



EDITION #206

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BLUE PENCIL

Our latest edition of Talkabout put the focus on community and connection – from the significance of finding places where we can be our full selves, to publicly championing the message of 'More Than Positive' at Mardi Gras.

Featured on the cover this issue are Megan and Billy, two of the amazing volunteers who marched with Positive Life NSW at the Mardi Gras parade, and in this issue we take a deeper look at the combined World Pride & Mardi Gras Festival hearing the experiences from a first time participant (pages 10-11).

This edition we also share reflections from Michelle Tobin on the power and vibrancy of Yabun Festival (pages 8-9), and our community thoughts on our annual event for the National Day of Women Living with HIV (pages 20-21).

In this issue we also help you make sense of the changes to the consent laws, and the impact that may have on how we navigate connection and intimacy (page 12)

We report on some of the community events Positive Life NSW has run in Talkshop (page 6) and take a deep dive into both the Changes to accessing HIV medication for people who don't have Medicare (page 22), and . Measuring our Ages with HIV (page 26).

And the wonderful Paul Maudlin closes out his In My Own Words series, this time covering the period from 2017-2022.

Once again we call on the membership to get in touch if you have any contacts who might be interested in advertising in Talkabout.

A couple of small half page or quarter page advertisements would make all the difference to sustain Talkabout. So, if you have any suggestions or questions, please get in touch!

If you have a story in mind, or want to explore how you might be part of Talkabout, please get in touch. We're on the lookout for the voices of young people living with HIV who can contribute regularly to a column dedicated to younger voices. If you'd like to develop your writing skills as well as contribute to a regular magazine, please get in touch!

Sharing your story in Talkabout is easy and simple. We can interview by phone, Zoom or face to face as part of 'In My Own Words' to make it quicker than ever to share your story in Talkabout.

Call us on (02) 8357-8386 or 1800 245 677 or by email on contact@positivelife. org.au.

I look forward to hearing from you in the near future.

CHARLIE TREDWAY
EDITOR

EDITION 4 AUGUST - #207

SUBMISSIONS AND ARTWORK: FRIDAY 14 JULY 2023

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Life Insurances for people living with HIV, diabetes and other complex health conditions

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TALK SHOP

Positive Life NSW represents and advocates on behalf of our members and the NSW Body Positive in a range of NSW HIV/AIDS sector areas. Below are brief details of topics, events and issues we've carried out that impact the interests of people living with HIV in NSW.

BODY MAPPING WORKSHOP

The first Heterosexual Body Mapping Workshop was run by Positive Life NSW in conjunction with two researchers, an artist and an accredited psychotherapist, in a dedicated, private space at the Casula Powerhouse Arts Centre on Saturday 01 April.

Body mapping is a creative way of exploring our identity through art and helps us create meaning in relation to our lives and the circumstances that have shaped them up until now. It is a facilitated, reflective way of looking at our past, our present and how we envisage our future. The workshop explored ways of healing, nurturing and celebrating our bodies by creating life-sized artworks that illustrate our perspectives and lived experiences.

We started with drawing practise that challenged our assumptions of lack of creativity or prior visual art experience by creating an image of our face. Body mapping then involved tracing each person's shape to create a life-sized outline on which to draw, paint, write or embellish with collage and mixed media including paper, pictures, fabric and textured material. We were expertly guided through this contemplative process which allowed everyone time and space to reflect on their personal lived experience and express it in a creative and cathartic form. Participants also explored empowerment, self-reflection and personal connectedness.

Attendees commented on how valuable the workshop was in expressing their emotions through art; that it was incredibly therapeutic and reduced feelings of stigma and discrimination. Post-workshop outcomes reported by the participants have included improved health and wellbeing, gaining/regaining a sense of fun and through the success of this workshop we are pleased to be already programming future body mapping workshops into our health and wellbeing program.

AGEING WORKSHOP

Positive Life NSW held its inaugural Ageing Workshop on the 13th of April at East Sydney Community Arts Centre in Darlinghurst, covering topics ranging from healthy ageing information and aged care packages, elder abuse, to preparing a will and establishing a Power of Attorney.

This event was a valuable opportunity to become apprised of the latest information about healthy ageing from a range of services and sector partners including the Australian Department of Health and Aged Care, the NSW Ageing and Disability Commission, the HIV AIDS and Legal Service (HALC), City of Sydney, ACON, BGF, and the Inner West Council.

Positive Life NSW presented an overview of the research

related to ageing as well as a program overview of our Ageing Support Program.

It was an opportunity to focus on the needs and issues of people ageing with HIV and long-term survivors, recognising that they are often overlooked in an HIV response. To this end, we also presented The Glasgow Manifesto from the 24th AIDS conference held in Montreal, 2022. This document, created by the International Coalition of Older People living with HIV (iCOPE) has been ratified by over 124 HIV and health organisations worldwide, including Positive Life NSW. The Glasgow Manifesto is a powerful reminder of the principles of GIPA/MIPA and the meaningful engagement of older people living with HIV, who are now the first generation of people ageing with HIV. This is such an important issue that we will run annual ageing workshops.

We thank all of our attendees and speakers for joining forces on such a dynamic and highly engaged day.

[+CONNECT] OUT WEST

On 16 April, Positive Life NSW held the first of its scheduled social inclusion events [+Connect] Out West at Casula in south-western Sydney, our community event for all people living with HIV including their families, partners and friends.

This luncheon event is held on the weekend so that people who work during the week and those with children are able to attend an inclusive community gathering and engage with Positive Life's staff.

The event provides a valuable feedback loop on the issues and barriers to accessing services for the diverse community of people living with HIV from the area, and an opportunity to make connections, find out about the latest health promotion information, and referral pathways to a range of other health and wellbeing support services for all people living with HIV.

As a family-friendly event, [+Connect] Out West was extremely well attended. There were many activities and games for children which were taken up by young and old alike! Our sincere thanks go to the staff at Rocco's who always go out of their way to ensure that all attendees feel welcome and safe in a private and comfortable space, as well as providing a delicious Italian buffet which is appreciated by all.

A[START]X COMMUNITY FORUM

On April 17 ACON and Positive Life NSW held a community forum with a focus on weight gain among people living with HIV.

"Many HIV positive people have found themselves gaining weight since their diagnoses. Is this just the aftermaths of COVID lockdowns? Or could the myth of HIV medication cause weight gain be true?"

We invited community members to join a panel of experts including an exercise physiologist, nutritionist and HIV sexual health physician for a conversation aimed at providing a holistic approach to healthy eating, exercise and lifestyle.

COMMUNITY CONSULTATION & ENGAGEMENT FORUM: HIV AND AGEING

On 29 April, Positive Life NSW held community consultation and engagement forum (CCEF) to engage with people living with HIV and hear from our community about their concerns, challenges and any emerging issues they may have in relation to ageing with HIV.

Despite weekend travel issues with train services, attendees travelled from regional parts of NSW as well as outer and inner Sydney metropolitan areas, to share their hopes, fears, goals and aspirations with fellow community members living with HIV.

The full day program explored how attendees perceived ageing with HIV, its impacts, and the entire experience of our lives, how we see ourselves and how we participate in the world around us. We explored this through the creation of real-time word-clouds that encapsulated peoples' thoughts and feelings, and moved into group discussions around how ageing with HIV impacts our ability to access services, resources we need, end-of-life planning and palliative care, as well as planning for the future. Each group developed a range of strategies to respond to HIV and ageing including some 'blue-sky' thinking and creative ideas.

SYDNEY CANDLELIGHT MEMORIAL

This year's Sydney AIDS Candlelight Memorial, hosted by Positive Life NSW and ACON was held on Sunday 21 May at the Eternity Playhouse in Darlinghurst. The Memorial is a time for our community to come together, remember and acknowledge those we have lost to HIV/AIDS and demonstrate our shared solidarity with all people living with HIV.

The AIDS Candlelight Memorial is commemorated annually across the world on the third Sunday of May, and this year's international theme, as set by the Global Network of People living with HIV (GNP+), is 'Spread Love and Solidarity to Build Stronger Communities'.

The sense of community was palpable with the keynote speakers sharing insightful and unique perspectives of the early days of the Australian epidemic, together with images from the time which added a special poignancy to the event in honouring and paying tribute to our loved ones, friends and family who have passed.

We wish to extend our gratitude to our MC, Positive Life NSW President Robert Agati; Graham Simms for his Welcome to Country; keynote speakers William Yang and Lesley Saddington; Mary Kiani for her musical performance; and to all our name readers who generously give of their time.

#AIDScandlelightmemorial23



YABUN FESTIVAL / MICHELLE

"We need to actively dismantle injustice, and the inequities in health and quality of life so that no one is left behind."

On January 26, 1788, the first fleet landed on the shores off Botany, New South Wales in what we now have come to know as Australia, beginning a journey of violent dispossession, erosion of human rights, and loss that is still deeply felt to this day.

On January 26, we recognise that for a great many of our community this public holiday, one that was only established 29 years ago, is a day of generational and cultural trauma.

YABUN has been celebrating the survival of Aboriginal cultures and identity on 26 January for over 20 years, actively reclaiming the day of dispossession for our mob.

Our day started with a bump in at 9am to our shared stall with SWOP and Hepatitis NSW. We had over 100 showbags with culturally appropriate resources for community to take home and share more broadly, we also had lollypops for the kiddies, which was a great draw card for Charlie and I to have further discussions with the parents/caregivers about HIV and the programs that Positive Life offer.

Aboriginal and Torres Strait Islanders in NSW are 1.6 times more likely to get HIV so now, as always, it is vitally important that Positive Life NSW through the Aboriginal Health Program, as well as our good friends at SWOP, Hepatitis NSW, ACON, NUAA and BGF represented through the 414 Close The Gap (CTG) Group have cultural conversations that raise awareness of HIV, promote body and sex positive sexual health information and deliver targeted health promotion that can be easily adopted by mob and acted on.

By being able to get out and meet community and our mob at events like YABUN we are able to talk about prevention, testing, and treatment of HIV and reduce community stigma and fear that surrounds HIV, and sexual health, effectively making our Aboriginal and Torres Strait Islander communities safer, stronger and more resilient

For many of us, and many other Australians, that date can't be seen as anything other than a day of mourning for the First Nation's Peoples. It is a day where we mourn the losses of our brothers and sisters, our culture and family connection. It is a day of resistance

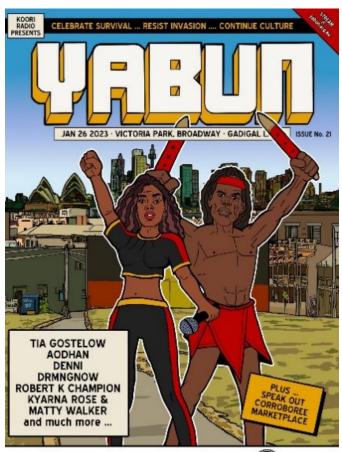
and survival. Culturally sensitive events and events run by mob, for our mob on Survival Day like YABUN are safe space celebrations of our culture, heritage and a way of preserving and fortifying our identity, reclaiming our space and making time for our voices to be heard. Our Indigenous cultures are vibrantly and radiantly enjoyed by tens of thousands of YABUN attendees every year and I hope that future YABUN days will continue to highlight the unique and wonderful culture of Aboriginal and Torres Strait Islander people. I'm proud to represent my community at YABUN and am looking forward to next year!

Thanks to our community partners, Hepatitis NSW and SWOP for an awesome stall!

As an organisation Positive Life NSW stands with the Aboriginal and Torres Strait Islander community and acknowledges the profound impact that colonisation and injustice still have on health and wellbeing outcomes.

Sovereignty was never ceded. Always was, always will be Aboriginal land.

If you're living with HIV and Aboriginal or Torres Strait Islander, and you need support, please call Michelle Tobin, the Positive Life NSW Aboriginal Health Program Officer on (02) 8357 8386, 1800 245 677 (freecall) or email contact@positivelife.org.au











SYDNEY MARDI GRAS / WORLD

MORE FESTIVAL, 'MORE THAN POSITIVE'

This year the energy of combined Mardi Gras and World Pride festivals was one for the record books with almost 100,000 visitors joining us in Sydney for the celebrations.

It was equal parts joyous and exhausting, but above all else it was bold, vibrant and empowering, and Positive Life NSW wanted to lean into that spirit for our festival visuals and theme this year with our impactful shirts and signs on full display at our Fair Day stall.

We want to thank all the community members and allies who visited our stall to chat with the team, took part in a D.A.R.E demonstration, or just revelled in the fabulous atmosphere of the day with us. We had a brilliant day connecting with everyone and sharing the work we do with the crowds.

Following on from Fair Day we geared up for the 45th Sydney Gay and Lesbian Mardi Gras Parade, excited to finally see it returning to its home on Oxford Street after two years at the SCG.

We embraced retro Flower Power energy to create an attention grabbing, colourful, euphoric parade theme to go along with our 'MORE THAN POSITIVE' messaging.

In the words of CEO Jane Costello "Our message for this year's Mardi Gras was a call to action and a celebration of our diverse, bold, wonderful community being more than a medical condition, and more than societal perceptions or stigma.

We marched with our friends and allies to normalise HIV testing for everyone, build knowledge that HIV treatment is simple, easy, and accessible to everyone in NSW improving long-term health and quality of life, and to reduce HIV stigma and discrimination. "

Positive Life NSW wants to thank all of our members, allies, friends and volunteers again who showed up and showed out to make this year's Mardi Gras float a truly vibrant, dynamic and powerful display of community joy. And a very special thank you to the amazing Petrie Porter from Glitz & Glazz for helping to bring the makeup and vibe to life.

In a parade that could only be described as epic, our float and our amazing community members were a magnificent, eye-catching display of pride.

-Charlie

DISCOVERING THE CONFIDENCE TO MARCH WITH PRIDE

I saw the expression of interest email but didn't think I was cool enough or brave to walk this year. To be honest, I have always wanted to participate but also had one of those thoughts of "I'll do it next year" or "wait one more year."

I thought about the Parade being aired on TV for the whole world to see, and the thought of someone I knew that did not know my status seeing me walk with Positive Life NSW and then assuming I was living with HIV, played heavy on my mind.

I then spoke to someone at Positive Life NSW who advised me that there were a few spots left and if I wanted to participate I could. I thought about it, asked my sister if she would like to walk with me and within two seconds she replied with excitement "YES, YES, YES, sign me up!"

This gave me the confidence to participate and walk with Positive Life NSW even more. That Monday I registered my sister and I, and we received our tickets to march.

The day of the Parade I was extremely excited. My sister and I took a train into the city and met

all the members walking with us. The Positive Life NSW office had a great excitement in the air, growing as more people came, I began to feel more joy.

When we all gathered at the Parade meeting point, I sat at one point and just took it all in. There were children and their parents, people dressed in all kinds of interesting outfits, communities celebrating this special day and just people being whoever they wanted to be in a safe space that allowed individuality free from discrimination.

I loved seeing some floats which had beautiful colours, lights and music. Just over one hour before we were due to walk the streets got increasingly packed and we gathered next to our float. We had music playing and many of us started dancing. I met so many amazing people too from other organisations.

When it was time to walk, I grabbed a poster, tied my laces and off we went. As soon as we turned the corner into Oxford Street I felt an extreme sense of pride, joy and belonging. The people cheering us on, and dancing and waving was such a special moment. Making eye contact with people and yelling out "Happy Mardi Gras" or "Hello" was so special. I looked back at one point and saw my sister having a ball and dancing and waving to the crowd too.

When the Parade ended, I shed a tear as I didn't want it to end. What a special moment that was. I honestly felt so blessed to have walked with an organisation like Positive Life NSW who have done so many wonderful things for the LGBTQIA+ community, and whom I respect wholeheartedly. I am already looking forward to next year's Mardi Gras Parade where I will walk again with Positive Life NSW with pride.

- Mel



























LAW CHANGE CONSENT

The Crimes Legislation Amendment (Sexual Consent Reforms) Act 2021 (NSW) (the 'Act') has now come into effect. The new law amends the relevant provisions of the Crimes Act 1900 (NSW) and is an important step in updating NSW consent laws by introducing affirmative consent provisions. Affirmative consent means that a person will need to take active steps to establish that their sexual partner/s are consenting. A sexual partner must say or do something to indicate they consent to the sexual activity.

Certain provisions introduced in the Act may also have an impact on the lives of people living with HIV. If a person living with HIV misleads or lies to a sexual partner about their HIV status, this may mean that the sex is no longer consensual.

HALC recognises that it is important that the law protects against some forms of 'fraudulent inducement' such as where a person engages a sex worker, who consents to sex on the condition that they will receive payment, and then the client withholds payment. However, HALC are concerned that the broad nature of this provision will have negative impacts on the NSW's public health response and the privacy and safety of people living with HIV.

HALC will continue to advocate for the amendment of section 61HJ of the Crimes Act 1900 (NSW) so as to protect the privacy and safety of people living with HIV in NSW.

What does the legislation stay?

Section 61HJ of the Crimes Act 1900 (NSW) outlines circumstances where a person will not have consented to sexual activity. This includes, but is not limited to, circumstances where a person fraudulently induces someone into participating in a sexual activity. The provision states:

61HJ Circumstances in which there is no consent

- (1) A person does not consent to a sexual activity if -
- (k) the person participates in a sexual activity because of a fraudulent inducement.

Section 61HJ(3) limits its application to not include a misrepresentation about a person's income, wealth or feelings. The Attorney General has made specific reference to 'an infection or disease' when discussing the Act in Parliament, stating:

"If an accused person expressly and fraudulently warranted that they did not have an infection or disease, but knew this to be untrue, and the complainant made clear their consent is contingent on the representations, this may constitute a fraudulent inducement depending on the context and state of mind of the accused."

Do I have to disclose my HIV status before I have sex?

You are not legally required to disclose your HIV status before you have sex. However, under the new consent laws, lying about your HIV status or lying about being on PrEP to persuade someone to participate in sexual activity may mean that the sexual partner has not consented to the sexual activity under the law.

As the new law is untested, we are unaware what impact, if any, having an undetectable viral load will have if someone misleads or lies about their HIV status to their sexual partner.

If you lie about your HIV status to induce your sexual partner to participate in sexual activity you may be charged with sexual assault. A person found guilty of sexual assault may be liable to imprisonment for up to 14 years.

It is also important to still remember that under the Public Health Act 2010 (NSW), if you know you are living with HIV, you must take reasonable precautions against transmitting HIV.

What are reasonable precautions?

Under the Public Health Regulation 2022 (NSW), reasonable precautions may include the following:

- Using condoms;
- Having an undetectable viral load of less than 200 copies/mL from being on effective treatment;
- Seeking and receiving confirmation from a sexual partner that they are taking pre-exposure prophylaxis (PrEP).

You should also consult with your HIV specialist about the risk of HIV transmission to sexual partners and what the most appropriate reasonable precautions are for you to take based on your circumstances.

Penalties apply for not taking reasonable precautions against transmission of HIV (maximum of 100 penalty units (\$11,000), 6 months in jail, or both).

Even if you disclose your status to your sexual partner, you could still be charged under this section if you fail to take reasonable precautions.

Do I need to disclose my HIV status on my dating profile?

You do not have a duty to disclose your HIV status on your dating profile. However, you should not lie on any dating profile about your HIV status or being on PrEP.

If you engage in sexual activity and your sexual partner had seen the information on your dating profile, the sexual activity may not be consensual under the law. If you are not comfortable with people knowing your HIV status, it is best not to include this information on your dating profile.

If you are asked online about your HIV status it is your decision whether you wish to disclose or disengage from the conversation. It is still important to remember that if you lie about your HIV status on a dating application or website this may mean that your sexual partner has not consented to sexual activity subsequently engaged in.

Do I need to disclose my HIV status if I am asked after engaging in sexual activity?

No, if your sexual partner asks your HIV status after engaging in sexual activity you do not have to disclose. If you mislead or lie about your HIV status, this may impact that person's future consent to engage in sexual activity with you.

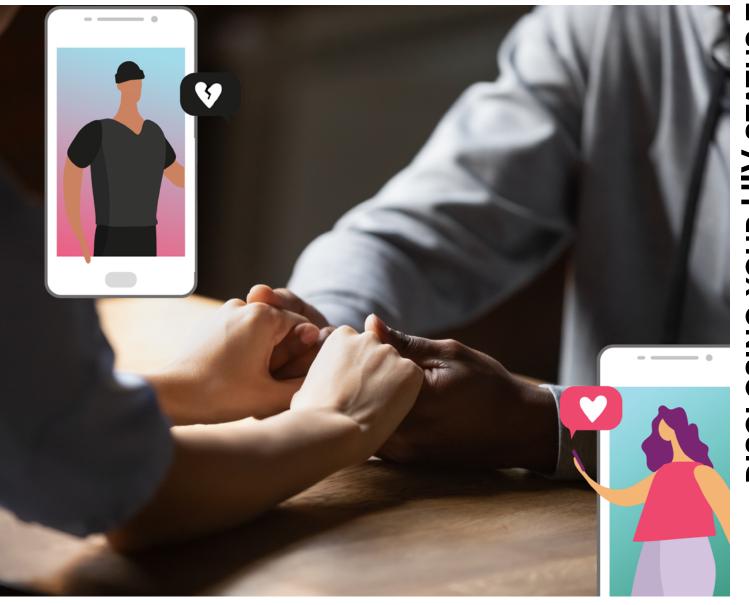
What about other Sexually Transmissible Infections (STIs)? Do I have to disclose them?

Similar to HIV, you do not have a duty to disclose your STI status. However, if a sexual partner asks you if you have any STIs you should not lie to them. If your sexual partner does not ask if you have a specific STI, or any STIs, you do not have a duty to disclose. However, you do have a duty to take 'reasonable precautions' to not transmit any STIs. You should talk to your doctor about suitable 'reasonable precautions' you can take so as not to transmit an STI.

What should I do if I am contacted by a sexual partner or the police about this?

If you are contacted by the police, or your sexual partner has informed you they will be contacting the police, you should not say anything and seek legal advice immediately.

You can contact HALC on (02) 9492 6540.



halc

The HIV AIDS Legal Centre

The HIV/AIDS Legal Centre is a not-for-profit, specialist community legal centre, and the only one of its kind in Australia.

We provide free and comprehensive legal assistance (within operational guidelines) to people in NSW with HIV or hepatitis related legal matters. This includes in such areas of law as: discrimination, privacy, immigration, end of life planning, insurance, superannuation, social security, criminal, family, housing and more.

For confidential legal assistance please contact us: Phone 02 9492 6540 or email halc@halc.org.au



Positive Conversations - a monthly online event for all people living with HIV - Call Positive Life NSW (02) 8357 8386, 1800 245 677 or email contact@positivelife.org.au

Need to talk about

Positive Life NSW



Treatments Support for all people living with HIV - Call Positive Life NSW (02) 8357 8386, 1800 245 677 or email contact@positivelife.org.au



If you are an Aboriginal or Torres Strait Islander person and live with HIV, you're invited to have a yarn with Michelle Tobin, the Positive Life Aboriginal Health Program Officer who supports indigenous people living with HIV in NSW. on telephone (02) 835, 8386 or 1800 245 677 (freecall) or email contact@positivelife.org.au



STRAIGHT AND HIV+?

- Get the latest information on topics such as pregnancy, treatment and living well
- · Find out about other useful services
- Connect with other heterosexual people living with HIV

WEBSITE	EMAIL	FACEBOOK
pozhet.org.au	pozhet@pozhet.org.au	<pre>@pozhet</pre>

Pozhet is a government-funded NSW-wide service for heterosexual people at risk of or living with HIV, their partners and family.

IN MY OWN WORDS / PAUL MAUDLIN

2017: An abrupt ending for teaching community services.

After my disastrous start to teaching at TAFE NSW the previous year, I picked up the ball and didn't stop running for the next three years until I fractured my tibia and fibula in December 2019 just days before the end of semester two (see 2018-2020 below).

Unfortunately, after recuperating from my injuries, COVID-19 prevented any more face-to-face teaching in early 2020 (and beyond) and so I reluctantly called it quits. This was a difficult decision to make, and I didn't want to complicate my teaching duties and the very long behind the scenes work anymore than they already were by taking up digital teaching.

Despite the very long hours I dedicated to teaching, I enjoyed the many challenges that this placed upon me. Had it have not been for the world-wide events of COVID-19, I most likely would still be teaching today.

2018 - 2020: Operations, non-HIV potential life-threatening conditions.

In April 2018 my CD4/Viral Load was 756/<20, and this was my highest ever count since August 1993. It was long after that time that most HIV clinicians and practices no longer focused on CD4 counts alone, instead focusing more attention on a person's viral load.

Despite this my HIV Specialist still wanted me to see me twice annually. My viral load results fortunately continued to trend in the right direction thereby being consistently 'undetectable'. To date my results from April 2018 have failed to be surpassed.

Two years had passed since my heart attack and hernia repair and health wise things couldn't have been better. This changed suddenly in June 2018 when I needed to have day surgery in hospital for the excision of a small lipoma on my upper back. This was a straightforward procedure, and I suffered no ongoing trauma from it being excised successfully. This was the start of a series of medical interventions by non-elective surgery over the next two and a half years.

Fifteen months later (September 2019) I was experiencing severe lower back pain and my GP sent me for a renal ultrasound which revealed that I had a kidney stone in my left kidney. I was then referred to Dr Mark Louie-Johnsun, the Urologist that I had been seeing since 2007.

Mark wanted a nuclear medicine test conducted (Renal DTPA Scan) and two months later it was confirmed that the kidney stone had split into two calculi and moved into an opacified bladder diverticulum (bladder diverticulum identified during a routine endoscopy in 2012). A cystoscopy in early December 2019 resolved this painful situation.

Eleven days later, December 14th after visiting my mother at Wyong Hospital (where she later died five days later), I was rushing around and slipped on loose gravel and fractured my tibia and fibula. I presented to Wyong Hospital Emergency with my left foot hanging precariously and in agony. Emergency staff put me to sleep while a temporary cast was applied, prior to being transferred to Gosford Hospital later that evening. The next day I underwent an emergency fixation of my left tibia and the insertion of an implant consisting of a Stryker T2 345mm tibial nail with two distal proximal locking screws. A long rehabilitation followed, and again some more sick leave.

On Monday 3rd February 2020 after graduating from using a walking frame (I couldn't manage crutches)

and being semi-mobile with the aid of a quad walking stick, I had my HIV monitoring done by Dr Kym Collins at her fortnightly HIV/ Sexual Health outreach clinic at Wyong Hospital. This was eight months after my last visit with Prof. Anthony Kelleher at St. Vincent's Hospital.

It was during routine discussions with Kym that she suspected that I might have possibly been experiencing a Pulmonary Embolism (PE). Kym immediately contacted Mariner's Medical Practice in Tuggerah where I was under the care of my GP, Dr David Burcher. The situation was explained to reception staff however, an appointment was not available until the Wednesday.

David immediately sent me across the corridor to Hunter Imaging for a CT scan. After the scan was completed, I was asked to sit in the waiting area for fifteen minutes for the result. A staff member came out and asked me when I was going to see my GP again. I replied that this depended on my CT result, and whether I needed to return to see my GP.

With that, the person asking me this realised that my GP was on the same floor as their service, and then immediately escorted me across the corridor. The situation was explained to Mariner's Reception staff, and I got straight in to see David.

David explained my CT result to me and said that it was amazing that I wasn't feeling extremely unwell, as I had extensive bilateral clotting throughout major pulmonary arteries. Blood thinners were prescribed and initially the drug I was prescribed was counteractive to one of the HIV antiretrovirals I was taking. A day later a quick change rectified this situation and three months later there was no further evidence of a pulmonary embolism.

Unfortunately, this was not the end of clots for me and seven months later at the suggestion of my Cardiologist Dr Andrew Hill (see below), I was sent for a Doppler scan of my left leg because nobody else had thought about doing one after my tibia fracture. Guess what? The Doppler revealed that I had a persisting occlusive deep vein thrombosis (DVT) throughout one bifid femoral vein and extending further as partially occlusive thrombus throughout the popliteal vein.

Additionally, a segment of isolated partial thrombus was also identified involving one medial gastrocnemius and webbing noted in another vein. More time on the blood thinning medication was required. Unbeknown to me at the time, because of COVID-19, 31st March 2020 was the last day that dental practices in NSW were permitted to operate before being required to close for three months. Fortunately for me, I was already scheduled to see my Dentist, Dr Trevor Morris at Holdsworth House Dental Practice in Darlinghurst that day.

My appointment was to have broken filling repaired and for Trevor to check out a small ulcer like lesion on the right side of my tongue which had been coming and going for several years and for the past three months was refusing to heal despite the use of a topical oral agent. Trevor repaired my filling and made an urgent appointment for me with an oral surgeon, Dr Bruce Austin at The Vintage in Sussex Street, Sydney later that day. Trevor suspected the lesion was a Squamous Cell Carcinoma (SCC).

Dr Austin couldn't confirm Trevor's suspicions and felt that I needed to see a cancer specialist. An appointment was arranged for the following week with Prof Jonathan Clark, a head and neck surgeon at the Chris O'Brien Lifehouse in Camperdown. This marvellous state of the art cancer facility was still

seeing and treating patients and not affected by COVIID-19 shutdowns.

Jonathan calmly explained that the tongue lesion was most likely a small tongue cancer and that he favoured doing a wide excision rather than a biopsy/excision. He further explained his rationale and approach that if a biopsy was negative, he still thought that an excision would be warranted to exclude a cancer. My operation for a wide excision of the right tongue took place on 15 April without any complications.

Two weeks later I had a postoperative appointment with Prof Clark, and he said to me "You are one of the 10% of patients I see here of whom I am very happy to say that your suspected tongue cancer result was negative." My pathology results indicated that I had acute inflammation with fungal hyphae and only mild dysplasia. (precancerous).

Because of my experience with pulmonary embolism in early February, my cardiologist Dr Andrew Hill brought forward a routine five-yearly coronary angiogram procedure as a precaution due to evidence of extensive calcification in my Left Anterior Descending (LAD) coronary artery when the CT Pulmonary Angiography (CTPA) was performed. Thankfully, the procedure confirmed that my LAD was unchanged in appearances following synergy stenting in 2016.

The 3rd of September 2020; and yet another surgical procedure. This time it was a laser enucleation of the prostate. This operation became necessary due to worsening nocturia and associated urine flow problems over thirteen years. I had also been on long-term medication for Benign Prostate Hypoplasia (BPH). The procedure proved to be very effective, and my 'waterworks' returned to a normal state, and the added benefit of no longer needing to take medication.

The only downside for me was that I fell into the group of men (80%) that experience retrograde ejaculation (dry organism) as a common symptom of having this procedure. There is also a 10% chance that the procedure might need to be repeated in ten years' time.

In a letter from Prof Kelleher at IBAC at St. Vincent's to Dr Kym Collins at Holden Street Sexual Health Clinic in Gosford, dated 26 October 2020, it stated in part "I reviewed Paul at the Immunology Clinic today by phone. As you know, he has had a relatively torrid 12 months."

Shortly afterwards I applied for the Age Pension as I was turning age 66 in three months. My investigations beforehand confirmed that I was eligible for a part pension (due to being in receipt of a Navy & Department of Veteran Affairs pensions), and could still work parttime if I chose to do so.

2021 - 2022: Transitioning to final retirement

My birthday came and went, as I once again found myself weighing up my options regarding retiring for the final time. I had been employed in the workforce continuously since the age of 15, and wasn't quite ready to hang up my boots just then. But I was getting close! After considerable thought I decided that I needed to be on the final road to retirement by my 67th birthday.

So, due to staff changes and movements at Holden Street Sexual Health Clinic in Gosford in April 2021, I decided to call it time and commence my extended annual leave/long service leave in November 2021 with my final retirement being officially completed in late November 2022 (see also Talkabout #201, Feb '22).

Two months before I resigned in September 2021, I needed to have a routine five-yearly colonoscopy at Wyong Hospital. None of the colonoscopies that I've had over the years have detected any cancer or polys. However, on this occasion I was surprised to hear a nurse telling me afterwards in recovery that one polyp had been found.

My gastroenterologist, Dr John Dowsett confirmed this finding before I left recovery. He told me that he had found a one 1cm typical sessile serrated polyp (SSP) and that had been removed by a new technique known as cold snaring. Dr Dowsett also advised me that due to this finding I would need a repeat colonoscopy in 2024.

Dr Dowsett's report to my GP further confirmed what he told me verbally in recovery. I was however surprised when reading the last sentence of his report which stated, "Overall therefore significant polyp disease has been found." I didn't understand or appreciate that finding only one very small polyp meant that I had significant polyp disease. I queried the wording in the sentence with Dr Dowsett some time later by email. He wrote back a lovely letter confirming that the wording was in fact correct.

2022: Exercise physiology, Remedial massage & Chiro

While I have been transitioning to full retirement, I have taken the opportunity to attend my gym more frequently. In February I was contacted by Vida Health who are partnering with the Department of Veteran Affairs (DVA) and offering qualifying veterans the opportunity to participate in one-on-one exercise physiology sessions.

In March I commenced twice weekly sessions (at another gym), and I have benefitted greatly from these, going back to my own gym practising exercises that I have learnt through Vida/DVA. This is one of the best programmes that I have ever participated in, and I enjoy the two half-hourly sessions.

I have been getting regular remedial massage sessions through my private health fund for the past couple of years at a chiropractic service in Warner's Bay. In July my massage therapist recommended I see one of the Chiropractors because he suspected I had some upper and lower back issues that couldn't be resolved by remedial massage alone. He was right and I have been attending regular chiropractor sessions since then, and am amazed at the difference it has made to my back. These sessions will end soon as the identified problems were not major and have now been almost satisfactorily resolved.

2022: Taking the bull by the horns

While writing these editions of Talkabout in 2022, several things have occurred, and possibly the best of these was finally changing HIV specialists and simplifying my HIV antiretroviral medication after 16 years. I have already written about this to some degree in earlier Talkabout editions (#204 & #205), and will now simply tell readers what happened to reverse earlier decisions made by myself and others in charge of my HIV care.

In May 2022 I contacted Dr David Baker at East Sydney Doctors Practice to see if after eleven years I could be re-treated by him for facial lipoatrophy with 'Sculptra' (see Talkabout #203, Jun '22). David graciously told me that I could still be treated with Sculptra despite it being more than two-years since last having Sculptra injections (subsequent Sculptra treatment can be administered at two-yearly intervals).

He also told me that my previous series of injections all those years ago had served me very well, and I was one of the few people living with HIV for whom this form of treatment had provided excellent results. Despite this, David agreed that I would also benefit further by having two more sessions over two months, and these commenced in June

It was during the second visit for Sculptra that I asked David if it was

possible to change HIV specialists and become a patient of his at East Sydney Doctors. I also wanted to change HIV antiretrovirals if it was possible. David told me I was welcome to transfer my care if that's what I wanted.

He didn't think changing antiretrovirals would be a problem and thought he could simplify my medication regimen. He had two options in mind for going forward which would greatly reduce my daily medication burden. Both options were similar, and would do the same job as those that I'd been taking for so long.

I provided David with my own fourpage spreadsheet of my HIV history and other supporting documents. He authorised electronic scripts for once daily Symtuza and Dolutegravir on 1st September. My first viral load result on the new medication a month later remained 'undetectable'. That was almost 6,000 days since commencing my previous multimedication HIV antiretroviral regimen in 2006.

The whole process of attending East Sydney Doctors in Darlinghurst has been a total change from what I have been used to in the past, and I am very pleased to say I have been pleasantly surprised by this. Getting electronic scripts issued and then subsequently getting those scripts filled the same day by Serafim's Pharmacy in Darlinghurst is much easier than having to give a week's notice to a hospital pharmacy on the Central Coast before being able to collect medication.

Subsequent follow-up monitoring in October and December also resulted in undetectable viral load results. For the first time in sixteen years my liver function tests (LFT's) were normal. My regular monitoring frequency has now been stretched out, with the next bloods scheduled for March 2023. As I approach my third decade (August 2023) as a person living with HIV, I am very optimistic that the good trend will continue.

2022: Looney Tunes cartoon character, Porky Pig.

This is the last of six instalments that I have written for Talkabout. I have enjoyed revisiting and researching my own HIV lived experiences using my HIV journal (covering the period 1993 – 2000), and other documents, letters and reports which I have collected since 1993. While also recalling the many events and challenges that I faced over such a long time.

I am conscious of the fact that my story is not special or unique, it's simply just the way it has panned out for me, and how I have chosen to manage and live with HIV. Many others have stories of their own, good, bad or indifferent. I would like to thank Positive Life (NSW) for permitting me the space to put my story into print.

From the outset I have been determined to 'live' with HIV and have refused to box myself into a corner, never leaving that corner. I think I have achieved this despite the

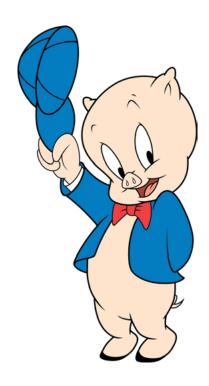
unique way that HIV/AIDS tends to be so unpredictable. I for one, believe we never know what is around that corner, and must be ready for whatever is thrown at us.

I often wish I possessed a crystal ball so that I could see the future and what that future has in store for me. The reality of course is that I don't have a crystal ball, and that as I continue to age while living with HIV, I hope that I do so without too many more surprises.

Finally, I would like to acknowledge and thank the many health care professionals (either in the NSW Health system or non-government organisations), and the many people living with HIV (former work colleagues, clients or friends) that I have had the pleasure to cross paths with in these past 29 years.

You are all truly amazing people who have given me a sense of purpose and strength, and the will to persevere and live as best a life as possible over such a long time.

In the famous words of Porky Pig - "That's all folks!"



-Paul R Maudlin OAM, LP



WOMENS SPAC

On March 9th, Positive Life NSW marked the eighth National Day of Women Living with HIV with a special High Tea event.

This significant day was created as an annual event with the idea to situate it the day after International Women's Day to promote a greater awareness of women living with HIV in Australia. And we would like to pay our acknowledgments to Dianne whose idea it was eight years ago to hold this day to honour and celebrate the remarkable community of women living with HIV across Australia in all our rich diversity and vibrancy.

This year's aspirational and galvanising theme of Challenging Stigma: Closing the Gender Gap recognised and affirmed all women living with HIV, and was an opportunity to challenge stigma in all its forms, and raise awareness around HIV gender-related inequities.

Jane Costello:

This day as always, provides an important opportunity to shine a light on women living with HIV and focuses on particular issues faced by and of concern to women. Today's theme Challenging Stigma: Closing the Gender Gap speaks to that exactly. Women still continue to be largely invisible in our HIV response and live with inequity, in silence and often in secrecy. These in turn feed an insidious climate of stigma and discrimination. Globally, women make up 54% of people living with HIV, yet why for example, are we under-represented in HIV studies and research? In every context, women living with HIV are impacted by stigma, discrimination, exclusion, and violence that impede our human rights – such as the right to privacy and confidentiality, to freedom from coercion and harm, and to accessing information and services to achieve optimal health and wellbeing. Here in NSW, women living with HIV make up about 12 percent of the total population of people living with HIV. The Kirby Institute

has estimated that there are currently 1,070 women living with HIV in NSW, with approximately 5% undiagnosed and therefore unaware of their status.

Last year's international World AIDS Day theme was a call to action to address the inequalities which are hindering our target of virtually ending HIV transmissions by 2030, and preventing people living with HIV from living their best lives. Social justice in health can take equity one step further by fixing the systems in a way that leads to long-term, sustainable, equitable access to health and wellbeing for all and especially women, for generations to come.

If we are serious about realising these targets and truly achieving equity for all and I am talking for women here, we need to go back to basics and rethink how HIV 101 is done. The HIV pandemic is not over.

There is a paucity of research undertaken on women living with HIV which exacerbates genderrelated inequity. The under-representation of women living with HIV in research leads to gaps in scientific knowledge about the ways in which HIV may affect women. This is particularly relevant around treatment as historically this was studied in men, and we still do not fully understand how HIV medications interact with women's bodies. There are multiple intersections between HIV and additional socio-economic factors specific to women which affect the health and wellbeing of the diverse community of women living with HIV. Increasing the enrolment of women in HIV research studies requires access and availability for all regardless of background, culturally appropriate, co-designed research strategies that make it easier for women to participate, as well as creating an awareness in women of the objectives and importance of research.

We were honoured to host Professor Kathy Petoumenos from the

Kirby Institute who spoke about the CLIO Study, and the ways in which we might be able to address some of these research blindspots here in Australia.

We at Positive Life NSW have observed similar trends in our work with women living with HIV. Women living with HIV are more vulnerable to HIV-related inequalities, often made more complex through factors including societal pressures, motherhood, immigration and domestic and family violence.

Our gratitude to Ashley Ognenovski, a solicitor from HALC who joined us to speak about the joint collaboration between HALC and Positive Life NSW in setting up a free drop-in legal service for women living with HIV in western Sydney.

It's time to talk about HIV in all communities through nnuanced, targeted messaging that doesn't make assumptions about people's beliefs, cultures, behaviours, sexuality, gender or understanding of sexual health so that we truly leave no-one behind.

Women need to see themselves represented in this messaging and research, put simply we want to see diversity, equity and inclusion in the HIV response. We must build strong, resilient, health literate communities of women living with HIV who are empowered to make evidence-based, informed decisions for themselves.

Catherine:

The National Day of Women Living with HIV is an important moment to highlight all women living with HIV in Australia.

Women coming together to acknowledge our different experiences, our similarities, and our unique medical needs. It is a chance to look at where we are now and see how far we have come. What barriers we still face, but also to celebrate the fact that HIV is a chronic illness not a death sentence.



A day to discover how services are responding to the fact that we are living longer and the obvious changes that come with ageing. And to find out how it impacts differently for a woman living with HIV compared to a woman without HIV. Once again there are similarities, but there are some differences. It's an opportunity to find out what research is being done with regards to the needs of women living with HIV. To learn what new services and treatments are available, and also remind us of some services or treatments that we may have previously overlooked, as it may not have been the right time in our journey to engage with and/or process it.

It was a pleasure to be invited to be a makeup model. The applying of my make up by James from MAC Cosmetics was like getting a mini facial. The rhythm of the makeup brush was very therapeutic and even better I looked fabulous at the end. James gave me a personal run down on applying makeup, my skin type and types of colours to use for my skin and even some hot tips to solve my perspiration problems. The makeover that was done on the day was for special occasions as it took some time. James said this does not have to be every day. If you feel you don't have time just apply some moisturiser, an eyelash curler, mascara and perhaps a little lipstick, which we received as a gift for attending the day.

But most of all it was a pleasure to just be among other women living with HIV, on a day created to centre our lived experience and needs, and above all celebrate us.

Mel

This was my first time attending the National Day of Women Living with HIV, and I felt incredibly privileged to be asked to share my story with women who attended, and be one of the makeup models for the MAC Cosmetics team.

I really enjoyed the opportunity to hear Jane and Cathy speak, and learn about everything from how to apply makeup, to hearing more about services available for heterosexual women living with HIV.

But the highlight for me was meeting the beautiful women who attended, and learning more about them all, with a tea in one hand and a scone in the other.

I came in a bit earlier to prep my face with the makeup artist, and have her do half of my makeup before the event started, so she could demonstrate how she achieved the look on the other side for the audience. I shared that having half my face done was ironic as I feel like I wear two "masks" occasionally. One mask is worn in my personal life, and the other is worn in the HIV community.

The mask in my personal life is how tough it can be navigating between people who know my status and those that don't. The other is in the wider community of people living with HIV, where I feel like I wear a mask as woman living with HIV, and how different that experience is to my male counterparts.

I'm from a country that has one of the highest rates of people living with HIV and I have felt the assumption that I

contracted it back home, but in reality, I acquired HIV in Australia. I am glad to say I have not really faced much discrimination, but I know I'm one of a few that can say this. The only time I have truly felt stigma was when I was in a relationship with an uneducated man, and that can make dating hard, but I'm lucky I have found many men who were well informed about HIV.

I shared with the ladies that when I was first diagnosed with HIV, I went to see my specialist and while waiting in the waiting room all I could see around me on the wall was support groups for gay and bisexual men. There wasn't anything advertised for heterosexual women living with HIV.

Recently for the first time I have started meeting young women of colour living with HIV, but I feel we need even more services and spaces for us. I believe peer support is incredibly powerful on our journey. Seeing people like me speak freely about what it means for them to live with HIV in Australia, gives me hope that one day there will be more support for us ladies.

Having said that, I am so grateful my friend introduced me to Positive Life NSW as they support women like me and are doing great things that I have loved being a part of. I feel like I have found my "people" who just get me. This organisation lets me be unapologetically me. I feel 100% supported and I have a sense of belonging.

This is a beautiful event, and one that in my opinion is deeply important, a place to celebrate women as often it can feel like we are the forgotten members of the HIV community in Australia. Having a space that brings women together from all walks of life to helps me connect with people who may be experiencing similar challenges, while also receiving education that may be completely new to us. It feels like it is just the start for women living with HIV in Australia.

We need to tell the world that while we may be a minority we are still here, and like our gay and bisexual brothers living with HIV, we also need our voices to be heard, our stories shared, and more services developed.

TREATMENT ACCESS UPDAT

NSW has recently signed the Federal Funding Agreement announced by the Health Minister on World AIDS Day, December 01, 2021. Positive Life NSW, the National Association of People living With HIV Australia (NAPWHA), and other jurisdictional positive living organisations have long advocated for a change in the way HIV medication is accessed in Australia by people who don't have Medicare and this new agreement is a welcome addition to the availability of anti-retroviral (ARV) treatment options.

This agreement primarily affects visitors to Australia on medium- and long-term visas and for those people who are looking to stay permanently in Australia who are ineligible for Medicare or reciprocal health arrangements. If you currently access HIV medication through a reciprocal health agreement then this scheme doesn't apply to you.

This new scheme has completely overhauled the way medication is provided for people in Australia who don't have access to Medicare, however the changes shouldn't greatly impact those who have previously accessed HIV medication through the industry sponsored compassionate access scheme, which will be replaced by this federal funding agreement.

What happened previously?

If you were ineligible for Medicare in Australia there was a system called compassionate access which was administered by the pharmaceutical companies ViiV Healthcare and Gilead. People living with HIV who didn't have access to Medicare were able to get compassionate HIV medication provided for free by pharmaceutical companies through liaising with s100 prescribers. This system has been replaced.

What is the new funding agreement?

The new scheme is called the Federation Funding Agreement (FFA) – Health – Schedule for communicable diseases of public health concern – Access to HIV treatment for people who are not eligible for Medicare. Because that's a bit long, it's been shortened colloquially to be known as the Medicare Ineligible Scheme. It was first announced in December 2020 and again with greater information in December 2021. The funding agreement amounts to \$12.5m per year to states and territories to provide anti-retroviral therapy (ART) to people living with HIV who are ineligible for Medicare. The scheme will run until 2026, however we expect this agreement to continue beyond 2026.

This funding agreement does not cover the use of HIV medication as pre-exposure prophylaxis (PrEP) for people who are not eligible for Medicare. There are other options available for accessing PrEP and if you would like to know more, speak with a peer navigator at Positive Life NSW by calling (02) 8357 8386 (freecall 1800 245 677) or by speaking with a community health promotion officer from ACON (www.acon.org.au)

Why do we need this new funding agreement?

Relying on compassionate access through pharmaceuticals companies with no clear government-based treatment access policy, means that barriers to treatment have been created. This in turn can lead to poorer health outcomes for people living with HIV because we know definitively that early treatment can go a long way to reducing the impact of HIV on our lives.

Jurisdictional and Federal HIV strategies define the need to innovate and reduce barriers to accessing HIV medication.

For example, key action items of the National HIV Strategy 2018-2022 are to:

'Investigate a sustainable model for access to treatment for HIV for people who are ineligible for Medicare'

and to

'Increase capacity for HIV treatment and care in those health services providing culturally appropriate care to Aboriginal and Torres Strait Islander people and culturally and linguistically diverse populations.'

The NSW HIV Strategy 2021-2025 clearly states the need to reduce and mitigate barriers to HIV treatment, as well as

'to work closely with the Australian Government to reduce the impact of Medicare ineligibility.'

The implementation of the Medicare Ineligible Scheme goes some way to developing a sustainable treatment access model and will be beneficial in providing treatment options for people from culturally and linguistically diverse backgrounds. This scheme will also reduce and mitigate financial barriers, as well as standardise Medicare ineligible access to HIV treatment in NSW and Australia.

What does this mean for me?

The NSW Government agreed to implement the Medicare Ineligible Scheme with the Australian Government and it is now in effect (April 2023).

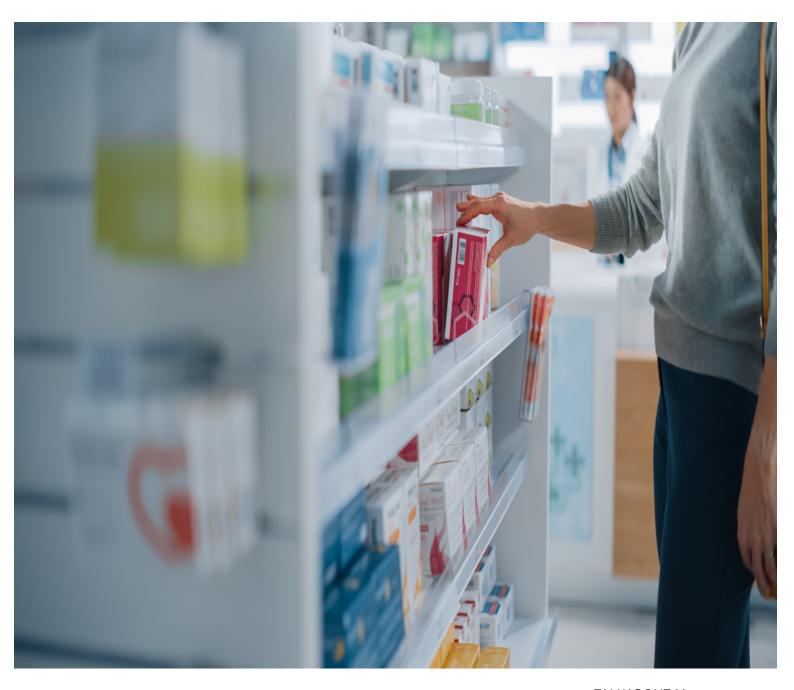
If you are ineligible for Medicare and currently get your ART through compassionate access, your s100 prescribing doctor will have a conversation with you about the new scheme. Not much will change, and you will be able to access the same medication you have previously taken.

Perhaps this will be a good time to review your HIV medication with your doctor and discuss what other ART medications are available for you? Positive Life NSW always promotes 'patient-centred' decision making and choice; there are a wide variety of ART medications available in Australia. If your current medication isn't working for you then perhaps it's time to talk to your doctor about changing. The most notable difference for those on this scheme is that you will need to dispense your medication through a hospital pharmacy.

The good news is that you will be able to take more than a month's supply home with you, depending on which clinic you visit.

Sexual Health Clinics in NSW are free in NSW, and many are attached, or close by, to a hospital pharmacy.

However, this change may be inconvenient and If you need assistance you can call Positive Life NSW on (02) 8357 8386 or freecall 1800 245 677, we would be more than happy to help.







MAY

- 25 Tai Chi Surry Hills 8am
- 30 Digital Mentors Surry Hills 12:15pm

1 In The Know Sydney 6:30pm

a Research & Treatments update for people living with HIV.

2 The Social Club 6pm

For all people living with HIV who identify as heterosexual

- 6 **The Women's Room** Online **6.30pm**For all women living with HIV under 45 years of age
- 6 The **Men's Room** Online **6.30pm**For all men living with HIV who identify as heterosexual regardless of their length of diagnosis.
- 8 Tai Chi Surry Hills 8am
- 15 [+Connect] 7pm
- 21 Peer2Peer Sydney 6pm

 For all gay and bisexual men living with HIV
- 27 **Positive Conversations** Online **6pm** *For all people living with HIV*

- 6 Tai Chi- Surry Hills 8am
- 7 The Social Club 6pm

For all people living with HIV who identify as heterosexual

11 For Women- Online 6:30pm

bi-monthly online discussion forum for all women living with HIV anywhere in NSW over 40 years of age

- 13 Peers Connect HNE (Newcastle) 12pm
- 16 [+Connect] OUT WEST 12:00pm
- 20 Tai Chi- Surry Hills 8am
- 31 Digital Mentors- Surry Hills 12:15 pm

FOR MORE DETAILS Call (02) 8357 8386 or 1800 245 677 or email contact@positivelife.org.au

Event details are correct at time of printing.

LIVING WITH HIV?

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 Do I need to tell my work of my diagnosis?

 What happens if I'm not an Australian resident?

Can I have a baby?

Can I travel overseas?

- - -

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(02) 9515 1234

MEASURING OUR AGE WITH HIV

Did you know that there is quite a lot of conflicting information about ageing with HIV? So, what do we know?

The picture is becoming clearer over time but it's worth noting that across the world the first generation of people living with HIV are now aged over 60. We also know that over 50% of people living with HIV in Australia are over the age of 55. Whilst it's an amazing achievement to think that through highly active anti-retroviral therapy (HAART) we are able to enjoy a lifespan as long as anyone else, living with HIV and getting older means that we have a few more things to think about.

Biological and Chronological Age:

There is evidence to suggest that our biological age is different to our chronological age. Our biological age is a determination of how genetic and epigenetic alteration affects our functional biological capacity over time. Genetics is the study of our genes and DNA. Epigenetics is the study on how our behaviours and environment affect the way our genes work. It's all quite complex but what's important is to understand that our lifestyle and other factors can influence our biological age.

By contrast, our chronological age is simply the determination of our age over time. When was your last birthday? That's your chronological age.

If you maintain a healthy lifestyle, then perhaps your chronological age and biological ages are close together. If you have a less healthy lifestyle, then perhaps your biological age is greater (older) than your chronological age.

Lifestyle factors and choices play a role in how we feel today and how healthy we are now, so now is as good a time as any to start paying attention to our health and lifestyle. The good news is that changing our lifestyle to adopt more healthy options means that we can start re-aligning our biological and chronological age and mitigate future health concerns.

What happens when we add HIV to all of this?

We know through studies published in 2014 and 2015 that the risk and prevalence of age-related comorbidities is higher for people living with HIV. This is especially true for people who have not had access to treatment, been diagnosed late, or been severely immunocompromised.

Recently, the CO-morBidity in Relation to AIDS (COBRA) study in 2018 found that the biological age of people living with HIV was greater than people without HIV, and that people living with HIV displayed 'greater age advancement' and experienced 'accentuated ageing'.

What can I do to reduce the impact of ageing with HIV?

Diet, exercise, taking our medication and importantly, looking after our mental health all play an active role in how healthy we feel. Always talk to your doctor about any health-related changes you want to make, but exercising for at least 30 minutes a day, eating a calorie-aware nutritious diet, being kind to ourselves, mentally through practicing mindfulness and speaking with a mental health professional are some excellent starting points. Quitting smoking, reducing our drug and alcohol intake, and being more active throughout the whole day are excellent suggestions as well.

If you would like to know more about the COBRA study, you can email us at contact@ positivelife.org.au or search for "COBRA comorbidity study" and select the top result. It's a dense read and we will be more than happy to provide you with more information.

If you would like to speak with a Peer Navigator about adopting a healthy lifestyle or any of the information that is contained in this article, please reach out to us on (02) 8357 8386 or freecall 1800 245 677.





TAI CHI

The Positive Life NSW Tai Chi program is a free program that offers support to all people living with HIV across the NSW metropolitan to engage in gentle low-impact physical exercise in a supportive, safe and friendly space.

- 8am to 9am Thursday 25 May Surry Hills, Sydney
- 8am to 9am Thursday 8 June Surry Hills, Sydney
- 8am to 9am Thursday 22 June Surry Hills, Sydney
- 8am to 9am Thursday 6 July Surry Hills, Sydney
- 8am to 9am Thursday 20 July Surry Hills, Sydney
- 8am to 9am Thursday 22 June Surry Hills, Sydney
- 8am to 9am Thursday 3 August Surry Hills, Sydney
- 8am to 9am Thursday 17 August Surry Hills, Sydney
- 8am to 9am Thursday 31 August Surry Hills, Sydney

For more information or to RSVP, call Positive Life on (02) 8357 8386, 1800 245 677 (freecall outside metro areas) or email contact@positivelife.org.au



The voice of all people living with HIV

Positive Speakers Bureau	Employment + '	Vocational	Support

HIV Health Promotion Advocacy + Policy

Peer Navigation + Support Talkabout Magazine

Housing Support a[STARTx]

Ageing Support Treatments Information + Support

Social Support Aboriginal Health Program

Positive Life NSW works to promote a positive image of people living with and affected by HIV with the aim of eliminating prejudice, isolation, stigma and discrimination. We provide information, targeted referrals and advocate to change systems and practices that discriminate against all people living with HIV, our partners, friends, family and carers in NSW.

Phone 02 8357 8386 Freecall 1800 245 677 www.positivelife.org.au contact@positivelife.org.au