no longer the fear of dying ... just fear. The ultimate challenge is choosing to be happy and nourishing the happiness rather than the pain and uncertainty. *Stephen (self-employed Project Manager/Consultant property valuer)*

## Work-life balance

I had not long been back in Australia when, soon after my diagnosis, I had a string of things go wrong that saw me in and out of hospital and basically housebound for six months. On my first admission I was in the recovery suite when the financial controller of the firm I had taken a job with less than eight weeks earlier appeared. It was a lovely gesture that she had come to visit me and make sure I was on the mend, yet this act of kindness brought up fears of disclosure for which I was unprepared. I was doing battle on many fronts: re-assimilation into Australia, diagnosis and now health complications. It was not long before I found myself forced to give up my job.

A year later, as I began to get back on my feet, I started taking care of odd jobs for friends – decluttering their houses, co-ordinating tradesmen while they were at work and packing them up when they moved. Over time and not without some lean periods, I've built a business that affords me close to the ideal work-life balance. No more sweats breaking out as I try to arrange time off to attend yet another doctor appointment. If I'm feeling a little under the weather, without excuse or apology I can shuffle my day to accommodate. In the main I work from home and do a few hours at a time. I'm able to find time to exercise, have lunch with friends or just get out into the sun.

Sacrificing the security of a regular pay packet would never have been possible without the support of friends and family. The payoff for the risk is that I have the opportunity to really live my life. *Freddy*

 Next issue

## Everyday life in May 2012 Talkabout Holidays

Here's a chance to show off your holiday snaps! Whether it's the Blue Mountains, Byron or Bali, for a weekend or a month, going home to see your family or setting off somewhere you've never been before, show and tell us about your holidays. What's your preferred way of relaxing? Do you love camping and hate flying? How do you figure out your medication regimes when you travel? Have you ever ended up visiting a doctor or hospital in an unfamiliar place? Ever had issues with travel insurance or entry visas? Have you sworn never to go back there again – or can't wait to return to your favourite spot? What were the highs, the lows and the dramas?

Send your contributions (3-900 words) and photos by Monday, April 23, 2012 to: Talkabout, PO Box 831, Darlinghurst NSW 1300 or by email to [editor@positivelife.org.au](mailto:editor@positivelife.org.au). Digital photos should be as high-resolution as possible. Pseudonyms are fine. Contact Susan, the editor, for any help or advice you need.

THERE ARE MORE GREAT  
CATCHES FOR YOU



Chances are, at some stage a guy will reject you because of your HIV status. Don't let it get you down, there are a lot more men waiting to get hooked. Besides, if a guy misses out on you, it's his loss.

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

Produced by the Australian Federation of AIDS Organisations and the National Association of People Living with HIV/AIDS



# Planet Positive

A social night full of music and laughter for HIV positive people and their friends

When

Friday March 2, 6-10pm

Where

Level One, The Midnight Shift,  
85 Oxford St, Darlinghurst

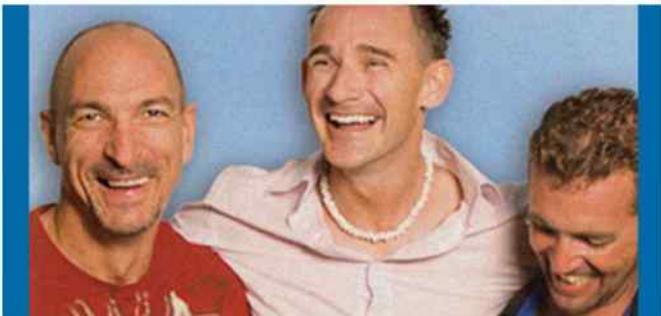
Contact

Hédimo on 9361 6011

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the midnight shift



# Genesis

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

**March 16-18, 2012**

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

This weekend workshop gives you the opportunity to:

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

Genesis is a collaboration between ACON and Positive Life NSW.

**Contact:**  
**Hédimo (Positive Life peer support)**  
**Tel: (02) 9361 6011**  
**Email: [hedimos@positivelife.org.au](mailto:hedimos@positivelife.org.au)**

# Party positive!

**Greg Page** delves deep into his Mardi Gras partying past to discover what this great Australian tradition has meant for him – and the positive community – over the years.

**I**went to my first Mardi Gras in 1986 and took my mother to see her first parade three years later in 1989. It was my way of telling her I was gay. I guess you could say Mardi Gras can sometimes bring families together... or at least 'out' for the night.

Essentially, Mardi Gras is both the best of times and the worst of times. While it's in the main a joyful celebration of gay life and an affirmation of our lifestyle, it can also be a reminder of the discrimination we still face, in particular when it comes to being HIV+.

Our visibility as a community within a community is also at its most heightened during Mardi Gras, perhaps even more so now that World AIDS Day on December 1 appears to have become somewhat anachronistic, if not unfashionable.

Many of us have taken part in the Mardi Gras parade in various entries over the years and some have taken the even braver and commendable step of marching with various HIV+ groups and their floats. Nowadays, as the threat of AIDS has faded, we're still visible, but less prominent. To the new generation which excitedly lines the route to glimpse the fabulous costumes, OTT floats and naughty bits, HIV is something that either they have little experience of, imagine is confined to Africa or perhaps believe belongs to the gay disco past. HIV, it must be added, has never been particularly telegenic, with the Foxtel TV coverage generally preferring to focus on the celebrities and hunks in the parade rather than those marching in support of a cause and a cure.

## Shockwaves

Yet it's for this very reason that we must continue to be visible – and highly visible at that. We cannot afford to let HIV be swept away as a minor concern or considered irrelevant to today's youth-obsessed culture.

Merely coming out as a positive person is still a major statement and can cause shockwaves. It's not something done lightly or easily, even nowadays. The problem, as many who have done it have discovered, is that you need to educate those you disclose to about what being positive means today. This just highlights how little information the broader community actually has at hand about HIV and being HIV positive.



Photos by Morgan Carpenter

Mardi Gras is a good time to reflect on this and remind ourselves of what we are fighting for – to be accepted for who we are, including our health status. We may no longer be defined by our disease, but we may need to redefine it for others.

Australia was one of the few countries that historically did not discriminate against visitors with HIV. For much of the '80s, '90s and into the noughties, our sunburnt land was a prime destination for gay men, many of whom were positive. In the days before Internet dating took over and virtual sex (via Skype) became a reality, Mardi Gras was a way to showcase the hottest men in the world and for you to meet them (and even date them). Often, unfortunately, you had to return them back to the international departures hall at Sydney Airport too.

## Lots of laughs

My main memories of Mardi Gras are not of the actual parade, as bright, glary and sequin-studded as it has always been, but of the party afterwards. For countless years PLWHA NSW (now going by the much less cumbersome moniker, Positive Life) had a 'safe space' at the party. This was a chillout room in one of the major

halls where members of the positive community could slink off to relax and hang out with other positive people. There were cold drinks, chairs and lots of laughs, if I remember. It wasn't so much special treatment as it was a special place just to take time out and reflect that although we were at Mardi Gras, we were still positive in all senses of the word.

It would be fascinating if someone had conducted an anthropological study of the Mardi Gras parties from when they began in the early '80s up until recent times to see how much had changed and, conversely, how much had stayed the same.

How many of those men who danced the night away at the Mardi Gras party, after parading down the streets in their costumes, were later taken by AIDS? How many of them thought that each year would be their last Mardi Gras until the advent of combination therapies in the mid-'90s gave everyone not just an extended life but an extended quality of life?

Nowadays HIV is considered a manageable chronic illness, not a death sentence. So for those men in the '80s and '90s who had been diagnosed as HIV+, or even with AIDS, Mardi Gras was something that truly mattered. That is why there were special areas set aside for those with AIDS to be able to view the shows, when stars like Kylie Minogue came to perform – once before combination therapies in 1993 and once after in 1998 [and now again in 2012!] What a difference five years can make, huh?!

## Paradise Ocean

If they could bucket the sweat that must have collectively dropped onto those dance floors over the years at Mardi Gras they could probably name an ocean after it. Paradise Ocean, anyone?

Mardi Gras was also about the music, hearing the songs you loved in a dance remix and dancing to them with your friends, your mates. Of course, some of these mates might be people you had only just met, but Mardi Gras was the magic glue that brought everyone together. Tourists, locals, interstate guests, straights – they were all in the mix, dancing to the mixes, and it didn't matter at all.

Although it may be hard to recall now, in these days of police snifferdogs allowed to stride across packed dance floors in the middle of the Mardi Gras party and hardcore security with flashlights that don't allow anyone a moment to themselves in a darkened corner, early Mardi Gras was the ultimate den of iniquity, a veritable bacchanalia. In the early '80s it was mainly MDMA and grass that kept the crowd going long and hard. By the late '80s, this had been replaced by ecstasy, for that warm, fuzzy, group-hug-on-the-dance-floor moment. By the '90s it was speed, Special K and then noticeably harder drugs. The hugs on the dance floor became fewer and further between, as patrons slid into their zones (or holes) courtesy of the drugs that they had somehow managed to smuggle inside.



## HIV meds

Of course, for many people there was the issue of what to do with their HIV medication when at the party. Did you take it with you, with many people on strict regimes, or did you run the risk that security thought you were taking in illegal substances and banned you from the party? After some years the Mardi Gras organisation made a specific effort to address this very issue, allowing those with HIV medication to go through special turnstiles. Nowadays, as we're all aware, we don't have to be quite as strict with our medication as in those early years when positive people had to pop copious amounts of pills religiously, sometimes every couple of hours.

Oh, and have I mentioned the word 'sex' in connection with Mardi Gras? Everyone's favourite Mardi Gras story generally has something to do with the legendary Troughman, who may have actually been a few different men over the years. Troughie would early in the night position himself in the urinal at the Hordern (or was it the RHI?) and get his kicks from having people piss on him. Yes, it's the simple pleasures in life.

Many other stories revolve around taking out the lightbulbs from the men's toilets and then, well, as you could imagine, things going bump in the night. Many people have had sex at Mardi Gras over the years (though by the noughties, sex seemed to have lost its sex appeal on the dance floor). Then again, just as many people probably met their life partners, or partners for one night, at Mardi Gras too. If those floorboards at the RHI, Hordern, Dome, et al, could talk ... well, let's just hope they don't, for everyone's sake. Photographs taken by the acclaimed artist William Yang of the Mardi Gras party in the 1980s (featured in his classic photobook *Friends of Dorothy*) present a world of sweaty, horny Aussie gayness. Take that, Tony Abbott!

## Group hug

I not only kissed a few boys at Mardi Gras (and liked it), I also made a few good friends over the years. Attending Mardi Gras in groups (and often in matching outfits we'd spent weeks, if not months, agonising over), we'd look out for each other in case someone was having a bender or in case some unsavoury type was getting too attached to one of our group – or just if we needed that mandatory group hug under the humungous mirror ball when they played Kylie or Madonna. Mardi Gras was a time for us to be together, belong together and remember how much we all meant to each other.

While in recent years Mardi Gras has been dogged with criticism for making sweeping changes to its program, adding different events (the Harbour Party becoming the big ticket event for overseas visitors due to its location, location, location on Sydney Harbour) and trying to broaden the mix, it remains one of the world's premiere gay calendar events. When its history is finally told, at some point hopefully not too far in the future, the positive community will feature very prominently as part of that moment in time. For now, while we still have Mardi Gras, we should all put on our dancing shoes (the sensible ones though, if you're planning to go all night into the morning) and remember that this is a night for all of us. Boogie on! *Greg Page*

# Genesis

Genesis means 'the beginning' and for **Garry Wotherspoon**, the Genesis workshop was the beginning of a way forward from the initial shock of being diagnosed with HIV.

**W**hen my doctor told me I had tested positive (I had kept within the safe sex guidelines for nearly 25 years, although certainly not during that last hot encounter about three weeks previously), it was like the ground had fallen away from under me. Now I was part of the feared 'other' and even though I knew HIV was no longer considered a death sentence, it was still bound to radically alter my life – and not for the better.

My doctor was reassuring and suggested I contact Positive Life and see about doing the Genesis program. I did, and was lucky enough to have a Genesis weekend coming up fairly soon. I went along with some trepidation – who would the people there be? What would their attitudes to me be? What could I learn that would lessen the burden? All these things were going through my mind as I went along to the gathering. What I found was a very reassuring process, a program of small group workshops

and big group discussions, with seminars and social times, all designed to facilitate social interaction between the participants and at the same time impart some very important information.

There were 10 of us in the group, plus the facilitators, three of whom were there with us all weekend, from Friday night to Sunday afternoon, while one or two others came along for specialist activities.

## Inside

When we are diagnosed, there are things we need to learn quickly, as we flounder about in a world we knew existed but which we were once outside of. Now we are inside. For me, Genesis was an instant crutch to lean on at a critical time, when it was absolutely necessary for there to be something institutional to turn to for support and information. Genesis provided me with strategies for dealing with what was to be a very different life in some ways and yet, in most other ways, a life with no change at all.

In retrospect, what Genesis was about for me was three things – schooling, through the provision of practical information, bonding, through finding peer support, and healing, through the process of coming to terms with my diagnosis – three areas that were to be important for getting on with living my life with HIV.

This was schooling in the broadest sense, related to such fundamentals as understanding HIV and the basic principles of the immune system and learning how to manage HIV, as well as finding out what treatments are available and demystifying them, so that when we might want to access them we could make an informed decision, including about when to start treatment and how to negotiate that with my doctor. Here, our relationship with our doctor was critical, so it was important to have a doctor who was sympathetic and well-informed, committed and non-judgmental.

## Re-engaging

We also learned about having a healthy lifestyle, about stigma and the social difficulties we would face in coming out as HIV+ and how to deal with these and about re-engaging with our lives by doing things that helped us realise a HIV diagnosis was no longer a death sentence.

Garry Wotherspoon  
Photos by Susan Ardill



Apart from what the facilitators directly taught us, the small group workshops were the main vehicle for learning, as we could share with each other what we were going through. A wide range of subjects was covered, among them the psychological effects as well as the physical impact of HIV. For most of us, the moment our doctor tells us that we are HIV+ is extremely stressful. For some, it can generate responses ranging from anxiety to acute depression. Then, when we've come to terms with the diagnosis, the next hurdle might well be disclosure – who should we tell? Can we avoid telling? But if we are 'careful' not to tell people, how do we get support?

While the importance of our mental state was stressed, there were also strategies for looking after our physical health: getting enough exercise, compliance if you are on medication and cutting down a little on those pleasures that might have a negative impact on our immune systems – too many big nights out, too much pill-popping, too much booze and too much smoking. Our eating habits even came in for discussion – anything we ate that was beneficial to the immune system was to be encouraged, while we were made aware of those things that have a negative impact.

While the final choice in what to do about all this was clearly ours, that old Greek saying, inscribed above the door of the temple of Apollo at Delphi, '*nothing too much*', seemed a sensible strategy. No one was going to give up all their pleasures but everyone wanted to have a full and interesting life. So we were also alerted to the ways that HIV might impact on our lives in general. Would we be able to do the things we'd planned or hoped to do in the future? Would it affect our relationships? And if not in a relationship, will forming one be more difficult?

## Stigma and the fear of stigma

How to deal with prejudice was a key theme, since we'd all heard stories that indicated there is widespread stigma attached to HIV. And given the ethnic and cultural diversity of our group at Genesis, it was relevant to consider how stigma, or the fear of stigma, might be especially fraught for people from different language or cultural backgrounds. This can be because of their communities' different beliefs about health, illness, medicines and sexuality. Even in the wider gay community, people with HIV often face stigma and prejudice, so for some of us there was a double whammy.

Bonding was implicit in much of what we were doing. The group workshops, particularly about peer support, were as much a forum for interaction as they were for learning and were designed to promote trust as well as to share and learn from one another's experiences. The getting together with similarly affected gay men and being involved in group activities that would create a sense of kinship in us was inherent in many of the activities. Indeed, one of the first things we did on that first evening was to 'get to know each other', the persons we would be spending the weekend with, to whom we'd be revealing some of the more intimate aspects of our lives. And we did discuss a lot of quite personal things, especially in the various group exercises that helped us develop a sense of togetherness.

And one aspect that struck me was what a mixed group it was, with some, like me, recent sero-converters, while there were others who had acquired the infection years before but were only now feeling the need to reflect on their lives and gain information. The very mixed nature of the group – older and younger, from different ethnic and social backgrounds – was also reassuring, since we were able to discuss our different concerns and let ideas and optimism pass back and forth.

We bonded in our own ways. As with any gathering of gay men, there are some we find we like the look of (for a variety of reasons) and some we might be less inclined to chat with. As with any group, I did not immediately warm to everyone. But by the end of that weekend I had made some friends who I still see regularly.

## A letter to myself

Some of what we did I would call healing, doing some therapeutic things around issues of HIV to demystify it, whether writing little pieces about how it impacted on our lives or putting down answers to frequently-asked questions. One of the exercises we did was a letter to ourselves, to be opened in two months' time, about what our life might be like then – and when I just now re-read what I wrote, I found I was quite optimistic.



And it was beneficial to be with people who were all travelling down the same path, learning about their feelings and the salient milestones of their HIV journey, such as telling friends, dealing with crises and goal-setting for a future. And a crucial part of having a future was utilising the peer support programs that are available.

What would an article be without some mention of sex? And yes, we did discuss our sex lives and sexual practices, since they are a fundamental part of any gay man's life. The big question, of course, was does sex change much after you get HIV? And the answer was both yes and no. As for the yes effects, a greater responsibility had now shifted onto us, since as an HIV+ person we now had legal and ethical responsibilities, about safe sex and disclosure. And the potential for rejection becomes higher with disclosure. So we had to think of strategies to deal with that when it happened.

## A future

But it wasn't all negativity. The mechanics of sex wouldn't change much, although our health – mental, emotional and physical – would have an impact, so our sexual inclinations might increase or decrease, but that also depended on the place of sex in our lives. We also learned about the impact other STIs could have on our already compromised immune system and that we should avoid them as much as possible.

So apart from the skills we learnt, Genesis also gave us our first glimmerings of the fact that we were not alone – we were a community. And I had just met part of that community, people who were in exactly the same situation as me. And there are many others like us who have been through what we were going through, who are still around and there to help in many ways. So there was a feeling of connection. Genesis also informed me that I should plan for a future, for there was a future and it was important that we knew we had a future – we could go on living positively, despite HIV.

As you probably know, after genesis comes an exodus. And as we left, I think we all felt that we were a little better able to confront the world in our new condition. I know I did. *Garry Wotherspoon*

The next Genesis workshop is on 16-18 March. Contact Hédimo on (02) 9361 6011.

# A story to tell

## Rodney Junga Williams 18 February 1962 – 24 November 2011

*It is with great sadness that we have lost, but not forever, one of our true fighters for Aboriginal and Torres Strait Islander people's rights in the health and HIV arenas. Sadly, on 24 November, 2011, we lost Rodney Junga Williams, a proud Nurrunga-Kurna man, after his relatively short battle with cancer. Relatively short, as he managed his HIV successfully throughout the last 27 years. He has left a legacy that will be long upheld, one of a fighter who in the beginning and to the end stood up and spoke up about the importance of inclusivity within the response to HIV/AIDS for Aboriginal and Torres Strait Islander people.*

*His pride was out of this world, for his family, his friends, his culture and the communities of both Aboriginal peoples and those affected by HIV. His laugh was infectious, his generosity was welcoming, his activism was sincere, sensitive and difficult. He was an instigator, an innovator, some say troublemaker and others say peacemaker – we don't care, we loved him for who he was. His activism and those of others in the community paved a way for all of us to maintain vigilance regarding HIV in our communities. His activism and commitment is well described in his final interview with **Kathy Triffitt** (in August 2011). It's what drives us to do what we do. We understood the difficulties, we stood proud with him even in the darkest of hours and although he has left this place we know he will always be looking down upon us.*

*We say thank you Rodney Junga Williams, son, brother, father, uncle, cousin and friend to many. Thank you for being who you were, for doing what you did. Thank you for your passion and your trailblazing. Your last interview so well encapsulates your longstanding commitment to humanity. We will see you again, wait for us! Miss you, our brother! Nukunya. **James Ward and Neville Fazulla***

### Coming out in *Talkabout*, August 1992

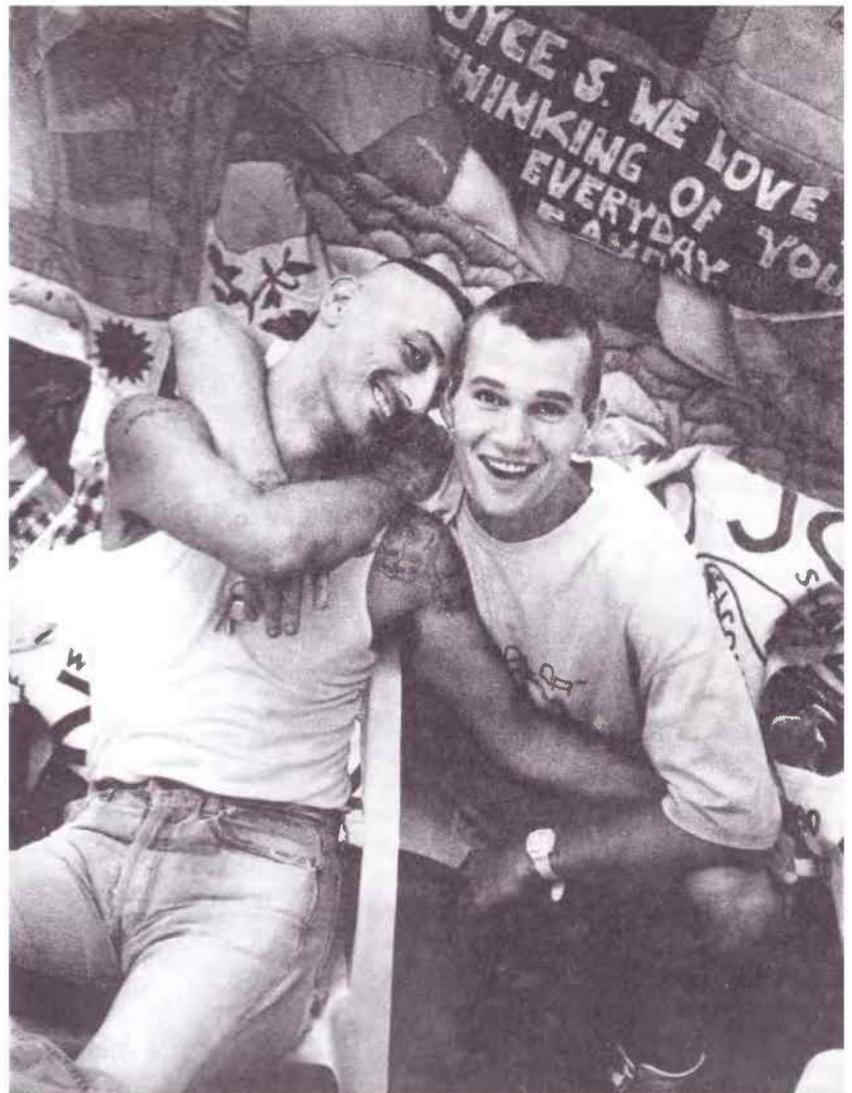
I was looking at a photo from my very first interview in *Talkabout* (August, 1992), when I came out publicly as an Aboriginal man with HIV. Coming out was in some ways the culmination of a long process of coming to terms with being positive and gay.

I've had such a public life living with HIV, travelling all over the world speaking about my experiences. I've

been interviewed many times and my face has appeared in a variety of magazines and campaigns. Twenty years later I'm not dying from an AIDS-related condition, but cancer.

I gave my first interview to *Talkabout* so I wanted to give my last one to the magazine and to Positive Life NSW, which I have a lot of respect for.

*Talkabout*, August 1992,  
Rodney Junga-Williams  
(left) with Warren Griffiths  
Photo: Leon Morris



## **Growing up in South Australia**

I'm one of the stolen generation. My family come from South Australia originally – the Yorke Peninsula, where the Aboriginal people call themselves Nungas. My tribes are Narrunga and the Kurna. They were moved into the district of Gawler, which was on the fringes of Adelaide. To work in Adelaide we had to wear a dog tag, as we called it.

We lived in my grandmother's house with my mother's sisters and brothers. The Department of Community Welfare visited one day when my mother wasn't home. Representatives found the living conditions inappropriate for a five-month-old baby and removed me from the house that day. I was put into foster care and was eventually adopted into a non-Aboriginal family. I grew up in a suburban part of Adelaide.

I had a very different experience as a member of the stolen children. My birth mother was allowed access to visit me, whereas that was not the case for others. Once they were taken by welfare, they were taken. My adopted parents were Anglican Methodist and wanted me to have contact with my family. This didn't happen weekly or monthly – maybe a couple of times a year.

At the time, I didn't know I was Aboriginal.

I also didn't know who these people were. I just knew them as friends of my parents. It wasn't until I was 10 years old that I was told I was Aboriginal and the people visiting me were my mother, brothers and sisters. That was a defining moment in my life.

At the age of 15 I left and lived with friends on the coast. I gradually found my way to Sydney around the time the first cases of AIDS were reported. People didn't know very much about it, especially in Adelaide. I became involved in organising the first Aboriginal Solidarity group to visit Nicaragua in 1988. I was the first out Aboriginal gay to work there, but I was still in the closet about HIV/AIDS. It was a touchy subject in the Aboriginal community.

## **SILENCE = DEATH**

I was diagnosed in 1985. It was definitely a key moment being told, as a young person in your early 20s, that you've got AIDS. It changed everything. I was given my diagnosis and a death sentence and told to enjoy what time I had (approximately two years). It changed my behaviours and attitudes to life in general. I went from someone who had hopes, dreams and visions to nothing. It was about five years after my diagnosis I realised that maybe I'm not going to die. As more information became available, there was a slight hope that we could have a life.

A lot of the gay men I socialised with at the time were the first generation of AIDS activists in Australia putting a voice and face to this pandemic. I needed to be a part

of that. One of the greatest slogans to come out of the movement was SILENCE = DEATH. This is as true today as it was then. If you keep your mouth shut and don't say anything, that's the worst thing you can do. I found myself going to lots of meetings and getting access to information that was more factual and optimistic than anything the media published. I became more and more aware of the media lies and distortions.

The information we generated was about removing fear, empowering people and giving them hope. The media became the subject of our criticism. We challenged the hysteria and misconceptions generated, for instance, the notion that some people were 'innocent' victims of AIDS, while gay men weren't. We also challenged the depictions of passive 'AIDS victims' or, on the other hand, infectious 'AIDS carriers'.

## **Highlights and milestones**

One of the highlights is my involvement in the development of NPLWAC (National People Living With AIDS Coalition) in 1990. This became the National Association of People Living with HIV/AIDS (NAPWA) in the early '90s. It was the first national voice for people living with HIV. To see that happen was definitely a very proud moment. We were moving through the fear and becoming stronger. There was so much stigma and fear around HIV. Along with a strong political direction came positivity and hope. HIV-positive people were now working in local and national government. All of a sudden there was access to this whole enterprise of organisations and people. That was a pretty incredible thing to not only witness but to be a part of. It was time for people to stand with us and not allow us to be marginalised by AIDS.

Campaigns like the *Grim Reaper* (1987) by the National Advisory Committee on AIDS (NACAIDS) motivated us to get into health promotion and to produce our own responses. We focused on living with HIV, dispelled the myths and challenged the fears. We built a public profile allowing people living with HIV/AIDS a human face, as opposed to what we were seeing in the media. We were living with HIV/AIDS, not dying. Aboriginal social and support groups started to grow nationally. What I witnessed was a community that grew and evolved and actually made me so proud to be a part of. Responses to HIV/AIDS were driven by ordinary people, friends and families.

## **FIT FOR A QUEEN**

As HIV-positive gay men, we wanted to reclaim our sexuality. For me, that was tied into the injecting drug users (IDU) movement. We all worked together. Back then there wasn't such a separation in ideology and organisational structure. Once it was identified that HIV was passed on through needles, we organised the first gay needle exchange at Mardi Gras. We wore a t-shirt with the slogan *FIT FOR A QUEEN*. We had a caravan set up where people came in to get safe injecting equipment.

We were a group of gay men who used drugs and had sex parties. We also set up the first ever poz-only space with a needle exchange in one room. We had people on site to show guys how to inject safely if they needed a

***It wasn't until I was 10 years old that I was told I was Aboriginal and the people visiting me were my mother, brothers and sisters. That was a defining moment in my life.***

***It was time for people to stand with us and not allow us to be marginalised by AIDS.***

hand. There was lots of poz on poz sex. It was the first time guys could be free to be themselves and not have to worry about the fear of disclosure and of negotiating sex around HIV status. Poz people could get together and feel safe and free in that environment. It was very empowering. We were quite radical back then. It was an underground movement which became a distinct part of gay culture.

It's all about choice: being able to make decisions and choices not only about sex but also how we live as people with HIV.

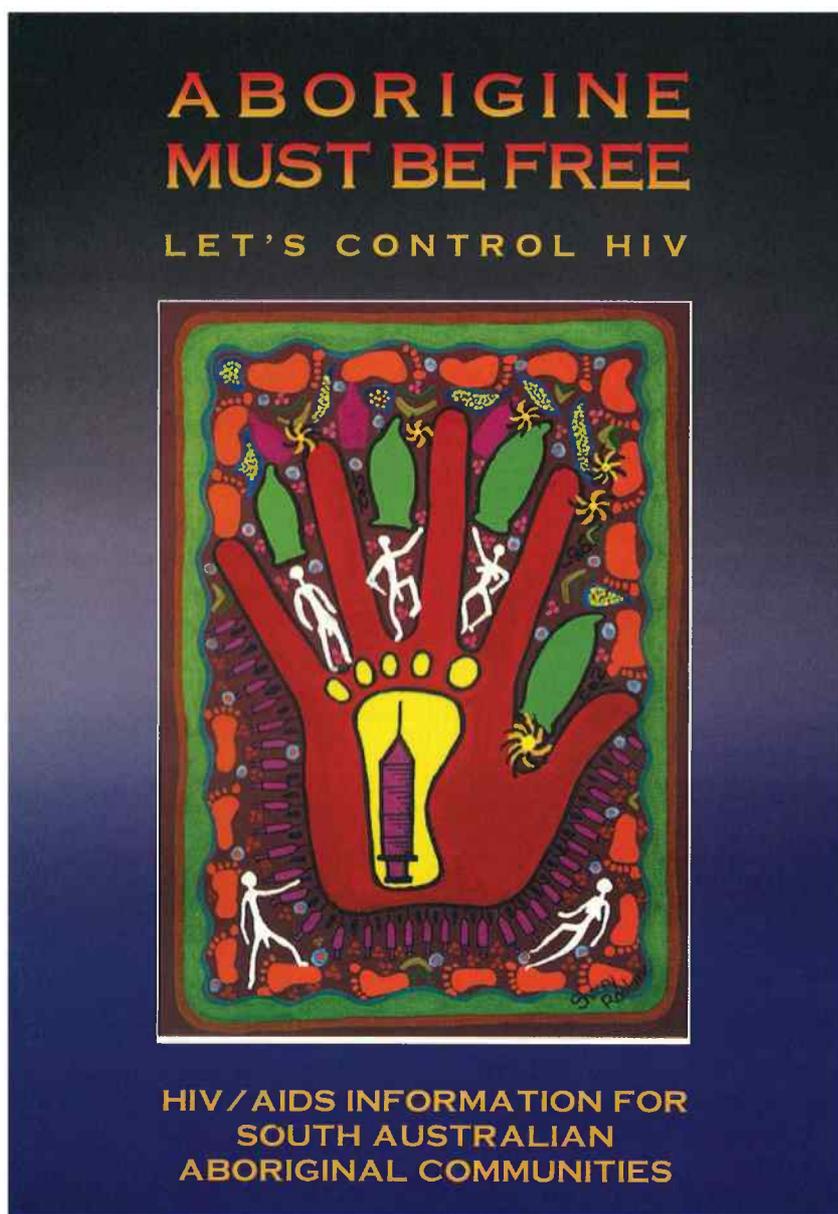
### **'Knowledge will help us to survive'**

We needed to make information accessible to our communities. I was the only Aboriginal person, at that time, and a lot of people came and spoke to me. I worked across many boundaries and borders – HIV, gay and IDU communities, including my own black community. When I returned to Adelaide from Sydney I worked with Nungays, the first Aboriginal gay and lesbian support group in South Australia, which trained people who worked with young Aborigines. We brought mothers and fathers, aunties and uncles together. In 1994 we coordinated and ran the first Anwernekenhe national HIV/AIDS and sexual health conference for gay men and sisters at Hamilton Downs, Alice Springs. Being one of the founding members was definitely a highlight. It still operates now, but under a different agenda.

I've been blessed with many highlights in my life. In 1992, I helped set up NUHIT (Clean Needle Program) at the AIDS Council South Australia (ACSA) and was elected the first Aboriginal president of People Living with HIV/AIDS South Australia in 1999. I also coordinated Black N Out, the first Aboriginal Arts Festival which was part of FEAST (community arts festival for the lesbian and gay community in Adelaide) before returning to Sydney to work in Aboriginal health. Being the first Aboriginal gay man to speak at an international conference on AIDS was pretty amazing as well.

As the Aboriginal spokesman for the National Association of People Living With HIV/AIDS (NAPWA), I convened, supported and led their Aboriginal and Torres Strait Islander response in policy, advocacy, education and prevention and gathered grassroots community support. As Co-convenor of PATSIN (Positive Aboriginal and Torres Strait Islander Network), I also helped in getting *Two Songs for Healing* recorded. This was our first fundraising project of awareness, dedicated to all those who lived, loved and lost loved ones to HIV/AIDS. The songs are an acknowledgement of our collective past, a celebration of our survival, our learning and our deep connections to all that is past, all who we have lost and all who remain.

Although HIV/AIDS was relatively new to Aboriginal people, its social symptoms – grief, discrimination and stigma – were not. Aboriginal communities were going through their own multiple deaths, with families losing dozens of people from every healthcare issue, drugs and suicide. It was as if a big cloud descended across us all. I believed that knowledge would help us survive. With this in mind I wrote *Aborigine Must Be Free: Let's*



Booklet cover, 1992

*Control HIV*, which was published in 1992. This was the first HIV/AIDS information and educational booklet of its kind in South Australia, both culturally appropriate and sensitive. It was soon distributed nationally and eventually had three editions published. The process of putting it together came from Aboriginal people both infected and affected, young and old, straight and gay.

### **'HIV doesn't discriminate ... people do' (1992/93)**

With members of my family, I was involved in the ANCA (Australian National Council of AIDS) national campaign, *HIV doesn't discriminate ... people do* (1992/93). It was the first campaign produced by positive people in the world. We were all people living with HIV, not actors. By presenting our stories and a public face of living with HIV, we challenged people to rethink their



"As an Aboriginal with HIV, I am very aware of discrimination. I see young people in our communities who don't think they have much of a future to look forward to. They don't realise the importance of their own lives. To them, HIV is just another disease. But I tell them that it is important that they take care of themselves, that they can prevent themselves getting the virus. I keep trying to tell them that there is nothing special about dying, we all die. But the most important thing is to live. That's what living with HIV has taught me - to accept how wonderful life can be."

RODNEY, 30

**HIV doesn't discriminate  
...people do.**

For information on HIV/AIDS call:  
008 01 11 44  
Or for the hearing impaired  
TTY 02 332 4268

**ANCA**  
AUSTRALIAN NATIONAL  
COUNCIL OF AIDS

HIV doesn't discriminate, people do (1992-3)  
ANCA (Australian National Council of AIDS) national campaign

attitudes. We stood up for our rights.

I've said many times before: gay men are some of the most resilient people you will meet. The way we responded to this pandemic and continue to respond to the many issues that confront us as LGBTI people is something we shouldn't take for granted. It's not easy putting yourself out there on a daily basis.

I was at the forefront of a movement that was changing people's ideologies and lives on a daily basis. I think the response to HIV has changed the way people live their lives. It has changed the way people have sex and talk about it. It has changed the way people think about drug use. I don't think that anybody thought that it would change the world as much as it has.

### Changing face of HIV

HIV has a different face now. In many ways we've gone back to 'normality'; many are getting on with their lives and their day-to-day routines, like working. In 1996, with the advent of new treatments, people's lives started to change. There was a shift from dying to preparing to live, with no discussion on how to do this. Some people still haven't been able to get their head around that. Because they lived for a long time thinking they were going to die, it's been too hard to change/adapt. Because I was active in the community and working, I was able to make that transition a lot easier and maintain it.

In Australia, HIV isn't a death sentence any more. There are programs now where people can be retrained to go back to work. That should have happened around 15 years ago. The best thing anyone can do is to keep living. Be active, whether it's working, volunteering or just being part of life or the world. If people lock

themselves away in their homes and in the past, they will become depressed. Depression is an issue for people living long-term with HIV and we don't talk about it. It's really important they get information and speak to their doctor because that will change their life. Depression can be treated. I don't know why in the community we've overcome this horrible spectre of AIDS and yet there are still taboo issues like drug use and mental health.

### Gift of friendship and love

I've had some of the most amazing experiences over the past 18 months. I've experienced so much beauty in this world. Unfortunately it wouldn't have happened if I didn't have cancer. The good has been good and the bad has been pretty bad.

The next two to three months is about being with the people I love, my close friends and family. I also have my blood family in South Australia. I've been very blessed that I've had some amazing friends who have stood by me. The radiologist at St. Vincent's, the nurse down at IBAC (Immunology B Ambulatory Care), the staff of Sacred Heart Hospice and my HIV doctor of 10 years have provided the most amazing support and guidance throughout this journey. My HIV doctor has been my biggest support. I want to acknowledge their gift of friendship and love.

I was very sick from chemotherapy. My goal was to go over to California and London to see two of my oldest friends and to say goodbye. Through the healthcare profession, as well as my friends, I was able to do that trip. Now it's about letting my life be as organic and natural as possible and enjoying the time left with the people I care about.

I want to be remembered as someone who didn't shut up, someone who stood up and faced the fear. It's always been about people that have no voice, access and equity – ensuring the Aboriginal voice is heard. I feel very proud to have been a part of the HIV/AIDS movement and to have been friends with the first generation of activists.

My HIV has been and continues to be manageable. I have 500 t-cells, undetectable viral load and yet I have cancer and two months to live. Who would have thought that I would not die from an AIDS-related condition; that touches my funny bone. The irony is too much (laughs). ●

***I was at the forefront of a movement that was changing people's ideologies and lives on a daily basis. I think the response to HIV has changed the way people live their lives.***



## Reflecting on floods

Sitting on his back verandah in Lismore, Neil contemplates the rain and the river.

**I**t pays to stay positive sometimes. As I sit on my back verandah, I'm reflecting on the widespread floods which have recently inundated vast tracts of the north-western slopes of NSW and southwest of Queensland. Up to 20,000 people unable to get back home or move around their region is a far cry from the daily experience of inner city living. I wonder how many of those people missed getting to vital medical appointments or missed out on renewing their HIV antiretroviral prescriptions or, worse still, contracted water-borne bugs from dirty flood waters?

Living in the bush has many attractions – 'droughts and flooding rains' (I've always been a friend of Dorothea) are not one of them. Fortunately this year the Northern Rivers has missed major flooding: it was threatening in mid-January and in my home we started preparations for a 'moderate' flood: that means around nine metres (up from normal of two metres) at the river gauge in Lismore. (We have a levee bank which is set to contain floods below 11 metres so that the CBD is not flooded. So this recent scare was not the big one.) It did, however, push my mild anxiety button, so the chooks were moved into cages on the back verandah out of the reach of flood. They seemed to enjoy their enforced holiday from the rain-sodden backyard – cemented some barnyard friendships, I'm told.

### Flood-bound

So the rain came and went (this time at least). Some of the women and men who attend the PLHIV Lunch Club were not so fortunate. A number were flood-bound and unable to leave their rural properties and a couple of friends who live out of town couldn't get home. I know of one local man who almost ran out of HIV meds because he couldn't get into the local hospital.

Lismore has been a bit of a sauna the past month, with periods of intense rain followed by blinding sunshine. It is sometimes derogatorily termed 'The Wok' for good reason. It's said that the Aboriginal custodians looked down on the burgeoning Lismore township nestled in

against the river there on the flat floodplain and laughed at the folly of those mad whitefellas thinking to live down there! Perhaps they were right – certainly living close to the river, as I do, presents some challenges. Two years ago we had one metre of floodwater through the bottom of the house: a nuisance more than anything, as it meant that all the movables – washing machine, mower, pool pump, bikes, puppies, etc – had to be moved upstairs (we didn't have chooks at that time) and the vehicle moved to higher ground over the road. On a beautiful sunny day the water came up, climaxed and then gently sidled away, all in the space of 18 hours.

I shouldn't be surprised by any of this as I was born in Casino further up the Richmond River. My earliest memories as a very small child are of being in a playpen out of the reach of the devastating 1954 flood, which saw five feet of water through our home and the sweeping away of the road bridge between our house and the town's CBD. Fortunately that was a one-in-100 event. I remember the pattern of summer days then: cool moist mornings rapidly giving over to hot sultry midday and a slide into unbearable humidity before a late afternoon thunderstorm refreshed the ground. It seems that we might be returning to that now if the past month is anything to go by.

### River

It has put me in mind of the metaphors of river: a continual flow past my childhood world of willows and imaginary fantasy friends, beckoning me to leave home and travel wherever it might lead – ever travelling, seldom still. And then the river terrible in flood: intractable, irresistible, sweeping across the landscape, overwhelming everything in its path. In some ways a metaphor of HIV: intractable, chronic, seeping across my physiological landscape so that nothing is unaffected by its progress. Something which must be endured, lived with, managed, chronic ... and fortunately, for us in Australia, hardly ever terminal.

No-one seeks the flood, but it brings its own rewards: of preparedness, diligence, camaraderie, compassion, humour, endurance, patience and afterwards of earth revitalised and paddocks lush with new growth. HIV too has its own outcomes which can be owned and can bring in its train many positives: the trick is not to be overwhelmed, to retreat to the security of safe ground, to wait and this too will pass and ground which is sodden will come to life again. *Neil*

Neil's home during the 2009 Lismore floods.



# HIV/AIDS Legal Centre (HALC)

## Excerpts from the Annual Report 2010/2011

**H**ALC is a community legal centre that specialises in HIV-related legal matters. Recognising that people living with and affected by HIV/AIDS have special legal needs, we provide free services to people with HIV-related or Hepatitis C-related legal issues. Our clients often experience significant disadvantage as a result of their medical condition, related discrimination or poverty. We provide a legal service that is accessible and supportive.

We offer a range of services, including:

- Ongoing legal representation in courts and tribunals
- Legal advice – face to face, by telephone and email
- Information and referrals
- Outreach services to homes, hospitals and hospices in cases where the client is unable to come to us
- Outreach services to areas outside of Sydney
- Community legal education on issues related to HIV and Hepatitis C
- Law reform and policy work related to HIV and Hepatitis C.

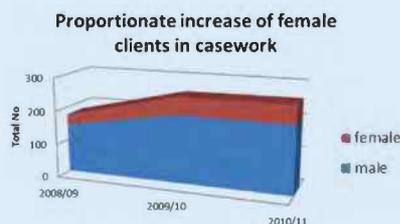
Our objectives are:

- To provide free legal advice, assistance and representation to anyone with an HIV-related legal problem
- To operate as a not-for-profit community legal centre specialising in HIV-related legal matters and to carry out community education and law reform projects in areas relating to HIV/AIDS
- To provide legal training, education and experience to employees and volunteers
- To extend our operations into other specific related areas, such as Hepatitis C-related legal problems
- To work with other organisations to achieve our objectives.

## HALC clients

### Gender

Nationally, women make up around 10% of PLHIV. NSW has the lowest proportion, with only 7.3% being female. Women generally make a greater proportion of the PLHIV population outside cities. Albeit from a very low base, the rate of increase in incidence of HIV among women is expected to remain almost double that of men.



Women are disproportionately represented in HALC's casework. The proportion of casework for female clients has grown from around 18% to 22% in the last three years.

*A small number of HALC's clients identify as transgender and often face heightened stigma and vulnerability. This population is also at increased risk of infection, even compared to the general gay population. HALC is committed to ensuring accessibility to informed and targeted services.*

### Aboriginal and Torres Strait Islanders

ABS 2006 Census figures indicate that Aboriginal and Torres Strait Islanders make up around 2.2% of the NSW population. The rate of HIV diagnosis among Aboriginal and Torres Strait Islander communities is roughly equal to the overall average.

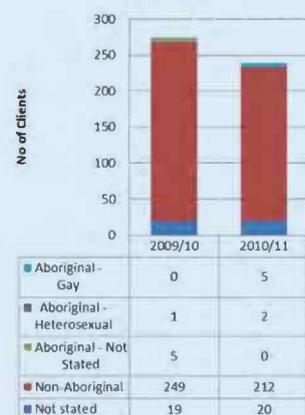


HALC staff, from left: Melissa (solicitor), Shehzad (co-ordinator), Indraveer (solicitor), Brady (principal solicitor)  
Photo: Alexcraig.com.au

The number of HALC clients who identified as Aboriginal or Torres Strait Islander has risen slightly in representation in both casework and advice. Among those of identified ethnicity, there has been increase in casework from 2.4% to 3.3 % of clients. Among advice provided, there has been a greater than proportionate increase from 1.5% to 2.2%.

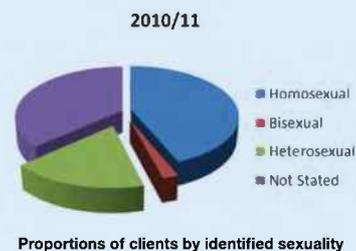
Our data also shows that HALC is working with gay-identifying HIV-infected indigenous men. This is a sub-group of even greater vulnerability, from a community that is already one of the most marginalised groups in the country. HALC is committed to increasing its availability and accessibility to Aboriginal and Torres Strait Islanders for casework and representation. HALC has initiated a project to improve linkages with AMS and other health and community services to increase our availability to Aboriginal and Torres Strait Islander clients.

Proportion of Aboriginal Clients in Casework, Broken Down by Sexuality



### Sexuality

Perhaps 76% of PLHIV are men who have sex with men, including those who identify as gay. There is still a significant reticence to identify sexuality among our clients, with 25% of clients in 2011 preferring not to disclose. Of those who disclosed their sexual preference, 27% were heterosexual. This indicates a higher than proportionate number of heterosexual clients.



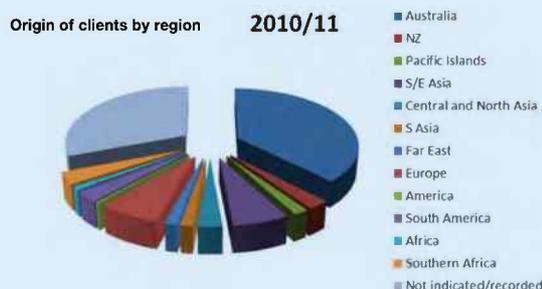
Heterosexuals with HIV are recognised to have distinct stigmatisation and are the fastest growing component of the PLHIV population. They have traditionally been a difficult community to service, partly due to the general focus of most HIV services on the gay community, but also due to self-stigmatisation and geographical isolation. HALC has been proactively

engaging this population and the higher-than-proportionate representation amongst our clients indicates our success at making this service accessible.

## Ethnicity

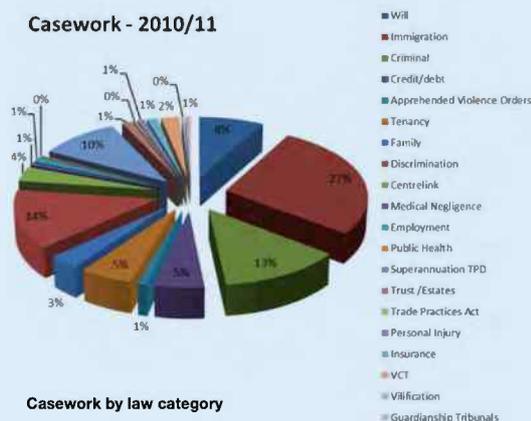
The 2010/2011 data on ethnicity of HALC clients shows a broad diversity. This reflects HALC's relative accessibility and visibility to clients from ethnically diverse backgrounds, due in large part to our partnering with social workers and health care providers.

Providing such populations with specialist legal services is part of engaging them with the broader PLHIV community, HIV services and generating an enabling environment.



## Casework

HALC engages in a broad mix of casework spanning traditional areas such as wills and insurance, as well as newer areas such as employment and family law. A breakdown of the range of matters HALC worked on through 2010-2011 is shown here.



## Three-year trends in casework

HALC has increased both its overall number of cases and the range of cases undertaken. Traditional areas such as wills and discrimination continue to be significant. Indeed, the figures show that these areas have had sustained growth over the past three years. This increase in work is reflective both of higher client numbers, as well as the greater number of services HALC has provided (for instance, court representation) within those traditional areas.

A steady increase in other fields, such as family and criminal matters, shows the changing nature of problems affecting people living with HIV. HALC's assistance is not simply limited to advice in these areas, but extends to court representation, Ministerial submissions and other forms of advocacy to obtain the best possible outcomes for clients.

## Case studies

The following case studies are based on HALC files. Names and some details have been changed to protect client confidentiality.

### Case study 1: Medical treatment visa

When Jack, an Australian man, and his Thai partner Chompoo discovered they were expecting a baby, they were delighted. They were planning to get married and raise a family in Australia. However, during routine tests in the later stages of her pregnancy, Chompoo discovered she was HIV positive. A

child born to an HIV positive mother is at great risk of contracting HIV unless the mother receives specialist medical treatment before, during and after the birth. Such treatment was not readily available to Chompoo in Thailand.

We assisted the couple in applying for an urgent medical treatment visa which would allow Chompoo to come to Australia to give birth with appropriate specialist intervention to protect the baby from contracting HIV. Medical treatment visas allow a person to visit Australia for essential medical treatment, provided they meet the costs of all such treatment. The urgency of finalising the application was increased by the fact that airlines do not generally allow pregnant women to fly after 34 weeks of pregnancy. The visa was granted just before this and Chompoo had a successful caesarean birth. At the moment, tests show that the baby is HIV negative and the family are doing very well. They are now applying for Chompoo's partnership visa so that they can live together as a family in Australia.

### Case study 2: Discrimination

AMI, a business specialising in the treatment of erectile dysfunction, refused to provide injectable treatments to Frank because he was HIV positive. We assisted him with an anti-discrimination complaint against AMI. They defended their position on the basis that the use of injectables by HIV positive persons increased the chances of blood-to-blood contact (and thus the risk of transmitting HIV), so their refusal to prescribe these treatments was therefore necessary in the interests of public health. This was the first use of the "public health defence" in the NSW Anti-Discrimination Act that we are aware of and while the Administrative Decisions Tribunal dismissed the defence (and awarded our client \$30,000 in damages), the action took some two and a half years to complete and the defendants declared bankruptcy shortly after the decision.

### Case study 3: Discrimination

HALC is assisting several clients to bring action against the Department of Forensic Medicine, which conducts autopsies ordered by the NSW Coroner. The Department has a policy of not reconstructing HIV positive bodies. This policy causes significant distress to grieving family members and often results in forced disclosure of the deceased's HIV status to family, friends and associates. It is, to our knowledge, only applied in NSW; all other Australian jurisdictions apply standard policy and reconstruct autopsied HIV and HCV positive deceased persons. HALC is aware now of at least five instances in the last four years where this policy has been applied.

The respondent in these matters claims that the various anti-discrimination statutes only apply in relation to actions against living persons; as their policies relate to the deceased, they argue, they are not discriminatory. This argument - having been rejected by the Administrative Decisions Tribunal - is currently at the High Court. Should we receive a positive decision, the matter will be remitted so that trial of the real issues can begin.

## Volunteers

HALC performs a training role by providing volunteer placements for law students. Our Centre thrives on the work and energy these students give. Our supervised training and experience model involves them with direct client contact, involvement in numerous and diverse matters, usually some court appearances, submission-writing, drafting of legal documents, strategising for client outcomes and hands on carriage (with supervision) of matters. Through our volunteers we are able to expand the ability of our small centre so we can provide direct representation and assistance to a greater number of clients.

In 2010/2011 our volunteers gave 1105 days, being 7735 hours of paralegal work. This is a direct example of the ability of Community Legal Centres to leverage limited resources into high value work. Conservatively calculated at Community Services pay rates, this equates to \$150,664.65 of equivalent paid work. The work of our volunteers costed at a fairly respectable mid-tier firm's rates would be over \$1.1 million dollars!

## HALC's work continues...

A complete version of the HALC Annual Report, including the Audited Financial Statement, is available at: [www.halc.org.au](http://www.halc.org.au)

Funders: The services we provide are made possible by the funding received from the NSW Government and Commonwealth via its Community Legal Services Plan (CLSP). We received funding from the Law Foundation of South Australia for the South Australia Disclosure Guide and from the WA AIDS Council for the Western Australia Disclosure Guide and training in migration health issues.

# A meeting in Geneva

**Jane Bruning, National Coordinator of Positive Women NZ, recently attended her first Geneva meeting as an Asia-Pacific delegate to UNAIDS. It was an exhilarating experience!**



Jane at UNAIDS in wintry Geneva

**I was invited to be the Asia Pacific UNAIDS PCB NGO Alternate Delegate in June 2011 on behalf of the APN+ network. It was a position I had applied for twice before unsuccessfully, though I made it to the final three in the interview process both times, which is why I was next in line.**

I attended my first Board meetings in December 2011 and it has been the highlight of my working career. It was something so very foreign and unfamiliar. While extremely exciting and exhilarating, it was also quite petrifying!

The NGO delegation arrived three days prior to the Board meeting to prepare. The first day was spent on orientation for three new members. The next two days were spent solidifying our strategies, working out interventions we would make on the floor once the meeting started. This was quite fascinating as there is a whole process around who is able to talk and when. The delegation also engaged in multi and bilateral meetings with other member states to lobby for the NGO's position and solicit support. These were not six-hour days with long lunches, I can assure you of that! We worked 12 to 16-hour days almost every day.

## Full-on

Once the meeting started, it was two full-on days of listening to reports and listening to everyone's interventions. At the end of each day we did a debrief with the independent NGO observers to ensure they were happy with what we were doing on their behalf and to explain anything they were unsure of. So it was a very collaborative process.

Each Board meeting is followed by a thematic day. The theme is chosen well in advance and is an opportunity for all members to take an in-depth look at a specific topic. December's thematic day was on HIV and the law, a very interesting and divisive topic, as you can imagine.

The final day for the NGO delegation was spent doing a debrief and setting a working plan for the next six months to prepare for the June meeting.

## Highlights

There were so many highlights for me during the week that it's difficult to identify only one. Being part of a very dynamic, committed and dedicated team of NGO delegates was intimidating, overwhelming but mostly very inspirational. Seeing that the voices of the little people do get listened to and that we can make a difference was reassuring but also frustrating, as it is still at a relatively conservative level and possibly at times our presence is only just tolerated by some member states.

The role is much harder, much more technical and much more complicated than I would ever have imagined and I see now why I didn't make the cut the first two times. I feel privileged to have finally made it. Working within the UN has been a lifelong dream as it is a program I fully believe in. While the UN has its many critics and can be a little slow and bureaucratic, particularly as it is based on a consensus decision-making process which can delay decisions or leave some unresolved, I am personally committed and support the principles of UN mandate.

One of the areas the NGO delegation does struggle with at times is maintaining constructive communication with the people we represent. If you belong to a network which is involved with HIV and would like to know more, please join our mailing list where you will receive regular updates and can put forward your ideas. *Jane Bruning*

UNAIDS PCB NGO: [www.unaidspcbngo.org](http://www.unaidspcbngo.org)

APN+: [www.apnplus.org/main/](http://www.apnplus.org/main/)

Asia Pacific NGO delegates

Jane Bruning: [asisapacificdelegatepcbngo@yahoo.co.nz](mailto:asisapacificdelegatepcbngo@yahoo.co.nz)

Ed Ngoksin: [editpc@gmail.com](mailto:editpc@gmail.com)

The Programme Coordinating Board (PCB) is the governing body of UNAIDS on issues concerning policy, strategy, finance, monitoring and evaluation. It is made up of 22 voting member states, 10 co-sponsors, such as WHO and UNICEF, and 10 representatives of non-governmental organisations (NGOs) from five regions – the Asia Pacific, Africa, Europe, Latin America and North America.

Jane's position is for two years with the option of a third year. For each region there is a Delegate and Alternate Delegate, who work as a team. Board meetings are held twice a year in June and December in Geneva. While the NGO delegation does not have voting rights, it plays a key role in building alliances and influencing voting members.



Jane (left) with Ebony (North America delegate) and Michel Sidibe (Executive Director UNAIDS)



Jane at the Board meeting

# 7<sub>2</sub>9 changed my life

After a spell in prison, Rod Smith felt isolated, lonely and lacking in confidence. But joining the 7<sub>2</sub>9 social group turned his life around.

**M**y introduction to 7<sub>2</sub>9 came at a time in my life (30 years positive) when I had been away from the gay community for over 20 years, mostly due to the loss of all my close friends who had succumbed to the virus. As a coping mechanism, I resorted to using illicit drugs. My involvement with the drug scene in western Sydney came to a head in 2007, resulting in my incarceration for eight months. When I came out of prison, I was isolated, lonely and looking for some positive direction in my life.

As I had suffered the disfiguring effects of facial lipoatrophy since 2000, my confidence levels were at an all-time low. However, through reading an article in *Talkabout*, I discovered that there was a treatment available [Sculptra] to rectify the damage caused by taking the anti-retroviral D4T [Stavudine]. Not long after reading this, I made arrangements for a consultation and subsequently ended up having five treatments over a 12-month period. At that time, Sculptra was covered by Medicare but the procedures themselves were around \$250 each time. Money well spent as I got back the face I had lost and with that came the confidence to re-join the gay community I'd been avoiding for so many years.

## Standing outside

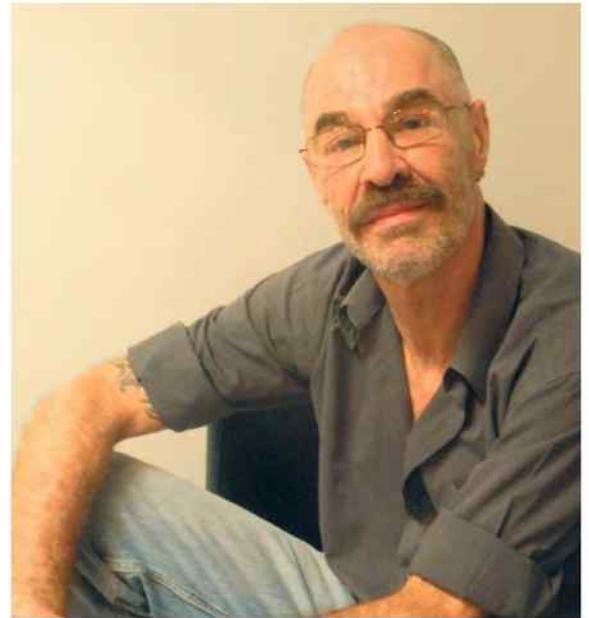
I have to admit that when I first became aware of the existence of the 7<sub>2</sub>9 meetings, it took several attempts to walk through the doors. Each month for a few months, I would find myself standing outside, lacking the confidence and courage to enter.

Eventually, however, I managed to take the plunge and attend my first meeting in September 2010. I was greeted at the door by Hédimo (principal facilitator of 7<sub>2</sub>9) with such warmth and a sparkling smile that I was instantly put at ease. 7<sub>2</sub>9 changed my life in a way that had become unimaginable to me. I got to meet some incredible people on that first night and over the next few meetings I realised this was a great way to connect with other HIV-positive men who, like me, had been living with this condition for many years.

At my first 7<sub>2</sub>9 meeting I had the good fortune to meet one of the facilitators, Andrew, who is the Health Education Officer with ACON's Needle Syringe Program. After that initial meeting, we walked to the station together and talked about the possibility of my becoming a volunteer at the NSP. This was to be a major turning point in my life, which would never have happened had I not taken those initial steps into 7<sub>2</sub>9.

## Volunteer of the year

I've been working as a volunteer at the Needle Syringe Program for just on a year now and have even had some paid work, covering holidays. For me, the highlight of 2011 was receiving ACON's Volunteer of the Year Award, which was totally unexpected



Rod Smith

Photo: Susan Ardill

and somewhat overwhelming. Not only have I had my confidence restored, I've also made some incredible friendships along the way.

7<sub>2</sub>9 has been instrumental in the positive changes that have taken place in my life. The meetings provide us with the latest treatment information as well as giving us the opportunity to share with others who are going through or dealing with the same sorts of complex issues we face individually.

The meetings, although somewhat structured due to time constraints, tend to be quite informal. The topics for the next month are chosen by the group during the meeting, but there are also some monthly topics chosen by the facilitators from Positive Life, depending on the availability of presenters who are specialists in various HIV-related fields.

## Community

Discussions range from subjects such as HIV and intimacy to how to find the right doctor suited to your needs. While these sorts of topics are extremely important in keeping the group informed, the thing that stands out most to me is the real sense of community amongst those who attend – and all newcomers are made to feel extremely welcome.

I've found that it is best to get there around 6.30pm, as this allows time to have a bit of a social chat before the meeting gets underway at 7pm. Light refreshments are served around 8.15pm, depending if there's a guest speaker or not, and some of the members provide freshly baked little treats that they've brought in from home.

It is with much appreciation for the 7<sub>2</sub>9 community that I say to anyone who is feeling isolated to take that first step and attend a meeting. You'll find that you are accepted with warmth and compassion into a group that allows you to be yourself. *Roderick Smith*

7<sub>2</sub>9 is held monthly on Thursdays for gay men who have been living with HIV for awhile. Contact Hédimo on [hedimos@positivelife.org.au](mailto:hedimos@positivelife.org.au) or 9361 6011.

# The Social Club

## Red Ribbon luncheon

The Social Club for positive heterosexuals has grown from strength to strength and one of the highlights of 2011 was the Red Ribbon luncheon, writes **Mia Dawson**.

**T**he luncheon, held to commemorate World AIDS Day, provided an opportunity for heterosexual people living with and affected by HIV to articulate and develop a common understanding of what World AIDS Day meant to us and our personal lived experience, while sharing a meal with peers.

The event was held at one of our member's homes and drew people together from around New South Wales to raise awareness as to how HIV/AIDS impacts on our community and to reflect on the meaning of World AIDS Day in a uniquely heterosexual context. The day was a great success, with a relaxed luncheon, showbags for all and dedicated children's activities, including a piñata, followed by an art project in which everyone was invited to contribute to a collaborative piece of artwork. What transpired were three fantastic examples of creative expression (two by adults, one by the children who attended), all which will provide a permanent reminder of what World AIDS Day means to us. Our intention is that these will be framed and donated to HIV organisations within the sector.

As many positive heterosexual people have been diagnosed somewhat later in the 30-year span of the epidemic and tend to have limited contact with the HIV community and peers, the luncheon not only strengthened our community and improved social connectedness and wellbeing, it also fostered an appreciation of the diverse discourses and ways of living with HIV. The day's popularity and success was evident, with luncheon extending well into the evening.

We'd like to thank and acknowledge the following organisations and people without whose assistance the day would not have been possible: World AIDS Day NSW 2011, South East Area Health Service, NAPWA and the NAPWA Women's Network, ACON, MAC Cosmetics, Pine Street Art Galley, one of our members who very generously offered to frame the artworks and not forgetting the members who so kindly opened their house to host the event. *Mia Dawson*

The Social Club: [phsocialclub@gmail.com](mailto:phsocialclub@gmail.com)



Top: Children's art. Middle: Collaborative art by adults. Bottom: Art from an adult



# A friend of **Dorothy**

**Shane Duniam** pays homage to Dot girl – and Spot boy.

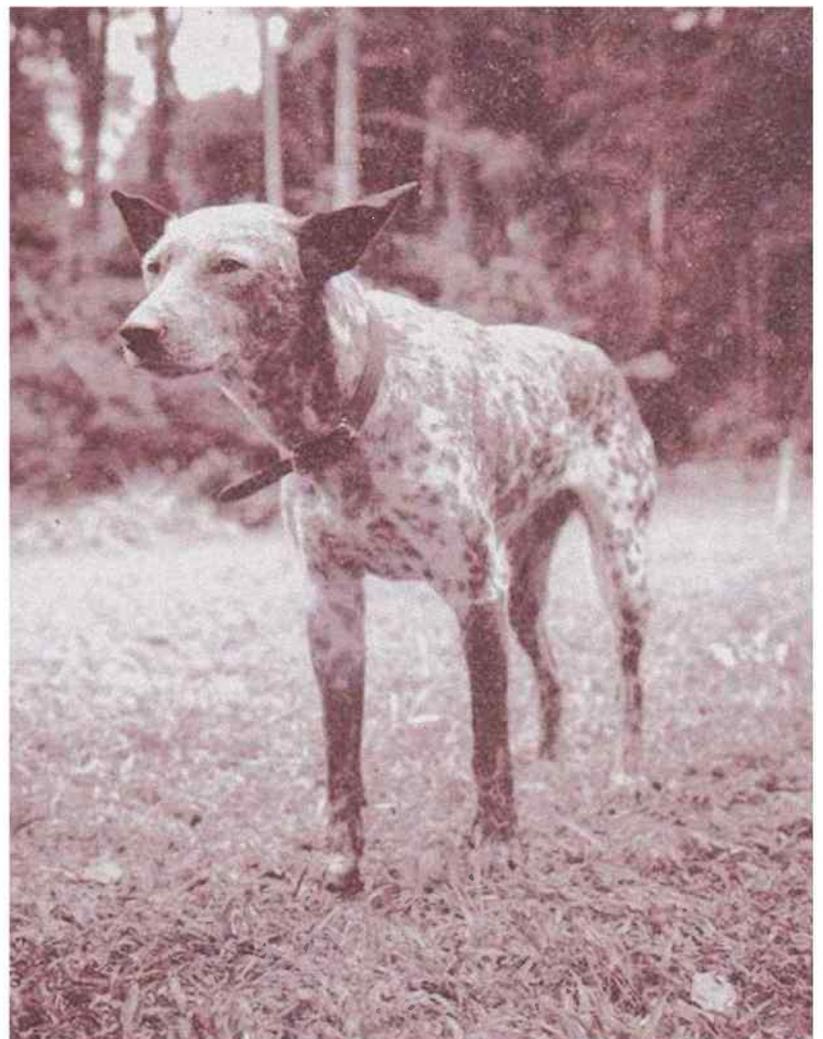
**M**y girl Dottie came to us through a friend I met in Alice Springs. Her dog Elsie was a blue heeler that used to come into the studio where I painted and talk to me. I said to my friend, 'if she ever has pups, I want one'. A year later I got a message that Elsie had been knocked up by the red cattle dog next door. We went to view the pups and that's when I fell in love with the only bitch of the litter. She has velvet black ears with white eyelashes and the rest is grey and white dots – hence Dottie or Dot and if she's in trouble, it's Dorothy! As it turns out, she is a talker with a penchant for singing too!

This is a story about Dottie, but I cannot continue without mentioning Spot boy. We were living at the time on an Aboriginal community (Mimili in northwest South Australia) and another little puppy came our way. This sad, starving thing with no fur, covered in flea eggs and scabies, crawled in through the wire mesh to the arts centre where I was coordinator. An old girl said to me, 'You should take that one home and fix him up'. I said, 'no way, kill him...'. But I gave him some water and shared my lunch with him. He was still there the next day when an old fella said to me, 'you take that dog home and fix him, he's f\_\_n ruma ruma (sick in the head)'. I said 'no he's just hungry...'. Reluctantly, Spot boy came home. I bathed him in tea tree oil and fed him up and he became part of our family story. He slept that night in my moccasin, which he eventually ate.

## **A pair of mischiefs**

Dot girl and Spot boy – what a pair of mischiefs. Together they would round up anything they could. Mimili

Dot, Dottie, Dorothy



community had several shared pets or feral animals that had been communally adopted: Camilla the camel, this huge smelly thing that would break into houses and yards and eat and shit on everything, the Campbell's cows and a herd of horses that would come through sometimes when the surrounding countryside was dry. As soon as the front door was open, off the dogs would run, looking for something to chase. For a time they would play with dingo girl, until she was knocked up, then dingo boy would come in off the desert and that's when the play got real rough. You'd see these black and white blurs on the landscape followed by a trail of red dust. They loved chasing Camilla the most, which was great for our house as she wouldn't come near for fear of the dogs. The tji-tjis (children) weren't spared either – they would yell out 'Hey tjilpi (old man), let them puppas out' and we'd oblige. Off they'd run, jump the fence in a single bound and after those cheeky children, who by this time were halfway up a tree.

We did a lot of camping in swags while we were in the centre. Have you ever laid in your swag and looked up at desert night sky? If you haven't, you should – the sky goes on forever... the smell of the fire and two guard dogs manoeuvring for prime swag position. Spot boy would always win as he was a bit bigger than Dot, that's when she'd start to complain. I remember one really cold night, Spot slept too close to the fire and we woke to a singed tip on his tail. One day Neilix, my travelling companion through this life, took Dot for a drive to check the bores. Something caught her attention and she jumped out of the troopie window at 60kph! It took half an hour to find her and eventually back into the car. She has never really liked driving since, she shivers for the first hour, then calms a bit for the rest of the trip.

During this time I started to think about who's my mob, where is my mob? The answer came quickly – the Northern Rivers. So when our time was up we left, the troopie packed to the gunnels and Spot boy riding high and Dot girl all acquiver. I'm sure she lost about two kilos that trip.

## Howling in harmony

We live on a busy corner and sometimes a dog on the back of a ute would bark as it happily dances in the breeze on its way past. This would start our two up barking and eventually end in them howling in harmony, one of the loveliest sounds I've witnessed, both dogs' heads up and howling, with a faraway look in their eyes. Sometimes there would be a breeze from the west and Spot boy would poke his nose out the veranda and smell. We all have missed the desert at times.

Life here on the fringe of north Lismore is not quite the same though. Last year Spot boy got the smell of a rabbit and chased it under a car late one Sunday night. He died doing the thing he loved best, chasing, he was a very naughty boy and left a huge hole in our lives. Looking back now I can smile at the thought of two old queens struggling to dig his grave in pug soil (flood plain black clay), unable to see because of the tears, Dot girl not wanting to come too close for fear of being buried too.

Spot boy is now pushing up a stand of pink callistemon in the backyard. Dot used to go and sit with him, for a time she was quite depressed, but now she says, Spot who? She is the boss of all the pats, treats and most of the bed.

## Dog-extended family

We have a lovely dog-extended family. Trevor the whippet comes over for an afternoon walk and some times we babysit him when his mum's away. Miss Minnie is a regular visitor as well – a little white fluffy thing that some gay men just adore! Dottie loves Miss Minnie, they sing together. It is no longer a heart-wrenchingly sad thing to hear Dot sing. When Spot first died, we would have to sing with her after the barking dogs would pass.

Dot girl rules our world with an iron paw. She will remind us when it is time for one of those (walk!) She will tell you if you're not giving her enough pats and scratches and she even groans at some of our really bad jokes. She welcomes everyone with her usual dog rant and keeps me warm at night in winter. We love our Dot girl and count ourselves blessed that she came into our lives. She makes coming home always an excitement, with a flurry of pats as she gives you the once over to see if you've been unfaithful and where have you been? She keeps us safe and reminds me constantly to live happily in the now. *Shane Duniam*

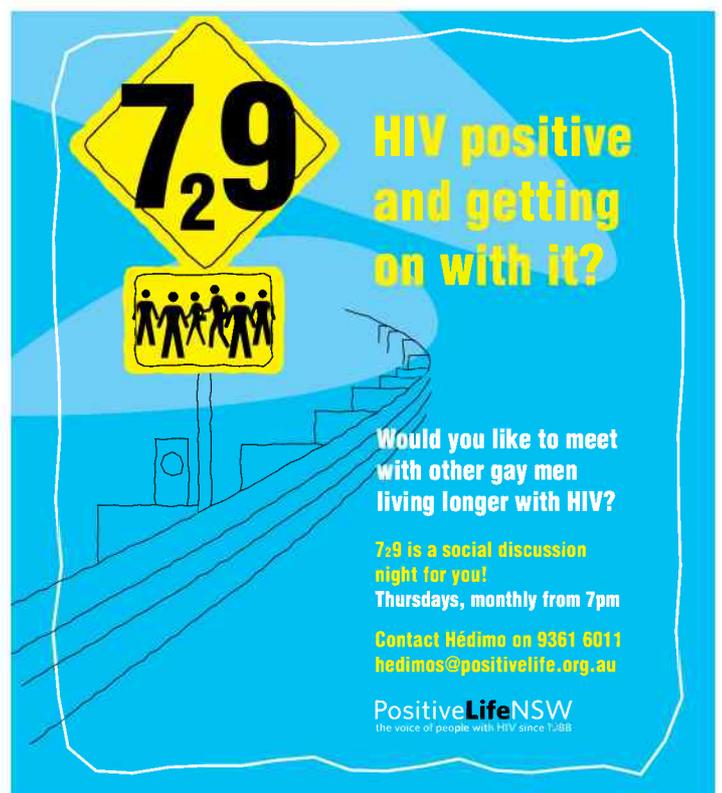


**POSITIVE LIVING ACT**  
SUPPORTING PEOPLE LIVING WITH HIV

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**T (02) 62574985**  
**E [positiveliving.act@aidsaction.org.au](mailto:positiveliving.act@aidsaction.org.au)**



**7<sub>2</sub>9** **HIV positive and getting on with it?**

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

7x9 is a social discussion night for you!  
 Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011  
[hedimos@positivelife.org.au](mailto:hedimos@positivelife.org.au)

PositiveLifeNSW  
 the voice of people with HIV since 1988



# Wrong turns

**Tim Alderman looks back on his working life. Is it ever too late to discover what you really want to be when you're more than grown up?**

**H**ow often have you asked yourself, 'what the hell am I doing with my life?' How often have you wondered, 'why am I doing this?' I've found that as I get older, it's a question that rears its ugly head more often. You ponder the missed opportunities, the wasted time in jobs you hated; you envy those who are happily fulfilling ambitions, working at what they enjoy doing.

I sometimes feel I've lived a life of quiet desperation. I was nearly always unhappy in my job choices and developed the I'm-just-doing-it-for-the-pay-packet mentality. Sure, my latter years have been a lot more fulfilling, with the operative word 'latter'.

I wasn't offered a lot of opportunities to select a fulfilling career. I left school at 15 with the School Certificate under my belt and no idea what I wanted to do. According to my father and his family, I needed to get myself a career. By this, they meant becoming a plumber, electrician, carpenter or any of the associated trades. Considering the current sexy status attributed to tradies, I'm wondering if it may not have been a bad choice. I loved working with food and even when I was at school used to create my own recipes. However, it was the wrong time to be a foodie. My father suggested becoming a hospital cook (and tried to get me into that area), but the prospect of being stuck in a hospital kitchen for years was daunting. Let's face it, hospitals are not prestige culinary establishments, especially in the 1970s. I begged out of it, though despite the severe lack of a restaurant culture at that time, the TAFE course may have been of benefit – at least I would have got a grounding in the basics. I had an uncle who was a pastry cook and he helped get me work experience at a bakery in Campsie. Now, if I hadn't been 15 years old, if I hadn't had to get up at five every morning and if I hadn't had washing and measuring as the full account of my day, maybe I would have stuck with it. Four months and I was out.

## Uninspiring

I spent the next 12 months (A) as a presser at a dry cleaning outlet and (B) doing repetitive work at a battery factory, where at the age of 16 I was getting adult wages due to the high turnover of workers. Not very inspiring and certainly not life choices. While in the dry cleaning job, I saw an ad in the window of a menswear store for a junior. I got the job and pretty well set my career for the next 30 years. A quick timeline from there would read clothing, records, religious and church paraphernalia, monastery, back to paraphernalia, sex shop, liquor, community work, cash office manager, office work (at ASHM). At least a variety. Could I really say I loved any of this? Well, it was a job.

The option of continuing education, through TAFE or university, was never presented to me. Doing anything creative was frowned upon and indeed one would have had one's 'inclinations' (read sexuality) put in jeopardy by even suggesting you might want to write, be a window dresser, hairdresser, clothes designer, interior decorator, artist or anything else creative. I was told in no uncertain terms that this was unacceptable.

This isn't to say I didn't do a few things that fulfilled my creative streak. I did some window dressing as part of general retail. I did quite a bit of writing, though none of it published. I did some costume-making (as well as making my own drag outfits), some catering from home for a delicatessen, made my own jams and preserves (winning quite a few prizes in the process) and was a DJ in two Darlinghurst gay pubs for five years – the only job I've ever truly loved. Who knows, I could still become the oldest Trance DJ in Australia given the opportunity.

## Not to be

What other options would I have chosen for my life? In retrospect, I would love to have been a journalist, in print or television. I love gardening and would have made a successful landscaper or botanist. I love athletics and was a good high jumper, relay and short distance runner in my day. With the right encouragement before I started smoking, I would have loved that, or working on the stage, or a singing career (again we come back to smoking!) I have an intense interest in history, both local and global, which could have led in many directions. All these not to be.

What do I do now? I write! I love writing. It's the flow of ideas, having that fledgling phrase circling in your head that just has to be put somewhere, the one word that can become an article, anger that can be released, opinions that can be controversial, comments that create debate; taking



Tim with Ampy  
Photo: Morgan Carpenter

the collective consciousness of many and making it your own, pent-up frustrations released, intelligent argument put forward, comedy to induce a smile, information to be exchanged. Writing is wonderful.

Why suddenly 15 years ago did I head in this direction? And more importantly, where can it lead at this late stage? Well, HIV brought about this huge shift in my life.

As part of my self-organised repatriation after surviving AIDS, I decided to take on some volunteer work to get out of the house and away from *Days of Our Lives* and the panic attacks I'd started having as a result of my swift and unexpected return to life. The round of clinics, counsellors and support groups was great for filling in time, but I also needed to do something that wasn't medical. I'd started to see one of Sydney's more eccentric doctors and felt a need to write about my experiences with her. This opened the floodgates, which haven't closed since. I started writing about my experiences with HIV, the processes I was going through, the strategies I was using to cope, the sheer bloodiness of being HIV+ and having had AIDS, the questioning one went through and the realisation that one had to get on with it.

I think therefore I write.

I have always, even as a young kid, loved books. My compositions at school were always a bit over-the-top, much to the amusement of my teachers, and my parents were always being told I had a very fertile mind. Shame

they never took this seriously.

On leaving St Gregory's in 1969, Brother Geoffrey, who taught English, took me aside and told me I should take up a career in writing. Stupid me just let that comment drop.

In the 1980s I was a member of Acceptance Melbourne and contributed regularly to their newsletter. I was a prolific letter writer. I edited the newsletter for the Dolphin Motor Club and was responsible for them starting a media sub-committee. I did several courses through community colleges on fiction and life writing and had two poems published overseas.

In 2001 I was accepted into the Humanities Faculty at UTS to do a degree in writing. But the first year of an undergrad degree is full of everything except writing. UTS uses authors to run tutorials, which might sound great in theory, but is just a means for them to push their own agendas and methodologies. As a mature-aged student, I clashed!

By the second year, and finding yet another author being given their own tutorial, I looked to changing the degree to a Masters. At least by doing this I was just writing. The courses did give me the opportunity to publicly write about my drag persona Cleo and to talk about my murdered brother, which had never been discussed with anyone. This making public some previously private parts of my life (other than HIV) was very liberating. I had at this stage done enough subjects to get my Graduate Certificate in Writing, so I took that and fled.

My university experience is not something I wish to repeat. The one thing I did learn is that it is extremely difficult to make a living out of writing in Australia. In the meantime I continued writing for *Talkabout* and the more I wrote, the more I wanted to write. I began to realise that all these articles had become a timeline of my journey with HIV, from the days of illness to the healing process to the return-to-work issues, from treatment issues to regaining my health, redirecting myself and finally my movement away from a life centred around HIV. In a way, writing freed me. I took advantage of the beginnings of the Internet to do HIV site reviews and eventually a cooking column.

## Late in life

I would love to widen the scope of my writing. For many years people have been telling me to write about my family and upbringing which was a complex, sometimes sad, sometimes happy experience. Perhaps a bit late in my life – or not – I'm thinking of getting into freelance journalism. Everything HIV that has happened to me over the last 15 years has led to this. It has presented me with new opportunities and opened doors that had previously been closed to me. I am contemplating a course for 2012 – not a cheap thing to do, so I have to consider carefully. In the meantime I will continue to write. Am I self-opinionated? I hope so. Am I controversial? I hope so. Can I see both sides of an argument? I hope so! But most importantly, do I love writing? You bet! **Tim Alderman**

Has your life taken unexpected turns? Is there still room for surprises in middle age? Send your stories to [editor@positivelife.org.au](mailto:editor@positivelife.org.au)

# Newbies at Positive Life!

At the Positive Life AGM in November 2011, four new members were appointed to the Board. Here they introduce themselves.



## David

While I class myself as retired, my diary for 2012 is taking shape nicely! I'm looking forward to the next 12 months on the Positive Life Board – the opportunity to give a voice to my rural community west of the Great Divide, share the experiences, challenges and joys of being positive in an isolated setting and help to enhance access to services.

HIV has been the focal point of my life for the past 27 years. It provided me with a career in HIV nursing for 20 of those. I have a Masters in International Public Health, with experience working overseas that brings a rich and diverse quality to my approach to problem-solving. I have seen some remarkable changes in the management of HIV; nonetheless, I still see the omnipresent social effects that services need to address, with discrimination, isolation, mental health issues, disability and suicide as primary concerns. Other areas of interest are the needs of those from Aboriginal and culturally and linguistically diverse (CALD) backgrounds within the HIV population.

I write regularly for *Talkabout*, which highlights my other areas of ongoing interest, including addressing the education and empowerment of young people for sexual health. For the rural setting, I'd like to see a greater collaboration across the broad spectrum of services. It's also important to recognise that as the HIV population ages, to be able to make more comfortable choices in where we live with access to informed services is an obvious need. I see my position on the Board as one way to drive this focus.

I am interested in hearing of the needs of people with HIV and hearing about suggested solutions, as when these come from within the community they generally provide the best guide and focus, when coupled with evidence-based information. Please feel free to contact me with any concerns or suggestions you have. *David Crawford*



## Brian

Not many of you will know me I have only been in Australia for the last year and half and only about a year ago did I start to get involved with the organisations supporting people living with HIV.

My journey to get to this point started when I was diagnosed as positive about three years ago in Singapore. Singapore being a conservative paternal democracy with

a very low tolerance for anything that is not considered mainstream generously gave me three months to pack up and get out. So with nowhere to go and no job and little information about HIV and its impact, I headed back to the UK, the only country I did not need a visa to reside in. Welcome to the world of discrimination. Having not lived in the UK for over 25 years, it came as a little bit of a shock. However, after a couple of false starts, I managed to secure a job here in Sydney.

I've learnt a lot about being positive in the last few years and after the initial shock and then coming to terms with the reality and how to deal with the everyday issues, I thought it was important that I got involved with the positive community to see how I could help. I have a background in software and have held senior positions in several multinational software organisations, working in many countries in Europe and Asia. I currently work for a small Sydney-based software organisation focused on providing financial information management applications to government organisations. Hopefully some of this experience will be of help to the Board in deciding the most effective strategy for the organisation going forward.

Although there has been a lot of progress with the drugs and it is now possible to live long and active lives, there are still many areas that need addressing, such as long-term effects of the drugs and the virus, the support infrastructure, education, stigma and discrimination, preventative health and remote communities.

I am a passionate believer in equal rights and detest discrimination in all its forms. I believe in humanity and its ability to show compassion and support for fellow human beings and have a can-do attitude. Hopefully these will help me help you as a director at Positive Life. *Brian Rogers*

## Cameron

For the past five years I have been a speaker for the Positive Speakers Bureau. I have also been involved in several volunteer activities with ACON and Positive Life over the past decade.

I was diagnosed HIV+ seven years ago at the age of 20. I grew up on a beef cattle farm in northwest NSW until the age of 12, then attended boarding school in Sydney. From here I travelled in Europe for a year before going to

university in Armidale. Then I moved back to Sydney to start a career in accounting, which is what I continue to do today. I am still very close to my family and our rural connections.

I believe I can bring a fresh perspective to the Board and hope to encourage more involvement from younger HIV+ people. I am excited at the prospect of making the agency more accessible to HIV+ people in rural areas.

I am a strong supporter of Positive Life and believe that there will always need to be work done in eliminating prejudice and discrimination through strong advocacy and educational activities. I take the responsibility of being on the Board very seriously and look forward to being even more involved in helping empower people living with HIV. *Cameron Colwell*

## Peter

In recent years I've been feeling a desire to become more engaged with Positive Life, an organisation that has served me well since becoming a member in 1997. Being a person of strong convictions, there are issues I feel need to be addressed for PL's continuing positive growth.

One of my main reasons for wanting to be a Board member was to address issues such as increasing the visibility and standing of Positive Life amongst national and even international PLWHA organisations, medical and educational institutions, government and non-governmental organisations, as I believe we have something unique to offer. Positive Life truly represents the HIV community of NSW (the largest in Australia),

with a focus that other organisations have lost, narrowed or redefined. Unfortunately it is not as visibly represented or well-known as some others. I wish to keep Positive Life a vigorous and representative organisation and for it not to become a stagnant bureaucracy.

After surviving the traumatic mid-'90s nadir of my HIV infection, I felt an overwhelming need for involvement with the HIV+ community. In 1997 I became a speaker for the Positive Speakers Bureau. As a former secondary school teacher, I feel HIV education to be of vital importance in creating understanding and compassion and aiding in the prevention of infection. Stigma and discrimination are still an issue.

Being concerned about the need for drug companies to see those taking HIV medication as people and not just a source of profit, I spoke to drug companies and their staff via the PSB. This led to addressing issues of compliance and side effects, in producing free, discreet, portable and practical pill containers and information kits. In 1998 I was a guest speaker at the Australian Pharmaceutical Manufacturers Association conference in Canberra.

I am still an active PSB speaker and have recently contributed articles to *Talkabout*. I have been an attendee of 729 and am currently a member of the joint Positive Life/ACON Positive Peer Support Review working group.

I'm looking forward to the coming year as a Board member and trust that my involvement brings positive outcomes for all. *Peter Schlosser*

To contact any Board member, email: [president@positivelife.org.au](mailto:president@positivelife.org.au)



## Art Phoenix Acrylic

A three-week program for beginners in Darlington in acrylic painting techniques.

Commencing Wednesday 7 March

## PozQuest Bundanoon

Addressing the challenges of HIV, grief, depression and providing strategies for healing and wellbeing.

Monday 30 April to Friday 4 May

Contact Kit on (02) 9283 8666 or email [phoenix@bgf.org.au](mailto:phoenix@bgf.org.au)

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

## Life.mail

e-newsletter

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

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

Or email: [editor@positivelife.org.au](mailto:editor@positivelife.org.au)

PositiveLifeNSW  
the voice of people with HIV since 1988

# An evening with Vanessa

David Crawford and his friend talk – and laugh – about sex.

**The morning after my dinner with Vanessa, I sent her a text message. 'I wonder if that woman sitting beside us last night is going to look in the mirror this morning and notice her perm is a bit tighter?'**

I hadn't seen Vanessa in months – she's a single mother who works fulltime, which makes it difficult to catch up. But her son Sam was going to be away with his father, making it a prime opportunity for a 'girls' night out. She mentioned that a booty call had occurred, a rare event, adding a level of intrigue before we met.

We went to a little backwater pub, ordered, then settled into conversation in the deserted dining room. We'd just got through the preliminary catch-up chat when a large party sat at a table nearby and the noise level went up.

Vanessa has been having an on/off relationship with Billy, her first boyfriend as a teenager who now lives in Queensland. Their initial relationship had some pretty rough spots, with alcohol, drugs and family issues. Billy left for the coast and Vanessa was supposed to follow. But then she met her husband, Sam's father, and

moved to Sydney. Billy came back looking for her and was told she was happily married (with 'happy' being far from the truth). Dejected, he left, met another woman and had a couple of children. Years passed, Vanessa left her husband, moved back home and they reconnected by coincidence ... or was it fate? We decided on the latter.

They now realise they cannot be apart, though a litany of obstacles prevents them from being together, mainly commitments to their respective children. So Vanessa and Billy have made a pact that they will be together when the youngest of the kids turns 18. That makes a wait of up to seven years. That's commitment.

So this was her booty call.

The conversation moved to my recent break-up, which appears amicable at this stage, although meeting the demands of the Family Law Court is gruelling. Yes, this is equality – with the good also comes the bad. I spoke about my impending trip to New York. There was the possibility of a booty call with a guy I met on my last trip, though I'd left him with the clear impression I was going home to fix my relationship. We talked about the all-too-familiar ache that comes from distance and desire, though mine isn't based on anything as substantial as Vanessa's and could turn into nothing.

## Oops!

The word 'gay' came out of my mouth just a little too loudly and a woman with a steel-grey loose perm at the newly arrived table shifted uneasily in her seat and gave us one of those looks. Oops! I noted her reaction to Vanessa and we laughed.

This prompted Vanessa to relate the story of her nephew, who is having trouble coming to terms with being gay in a rural family of unyielding Catholics. Her son Sam, now 14, had also questioned his cousin's sexuality, believing this made him different to the person Sam used to like. Vanessa wondered where this negativity had come from and set to challenging Sam about it. An understanding was established between them that a person's sexuality makes no difference to how you should treat them. We need more parents like Vanessa.

Vanessa related the story of a night at a girlfriend's place where the topic of anal sex was raised by the



# Positive Life at Fair Day 2012



## An Evening with Vanessa continued

meekest of the group, sending them into a fit of laughter and revelations. Unknown to the group, the teenage son of the host overheard the discussion. He fled from the house to his father in the shed, distressed that his mother was talking about anal sex. Now that's damage. I looked at Vanessa and laughed. "Not exactly the appropriate way to find out about the act but by 14 he should be aware of sex – at least you would hope".

This led us into some interesting territory. We started exploring and comparing aspects of attraction, chemistry, our limits, bondage, S&M and the delicate act of anal intercourse. We had left the pub and were now on the lounge at Vanessa's house, otherwise the woman with the perm might have started to clutch at her pearls.

Vanessa was surprised by the shortage of 'tops' in the gay scene, as from her point of view straight men just want to "stick it in anything at any time". After some in-depth definitions, she understood why being the 'bottom' or 'versatile' partner is so much more pleasurable for men and probably explains the shortage. For Vanessa, the act was not unfamiliar but she found it nowhere near as pleasurable as those girls moaning in the porn flicks make out. Straight men just don't appreciate the preparation required as generally they're up for it without discussion.

We moved on to what is the appropriate age to start talking sex. I discussed my work within the healthcare system trying to increase the profile of sexual health education for young people and how challenging that was. Projects fell victim to bureaucratic nightmares and budget cuts. I was introducing a sexual health campaign at a meeting in a small rural town when a youth worker verbally attacked me because the campaign promoted the use of condoms and protected sex. His vehement stance was that only abstinence should be taught. This is in a town about 100km south of a small rural hospital where the highest diagnostic related group is teenage pregnancy terminations.

Another youth worker came to me dismayed that one of her female students had sex with two boys who shared the same condom. I'm also concerned about how well informed teenagers are if they're same-sex attracted. In a clinic I worked in, a young man from the country who had sero-converted after an encounter at a sex-on-premises venue in Sydney said, "He told me he was positive and I thought, well, I am a positive kind of guy too" and had sex without a condom.

Some parents I have spoken to don't know how or when to talk to their kids about straight sex education, let alone same-sex attraction. There is a plethora of research that supports early sexual health education, showing that teenagers do not turn into orgy-seeking animals. While I acknowledge abstinence as one amongst many strategies, young people should be given the opportunity to make informed decisions. They are not thick and should be given the credit to handle knowledge as it is usually from the basis of misinformation and ignorance that they get into trouble.

With my jaw sore from laughter I said goodnight to Vanessa, agreeing that we should catch up more often and would be in touch soon. **David Crawford**

*Names used in this article are pseudonyms.*

## How are we doing?

We would like your feedback on *Talkabout*, especially since the redesign of the magazine in June 2011. All submissions are anonymous.

## Please return the completed survey to:

Reply Paid 831                      Fax: 02 9360 3504  
Darlinghurst NSW 1300  
(No stamp necessary)

You can also complete this survey online at: <https://www.surveymonkey.com/s/M7TPLYK>

## Quality and content

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

Excellent    Good    Adequate    Poor   Comment further

### 2. How long have you been reading *Talkabout*?

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

### 4. How much of the magazine do you usually read?

From cover to cover    Only the parts that grab my attention    The regular sections I like best    Hardly anything

Comment further

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

Excellent    Good    Adequate    Poor   Comment further

### 6. Do you find the text and headlines easy to read?

Yes, I can read them easily    Occasionally cannot read them    Headlines are hard to read    Text is too small

Comment further

### 7. Which of the regular sections in *Talkabout* do you read?

Everyday Life (readers respond to a theme)    Life Companions (pets)    Bush Positive (rural)  
 Still Going Strong (ageing)    Keeping you informed (Positive Life President)    From the editor    Olga's (personals)

Comment further

### 8. Which regular sections (above) would you like to see continue and which could be dropped?

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

Nearly always    Usually    Sometimes    Rarely   Comment further

### 10. Which of the following subjects would you like to see (or see more of) in *Talkabout*?

Ageing with HIV    Articles by and for heterosexuals    Book/film/art reviews    Cooking and recipes  
 Fiction/creative writing    Information about services    Information/reports on events    Legal issues  
 Lifestyle/quality of life issues    Mental health and HIV    Nutrition/health/fitness    Personal stories of positive people  
 Sex and relationships    Sexual health    Stigma and discrimination    Travel    Treatment information  
 Updates on the work of Positive Life    Websites of interest for positive people    Women's stories/reports  
 Younger people's stories   Comment further

### 11. Please list any other topics, articles or regular sections you would like to see in *Talkabout*?

12. Any other comments?

**PICKING UP AND READING TALKABOUT**

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

- Subscription  Doctors surgery  Health service  Bar/club  Shop  Friend's copy  
 Other (please specify)

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

- Easy to find  Hard to find  Other (please specify)

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

- No  Yes, with 1 person  with 2 people  with 3 or more people

16. Do you read *Talkabout* articles online?

- Yes  Never  Sometimes

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

- Prefer the paper edition  Didn't know it's online  No computer access  Not applicable  
 Other (please specify)

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

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

19. Why do you read *Talkabout*?

**ABOUT YOU**

20. What is your age?

21. My first language is:  English  Other (please specify)

22. What is your HIV status?

- Positive  Negative  Uncertain

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

- less than 2 years ago  2-5 years ago  5-10 years ago  over 10 years ago

24. I identify primarily as (sexuality):

- Gay  Heterosexual  Bisexual  Lesbian  Other (please specify)

25. I identify primarily as (gender):

- Female  Male  Transgender  Other (please specify)

26. I live in:

- Sydney - Inner city  Sydney - Inner west  Greater Sydney - Campbelltown, Hornsby, Penrith

- Regional NSW - Dubbo, Lismore, Newcastle  Other (please specify)

27. I currently:

- Work full time  Work part time  Casual  Unemployed  Volunteer  Receive a pension  Am a student

28. I am a member of Positive Life NSW

- Yes  No

## Positive Life NSW membership

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

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

For more information, visit [www.positivelife.org.au/about/membership](http://www.positivelife.org.au/about/membership)

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

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

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

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

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- I am an NSW resident receiving benefits (Please enclose a copy of your current healthcare card) **\$5**
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- I live outside NSW **\$33**
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- Overseas **\$132**

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Please charge my  VISA  MasterCard  
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Card number

Name on card

Expiry date

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## Health Promotion Fact Sheets

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

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

## Social Marketing Campaigns

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

## 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

**Rugged, Euro/Aussie man** late 50s, medium build, totally passive, longtime HIV, healthy and fit. WLTm easygoing, younger TOP for LTR. To share good times 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 and 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**

**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 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-medium build, 70kg, versatile poz guy. Honest, healthy and hygienic with GSOH and varied interests. Love animals and laidback country/coastal living. WLTm similar guys for friendship or more, depending on chemistry. **Reply 040110**

**Gosford tradie 47yo**, 6ft1, 78kg, black hair, blue eyes, 3 tatts. 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. 30-50s, skinny to medium-built guys a plus. I enjoy yoga and long, imaginative and enthusiastic love making. ALA. **Reply 020211**

**South Coast** masculine 49yo outdoors type, healthy poz guy. I'm 5'7", 77kg versatile, attractive and 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 and dining in, friendships and 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**

**East Coast NSW** 20something, very healthy poz guy, 5'11, attractive, athletic build, uncut and 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**

**Mid 40s** reasonably good-looking bottom guy, medium built, seeking 35-55. Preferably an adventurous city/country cowboy kind of guy with good health and reasonably fit body as well as attractive inside/out. Tall 5.10 + welcome any nationality for friendship and more. Genuine replies only. **Reply 230711**

**Western NSW** early 40s, good-looking, fit and healthy (5'11, 78kg) guy in Dubbo area. Into exercise, bushwalking, meditation and quiet nights. WLTm other poz guys for friendship/relationship. ALA. **Reply 280711**

**Mature guy 77yo**, HIV+ for 18 years, totally passive. WLTm active guy who likes older men for friendship, sex, maybe more. My interests include travel, historic houses and architecture, gardening, classical music, concert-going. Share accommodation available for the right guy. **Reply 020911**

**South Coast NSW** 50yo poz guy, 5'10", 79kg, MO, goatee, hair body, GSOH, loves life. ISO friend, partner in surrounding area for LTR. Like quiet nights at home. Been single for 6 years so it's time to find that special person. Genuine guys only. No Internet please. ALA. **Reply 111111**

**Darlinghurst 30yo**, young-looking, slim, dark olive skin, attractive, 5'8", 61kg, keep fit, versatile... a bit tired of one-night stands and casual sex. WLTm a versatile guy younger than 40 and who keeps fit to build a more meaningful life with. I like the outdoors, spirituality, wildlife, partying occasionally and cosy nights at home. I'm genuine and apparently DTE. Get in touch if you think we'd hit it off. I'm a nice guy. **Reply 180112**

## Men seeking women

**Sydney 56YO** 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 and 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, interspersed 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 and to share some laughs, friendship and happiness. Age, nationality are no barrier. **Reply 200611**

**Hunter Valley** young 66yo guy average build and looks, versatile, honest and caring. GSOH non-smoker WLTm a nice lady who accepts my HIV status and is happy to spend her time with me and enjoy some TLC together. ALA. **Reply 010811**

**Professional 41yo** HIV+ gay man looking for an HIV positive female who is exploring the possibility of having a baby. If this is something you are interested in, please get in touch. **Reply 080911**

## Women seeking men

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

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

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

**Mid North Coast NSW** 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](mailto:editor@positivelife.org.au) or by post to: **Olga's Personals, PO Box 831, Darlinghurst NSW 1300**  
**Ads will remain in Olga's personals for 5 issues or a period of 12 months. We encourage you to submit a new ad if your circumstances change or your ad has expired.**

## Common acronyms

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

## Answering personals

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

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

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

Olga then forwards your response to its intended recipient.

## Meeting someone

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

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

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

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

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

## Protecting your privacy

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

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

Support and Understanding | HIV/AIDS



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



**(02) 9515 5030**

**131 450** Translating and Interpreting Service

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



Multicultural HIV/AIDS and Hepatitis C Service

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.

AMHARIC

የኤድስን ህመም በተመለከተ ግንዛቤ እንዲኖርዎት እስፈላጊው ምክርና እርዳታ እንቀርባለን። በዚህ ክልል በራሳችሁ ቋንቋ የተጻፈ መግለጫ (ቆራጭ) እንዲሰጠዎ ይጠይቁ። ማንኛውም አገልግሎት በሚሰጥበት የሚያዝና ክፍያ ነፃ ነው።

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

Можемо да вам пружимо подршку и разумевање у вези ХИВ-а/ Сиде. На клиници можете упитати за брошуру на вашем језику. Све услуге су бесплатне и поверљиве.

HINDI

हम आपको एच. आई. वी/एड्स बिमारी के बारे में सहायता और जानकारी प्रदान कर सकते हैं। अपनी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें। सभी सेवायें 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 e' 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 lingua Portuguesa. Toda a assistência é gratuita e confidencial.

SHONA

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

THAI

เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์ ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ 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 ücretsizdir.

VIETNAMESE

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

SWAHILI

Tunaweza kukutoa na msaada na ufahamu kwa HIV/UKIMWI. Omba kliniki hiki kwa kifurushi katika lugha yako. Huduma zote ni siri na bila malipo.