talkabout

Where we speak for ourselves

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TALKABOUT

WHERE WE SPEAK FOR OURSELVES

Edition #216

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Cover Nathan Rogers

Inside photos Candlelight Memorial, HIV Long-Term Survivors Awareness Day

Centerfold photos Candlelight Memorial

2026 Talkabout Advisory Group

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Thanks and acknowledgement to our eagle-eyed proof readers

Positive Life NSW acknoweldges the traditional custodians of the land on which we live, work and play. We pay our respects to Elders past and present. Always was, always will be, Aboriginal land.

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The Memorial Quilt on display at the 2026 Candlelight Memorial. Thank you to the staff at the Powerhouse Museum for their ongoing care of this important piece of history and for making it accessible to the community.

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FROM THE EDITOR

Welcome to the June edition of TalkAbout.

The past few months have been particularly reflective for many in our community. Events such as Candlelight Memorial and HIV Long-Term Survivors Awareness Day have provided opportunities not only to remember, but also to consider how we arrived where we are today.

For those of us living with HIV, it can be easy to focus on the remarkable advances in treatment, prevention, and quality of life that many now experience. Yet these advances did not emerge in isolation. They were built on decades of advocacy, activism, scientific research and, most importantly, the courage of countless individuals who faced fear, discrimination, illness, and loss. HIV Long-Term Survivors Awareness Day reminds us that many people diagnosed before effective treatment became available are still here, embodying experiences and lessons that continue to shape our response to HIV.

Spending some time with long-term survivors in recent months has reinforced the importance of preserving these stories. As newer generations grow up in an era where HIV is often understood as a manageable chronic condition, there is a risk that the history of the epidemic—and the sacrifices made by those who came before us—will fade from our collective memory. Remembering is not simply an act of looking back; it is a responsibility that helps guide the future.

In that same spirit of storytelling and reflection, this edition also features the concluding instalment of Tim Alderman's A 40 Year Journey Into (and Out of) Fear. Tim has generously shared a deeply personal account of living through the HIV epidemic, offering readers an honest and powerful insight into the challenges, resilience, and hope that have defined his journey. His story serves as an important reminder that every personal experience adds to our collective history.

This edition also celebrates another kind of legacy. I had the pleasure of sitting down with Sydney DJ and music pioneer Stephen Allkins to reflect on a career spanning more than five decades. From the disco era of the 1970s through the evolution of house music and dance culture, Stephen has remained a constant presence on dance floors and behind the turntables, helping shape Sydney's nightlife while fostering community through music. His story is a reminder that culture, like community, is built over time through passion, resilience, and the willingness to keep showing up.

Whether through activism, community service, storytelling, music, or simply supporting one another, each generation leaves something for the next. As we reflect on our history and celebrate those who continue to shape our community, we are reminded that progress is never inevitable—it is created by people.

I hope this edition of TalkAbout encourages you to reflect on the shoulders we stand upon, appreciate the journeys that brought us here, and consider the legacy each of us is creating for those who will follow. The future of our community will be shaped not only by the breakthroughs we achieve, but by the stories we choose to remember and the connections we continue to build.

IN THE LOOP

STEPHEN LUNNY,
POSITIVE LIFE NSW PRESIDENT

It's been another busy season for Positive Life NSW and the community. On Sunday the 17th of May, community members, advocates, health professionals, researchers and government representatives gathered in Sydney for the annual Sydney Candlelight Memorial, a moving event dedicated to remembering and honouring those lost to HIV/AIDS.

Hosted by Positive Life NSW and ACON, the memorial was held in the historic former Australian GasLight Company (AGL) showroom, providing a reflective setting for one of the HIV community's most significant commemorative events.

A message of support from the Lord Mayor of Sydney, Clover Moore AO, was also shared, recognising Positive Life NSW's ongoing advocacy and support for people living with HIV.

Central to the ceremony is the reading of the names of those who have died from HIV/AIDS. Due to the growing number of names on the remembrance list, the names were presented in two pre-recorded segments accompanied by photographs from previous Sydney Candlelight Memorials and images reflecting the history of the HIV response in Sydney. The presentations were set to music from the AIDS Memoir Quartet by composer and activist Lyle Chan, whose work reflects the experiences of those involved in HIV/AIDS activism during the height of the epidemic in Australia.

The Memorial's keynote address was delivered by Professor David Lewis, Director of the Western Sydney Sexual Health Centre and Professor at the University of Sydney. Drawing on decades of experience in HIV and sexual health medicine across the United Kingdom, South Africa and Australia, Professor Lewis shared reflections on the progress made in HIV treatment and prevention.

The Sydney Candlelight Memorial remains a powerful reminder of lives lost, the resilience of communities affected by HIV, and the ongoing commitment to ensuring that those who have passed are never forgotten.

Friday the 5th of June marked HIV Long-Term Survivors Awareness Day, a time to recognise the resilience and experiences of people who have lived with HIV for many years. This year marks 25 years since my own HIV diagnosis.

This has motivated me to reflect on my own journey living with HIV. Although I am extremely proud of the lifestyle changes I have made to improve my quality of life over the last 25 years from the time of my diagnosis, I acknowledge I have also had access to effective antiretroviral treatment, unlike those who came before me. It would be remiss of me not to acknowledge the positive impact this has had on all of our lives including my own.

We all have unique life stories and experiences, but it is at this time, I acknowledge the resilience and bravery of many others in our communities who faced and continue to face far greater uncertainty and loss than myself – and survived!

The face of HIV is constantly changing. Advances in treatment mean that more people are living longer with HIV than ever before and as I age while living with HIV, I do so with gratitude.

Gratitude for those who have come before me. Gratitude for the advances that have been made.

Go well and be kind to each other.

Stephen Lunny
President
Positive Life NSW

MILO, el gato from the North

Hello, my name is Milo. I'm a very handsome (and I know it) rescue cat with a bit of a Ragdoll personality who lives happily on Sydney's Northern Beaches with my human parents, Diego and Jefferson. They say they adopted me, but let's be honest — I adopted them. I simply allowed them to sign the paperwork and pay the bills.

My story started when I was little and found by a rescue organisation. They told my parents I was the only male kitten in a female colony… so honestly, can you blame me for developing a little bit of a king complex? I was basically born into royalty. These days people know me as the **King of the North**.

From my swing — also known as my royal throne — I keep a very close eye on the Northern Beaches, making sure everything runs smoothly: birds are monitored, humans are supervised, and my kingdom remains peaceful. It's a lot of responsibility, but someone has to do it.

Some people might say I'm spoiled… I prefer the term "well appreciated". I know this might be difficult for dog people to believe, but I'm actually a very dog-like cat. Not that this makes me better than other cats… if anything, maybe it makes me worse at being a mysterious and independent feline. I wait for my daddies by the door, meowing to announce my presence, then roll around purring to show them how happy I am that they're finally home.

When I was younger, I was even comfortable going outside for walks on a leash — yes, a cat on a leash! Unfortunately, my parents got a little lazy with my royal outdoor expeditions, and these days I prefer enjoying my own space at home, where I can relax and rule my kingdom in comfort.

And honestly, what else can you expect? I'm an Australian cat with two dads from Filipino and Colombian backgrounds… hello! Extra personality, affection, drama and charm were basically guaranteed. Our home has different cultures, different languages, lots of love — and one very confident cat running the show.

Before the dog people say "he only loves you because you feed him" — excuse me! Sometimes when my daddies give me food, I don't even eat straight away. I'm here for love and attention too. Although, as my daddy Diego says: what's wrong with being a little practical and calculating sometimes? A smart cat knows how the world works.

As a rescue cat, I know a thing or two about second chances. People often think humans rescue animals, but I think we rescue them too. We teach them patience, routine and unconditional love.

My daddy Diego works in community health supporting people, but at home I'm the one providing emotional support and professional-level cat therapy.

I even have my own Instagram profile: @Milo_thee_gato, because being this cute without sharing it would honestly be irresponsible.

Between us, I think I've chosen my humans pretty well.

Nutrition Bites

Black Bean, Veggie and Tofu Burritos

Ingredients

1 can of black beans (rinsed)
1 can corn
1 tablespoon olive oil
I red capsicum (chopped)
1 cubed zucchini
½ red onion (chopped)
300g cubed pumpkin
250g firm tofu (optional)
¾ cup passata
3 tablespoon's tomato paste
1 tsp chilli powder
1 tsp cumin
½ tsp smoked paprika
½ tsp garlic powder
¼ tsp salt
¼ tsp black pepper
Tortilla wraps

Method

Soften onion and capsicum in olive oil over element in an oven proof casserole dish.

Add spices and fry for a further 4 minutes to activate flavour.

Add pumpkin, zucchini, tofu, beans, corn, passata and tomato paste.

Fold together until combined.

Bake with lid on dish for 1 hour at 160'C or until pumpkin is tender.

Serve with warmed soft tortilla wraps and below options:
Cheese, sour cream, and coriander if desired

NB: You can replace tofu with your favourite meat protein or it leave it out completely. This mix is also great served as a side with other meals. Cook up a larger batch and freeze for up to 3 months.

CALENDAR

For more info call Positive Life NSW
(02) 8357 8386 or 1800 245 677 or visit
www.positivelife.org.au/events-calendar/

July

3rd The Social Club – Face to face social event for people living with HIV who identify as heterosexual.

14th The Men's Room - Online discussion group for men living with HIV who identify as heterosexual

19th [+Connect] Parramatta – Inclusive social event for all people living with HIV

21st For Women – Online discussion group for women over 45

24th Kitchen Table Stories: African – Social inclusion event for people living with HIV from Africa

28th Positive Conversations – Monthly online presentation for all people living with HIV

31st **Kitchen Table Stories: Latin American** – Social inclusion event for people living with HIV from South America

August

12th Peer2Peer – Face to face social discussion event for men who identify as gay or bi-sexual

14th The Social Club – Face to face social event for people living with HIV who identify as heterosexual

18th The Woman's Room – Online discussion group for women living with HIV under 45

25th Positive Conversations – Monthly online presentation for all people living with HIV

September

4th The Social Club - Face to face social event for people living with HIV who identify as heterosexual

8th The Men's Room - Online discussion group for men living with HIV who identify as heterosexual

Details correct at the time of printing.

HIV Long-Term Survivors Awareness Day

Still Here: The Voices of HIV Long-Term Survivors

On June 5 each year, HIV Long-Term Survivors Day honours a group of people who never expected to grow old. For many, a diagnosis in the 1980s or early 1990s came with a near-certain death sentence. Today, decades later, they are still here—carrying stories shaped by grief, resilience, and survival.

"I spent decades planning to die," one survivor reflected, describing the psychological toll of living through a time when effective treatment did not exist.

For long-term survivors, survival is not just a medical outcome—it is an emotional journey. Many watched entire communities disappear. One survivor recalled knowing "fifty people who died" within a few years, comparing the experience to losing a lifetime of friends all at once. The trauma of those years still lingers, often described as a form of post-traumatic stress tied to repeated loss and uncertainty.

Yet survival also forged powerful communities. In shared grief, people built networks of care, activism, and advocacy that would ultimately transform HIV treatment and public awareness. As one account notes, long-term survivors are not just witnesses to history—they are "leaders of the future," shaping how HIV is understood today.

Many survivors also live with the long shadow of early treatments. Before modern antiretroviral therapy, medications were often harsh and toxic. Some individuals now experience chronic pain, nerve damage, or other long-term complications as a result. These physical challenges are often compounded by mental health struggles, including survivor's guilt and isolation.

The impact was not only physical and emotional but financial. During the height of the epidemic, many people were advised to prepare for an early death. Some withdrew their superannuation, spent their savings, sold assets, or travelled, believing they had little time left. Advances in treatment changed that reality, but for many the financial consequences remain. Today, a significant number of long-term survivor's face retirement with limited savings, inadequate superannuation, and insecure housing. Some have become part of the "working poor"—continuing to work later in life not by choice, but out of necessity. Their experience highlights the unique economic challenges created by surviving a diagnosis that was once expected to be fatal.

Still, amid these hardships, there is a consistent thread of resilience. Community members emphasize the importance of connection and hope. "Don't ever feel like you are alone," one long-term survivor shared, highlighting the role of peer support in navigating life with HIV.

For many, survival has also become a form of activism. Survivors have founded support groups, created art, and shared their stories publicly to combat stigma and educate others. They challenge outdated narratives of HIV as a fatal illness and instead present a more complex reality—one that includes aging, healing, and living fully.

But recognition remains essential. Long-term survivors often feel overlooked in modern HIV conversations, which tend to focus on prevention or newly diagnosed individuals. HIV Long-Term Survivors Day serves as a reminder that their needs—medical, emotional, and social—are ongoing.

Their stories matter not only because they reflect the past, but because they shape the future. They remind us of a time when fear and stigma defined a global crisis, and of the individuals who endured it anyway.

To be a long-term survivor is to carry history in your body and memory. It is to live with loss, but also with purpose. And above all, it is to prove that survival itself can be an act of resistance.

The Candle and the Mirror

A reflection on rememberance, survival and hope

Every year, when the Candlelight Memorial comes around, I find myself doing something I don't always allow myself to do - I stop, and I look inward.

At sixty years old, I am a survivor. That is not a word I use lightly, because for so many of the people I loved, survival was not an option they were given.

I came of age on Oxford Street in the 1980s and early 90s. It was a world electric with community, creativity, and a fierce kind of joy - drag queens and activists and artists and ordinary people, all striving together for equality, for dignity, for a place in the world that was truly our own. The music was loud and the laughter was louder. But running alongside that joy was a shadow that grew darker with every passing year.

The AIDS epidemic did not just take lives. It took some of the most brilliant, generous, luminous souls I have ever known.

I remember attending three funerals in a single week. Three. Each one a friend, an acquaintance, someone whose laugh I can still hear if I close my eyes. I was in my thirties. None of us should have been burying each other at that age.

We did it largely alone. The cruelty of that era was not only the virus - but it was also the silence and the shame imposed from outside.

Governments that should have led with compassion instead passed legislation that criminalised and condemned. Families turned away.

The mainstream world either looked on with fear or looked away entirely. We held each other because so often, no one else would.

Surviving that carries its own complicated weight. There are moments, even now, when I ask myself the question, I suspect many long-term survivors quietly carry: why me?

Why did I get to turn sixty when so many others did not? That question has no clean answer. But I have learned to sit with it, rather than run from it - because the asking of it is itself a form of honouring those we lost.

1996 changed everything. Combination therapy arrived and, for those of us who lived to see it, it felt like someone had finally turned a light on in a very dark room. But the grief did not disappear with the darkness. You don't simply move on from that kind of loss.

What I carry instead is everything they gave me. My friends taught me how to love fiercely and without condition.

They taught me that community is an act of will, not an accident.

They showed me what courage looks like when it has no other choice. Those lessons did not die with them - they live in the way I move through the world every single day.

What the Candlelight Memorial gives us - what it has always given us - is permission to remember. To hold those names and faces and voices, not with despair, but with love.

I think about the contributions those beautiful souls would have made to art, to activism, to their families, to our community. That thought is not only sorrowful. It is also an act of honouring them - imagining the fullness of lives that were stolen too soon.

To anyone reading this who has just received a diagnosis and is frightened: I see you, and I want you to know that the fear you feel right now is not the shape of your future. You are living in a different era - one that people like my friends helped make possible, even at the cost of their own lives. You are not alone, and you will not be.

The Candlelight Memorial is not only a vigil for the dead. It is a mirror for the living. It asks us: how are we carrying this forward? It reminds us that community is not just something we belong to - it is something we build, every single day, for one another.

There is light at the end of this tunnel. I have walked a long way through the dark to tell you that with certainty.
Remember those we have lost. Celebrate that you are here. And keep walking toward the light - together.

Haris

Why Friendship Might Be the Most Powerful Health Habit You're Ignoring

In an age of dopamine hacks, "nervous system resets," and endless scrolling, neuroscientist Ben Rein has a blunt message: much of what we hear about the brain online is wrong. But one simple idea, backed by solid science, is absolutely right—we need other people to survive and flourish.

Rein, a researcher and science communicator, has made it his mission to explain what really happens inside our brains when we connect with others. His work reveals something both intuitive and surprising: socialising isn't just pleasant—it's biologically essential, as important as sleep, diet, or exercise.

The evidence is striking. Studies show that people with weaker social relationships are significantly more likely to die earlier than those with strong connections. In one large analysis of more than 300,000 individuals, social isolation increased the risk of death by around 50%. That's not a small lifestyle factor, it's a major health risk.

To understand why, Rein points to what happens in the brain and body when we're alone. Isolation triggers a stress response. From an evolutionary perspective, being alone once meant danger, so the body releases the stress hormone cortisol to prepare for threats. That's useful in short bursts, but harmful when it becomes chronic.

Over time, this prolonged stress leads to increased inflammation, which can damage organs and slow recovery from illness. Research shows that people who are socially isolated recover more poorly from serious conditions like strokes and heart attacks. In contrast, those with strong emotional support often heal faster and more completely.

The flip side is just as powerful. When we spend time with others, the brain releases oxytocin, sometimes called the "bonding hormone." Oxytocin reduces stress, lowers inflammation, and even promotes healing. It also triggers the release of dopamine and serotonin, the chemicals that reinforce positive feelings and improve mood.

In other words, connection doesn't just feel good, it actively keeps us alive.

So why, if socialising is so beneficial, are so many people doing less of it?

Part of the answer lies in how our brains mislead us. Research shows we consistently underestimate how much we'll enjoy social interactions and overestimate the risk of awkwardness or rejection. This "liking gap" makes us hesitant to reach out, even though we're likely to feel better if we do.

Modern life adds another layer. Digital communication, while convenient, lacks the richness of face-to-face interaction. Eye contact, tone of voice, body language—these subtle cues are essential for the brain's social reward systems. Without them, online interaction becomes a weaker substitute, often leaving people feeling more isolated, not less.

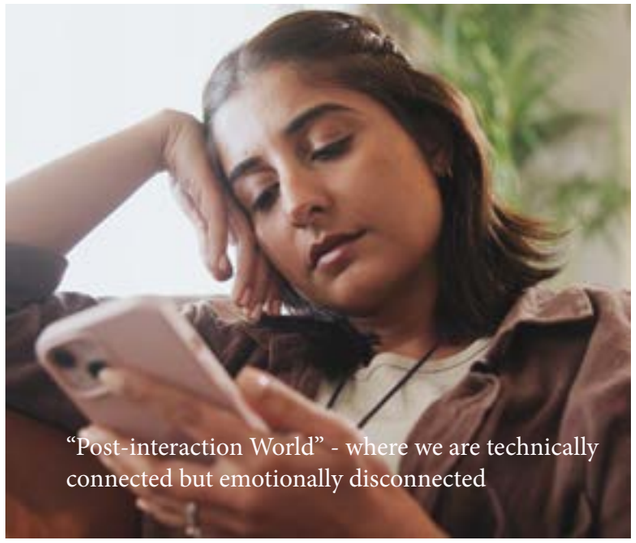
Rein calls this a "post-interaction world"—one where we are technically connected but emotionally disconnected.

The solution isn't complicated, but it does require intention. Rein suggests "upgrading" interactions whenever possible: choose a phone call over a text, a video chat over a call, and ideally, in-person time over everything else. Even small moments: chatting to a neighbour or complimenting a stranger, can activate the brain's social circuitry.

There's also flexibility in how connection looks. Introverts and extroverts may differ in how much social time they need, but everyone benefits from some level of meaningful interaction. Without it, we risk falling into a cycle where isolation reduces our ability to enjoy connection, making us withdraw even further.

Ultimately, Rein's message goes beyond personal health. Social connection doesn't just improve individual well-being—it strengthens communities. Acts of kindness, empathy, and shared experience ripple outward, shaping a more connected and compassionate society.

We often think of health in terms of what we eat, how we exercise, or how well we sleep. But friendship may be just as critical.-



"Post-interaction World" - where we are technically connected but emotionally disconnected

In a world that increasingly pulls us into isolation, choosing to connect might be the most powerful and human habit of all.

Original article posted in the Guardian. Read the full article at:
https://www.theguardian.com/science/2026/jan/12/the-friendship-secret-why-socialising-could-help-you-live-longer?CMP=oth_b-aplnews_d-3

LOVE TATTOO
Sydney DJ
Stephen Allkins

Beginning his career in the late 1970s, Stephen helped shape Australia's emerging club culture. As Love Tattoo, he gained international recognition with tracks such as "History of Disco" and "Bass Has Got Me Movin'", blending disco, house, funk, and soulful electronic sounds that helped put Australian dance music on the global map.

Beyond the music, Stephen was also on the front line of Sydney's HIV/AIDS epidemic, witnessing firsthand the profound impact it had on the LGBTQIA+ community and was featured in the documentary "Rampant: how a city stopped a plague". In our conversation, he reflects on a remarkable career spanning more than five decades, the evolution of Sydney's nightlife, and the resilience of a community shaped by both celebration and loss.

What was Sydney's nightclub scene when you started DJ'ing in the late 70's-early 80's?

I started clubbing in 1976, at the age of 15. I was taken to a club called "Patches"; it was the only gay club on Oxford Street at the time. I'd always loved music, but I only knew "Countdown". It was a well-adjusted, fabulous lit dancefloor, great sound system. The DJ would only play imports, and it introduced me to other music in the world. It was positive, and it changed my life.

What would you say made the gay club seem different from any other nightlife at the time?

From a Sydney perspective, in 1976 there wasn't much of a nightlife. As we got into the 80's, everywhere had clubs; some of the straight clubs were great. Me, my friend Robert, and Stephen, we did all the imports, so even the "straights" would come in and listen to us. It was a really open community. We had variety. You had "The Shift" for the "Clones", "The Exchange" for the "New Wavers", and "The Albury" for drag. You had a choice any night of the week. We had all these diverse options on where to go, and straight people are, in a way, "straight", but they would come to our clubs if they wanted other choices, and they were welcome.

When did you first become aware that HIV/AIDS was affecting people in your community?

Pretty much straight away. As soon as we heard about GRIDS (what it was called before AIDS), we had read an article about a couple of men in America who had developed what they called a "gay cancer", which was pretty specific. We heard, and we took notice. We were abreast of it; Sydney became a world leader.

How did the epidemic change the atmosphere in the clubs?

In some ways, it didn't. Clubs became the office. You could have a drink, and you'd be chatting to friends; you'd be talking about AIDS. But these were intelligent people.
You would remember hearing "John down the street" was sick with AIDS but couldn't afford his rent, but instantly, as thinkers, we started pooling financial support, and this is how organisations started. We knew what the consequences were; we were seeing it first-hand. The clubs were great because you were still dancing and you were still enjoying, but you were also talking politics and what to do next, and everyone was involved. We just kept living.

Was there any fear?

Of course there would have been. But I'm talking early. When you're not really sure what something is, it's not that you're not afraid, but not really sure what you're afraid of. Very quickly, we started to know people who were sick and dying. Once somebody got sick, they died. They didn't get better. You either lived all the way through it, or you got sick and died. Some people would die in a matter of weeks; some would last years. But you just knew they would never be what they were. And that's us learning as it's happening. So it took us years to understand that. It becomes part of your information cycle.

One thing I don't think people realise is how people reacted to their mortality. There's no two people who react the same way. Personally, I never thought about dying; I just kept going. I thought, if I get sick, then I'll think about it, but why would I be stressing? If it's a year before I get sick, I'm wasting a year.
My perspective is: music is my life. I had music all around me, and I was making people happy; that's the idea of my music, to make you happy. Music kept me going. I'm just playing great music for you. That was my bid. I'm not a doctor, I'm not an activist. But so many people have said, "You kept me going".

What do you hope we remember about the friends and community members we lost?

David McDiarmid and Peter Tully, all those amazing AIDS workers that did all this work and then died, you'll never know them. I knew them personally. I don't expect people to know, but it would be great to get real history so we can say, "This person did this." They didn't think about it; they didn't care about consequences. Everything was organic, and you did it because it was right.

People often talk about the tragedy of the epidemic, but what do you remember about the joy, love, and the sense of community?

Pre-AIDS, the community went from non-existent to flourishing, and it was full of smart and sexy men who just wanted to party. We had come out, and we were thriving, and then AIDS hit. And those same men who were bartenders, who were smart and intelligent, became AIDS workers, activists, staring organisations.

In all the tragedy, all these people would work, sometimes seven days a week, and then they would come in and see me. I got to play for them and give them their break. When we went out, it wasn't sad. People would have had sadness and tragedy, but we still managed to live. It was a place to celebrate the grief. In the worst of times, there was so much joy.

How did you end up being involved in Rampant?

It come at a time when I was going through a down stage. I had lost my faith in art, I'd lost my faith in community; it was just gone. I got a call from the Director, who is now a good friend, Victoria Pitt. She said, "Look, I've been doing this documentary, and everybody I interview tells me, 'you've got to talk to Stephen Allkins'." And I'm like, "This is a 40-year-old in 2007. Nice idea, I know you mean well, but you're 40; you weren't around." That's where I felt a lot of that stuff needs the "taste test" of being there.

Anyway, I was flattered, so she came over. She was brilliant; she asked great questions. She later bought around a demo, and when I saw it, I was blown away. It really instilled my faith again. I was concerned the whole gay history was going. It's like Aboriginal culture; it's all in the telling, and we stopped telling. That's why nobody knows who people like Adrian Morgan are. I thought we would record all of this stuff, and it never happened.

Rampant was great because it was so accurate. When you look at it, everybody's doing; they're not talking, not theorising. All these people were old school; they were telling it like it is. There was no b*llsh*t, no glamourising or pretending. We were whores, we were junkies, we were poofters. That's what activism is. It doesn't matter what you look like; you could be in a tie or a hippy. It's what you do that matters. That whole experience brought me back.

Bridging the Gap:

What the International Student Sexual Health Survey Reveals

International students are often described as a vibrant, resilient part of life in New South Wales, but when it comes to sexual health, a 2024 report from Positive Life NSW suggests many are navigating the system with uncertainty.

The *2024 International Student Sexual Health Survey* offers a snapshot of 182 students, most of them young and newly arrived in Australia. What emerges is not a lack of interest or responsibility, but a gap between willingness and access.

Within this cohort, awareness of HIV exists. Most students had heard of it. But dig deeper, and the picture shifts: three-quarters of respondents had never taken an HIV test. Not because they were disinterested, but because they didn't know where to go, weren't offered testing, or worried about cost, privacy, or visa implications.

This highlights a key tension. Students are open to learning and even report feeling comfortable discussing sexual health with doctors. Yet, in practice, many wait for someone else—a GP, a partner, or a visa requirement—to initiate that conversation. Without that prompt, testing often doesn't happen.

Another striking insight is where students turn for information. Social media and the internet dominate, while universities, clinics, and community organisations are used far less. That means students are often navigating complex health topics alone, sometimes with outdated or culturally inappropriate information.

Barriers go beyond logistics. Language differences, stigma, and unfamiliarity with Australia's healthcare system all play a role. Many students assume they are ineligible for affordable care, even though HIV testing and treatment are free in NSW's public system. This misconception alone delays care.

What makes the findings compelling is that they don't point to apathy; they point to missed opportunities. International students are already engaged. They're curious, digitally connected, and responsive to trusted voices, especially peers. The issue is structural: services aren't reaching them in ways that feel accessible, relevant, or culturally safe.

The report's recommendations reflect this reality. Peer-led education, clearer communication about rights and free services, and embedding sexual health into university life could make a significant difference. Rather than expecting students to find the system, the system needs to meet them where they are.

Ultimately, this survey reframes the conversation. Improving sexual health outcomes for international students isn't about changing attitudes; it's about removing obstacles. With the right support, information, and trust-building, the path to testing and care becomes not just available, but approachable.

Blind and Vision Impaired People Look Ahead With AI

Artificial intelligence is rapidly transforming accessibility, offering powerful new tools that enhance independence, safety, and quality of life for people who are blind or vision impaired. Once limited to assistive devices like canes or guide dogs, support systems are now increasingly digital, intelligent, and deeply integrated into everyday life.

One of the most significant breakthroughs lies in computer vision—AI systems that can interpret and describe the visual world. Applications like "Seeing AI" and "Be My Eyes" use smartphone cameras and AI to narrate surroundings in real time. These tools can identify objects, read printed text aloud, recognize faces, and even describe scenes such as a busy street or a grocery shelf. For someone with vision impairment, this transforms a smartphone into a powerful, pocket-sized assistant that bridges the gap between sight and sound.

Navigation is another area where AI has made profound improvements. Traditional GPS systems often lack the precision needed for safe pedestrian travel, but AI-enhanced navigation apps now provide detailed, context-aware guidance. For example, Google Maps has introduced features tailored for visually impaired users, offering voice guidance that includes landmarks, intersections, and alerts for obstacles. Combined with wearable devices like smart glasses, AI can provide spatial awareness, helping users navigate unfamiliar environments with greater confidence and independence.

Text recognition and speech synthesis have also evolved dramatically. Optical Character Recognition (OCR), powered by AI, allows users to scan books, menus, mail, and labels, converting them into spoken words instantly. This removes reliance on others for reading everyday materials. Meanwhile, advances in natural-sounding text-to-speech systems mean that information is delivered in more human-like, less robotic voices, making long listening sessions more comfortable and engaging.

AI is also reshaping education and employment opportunities. Students who are blind or vision impaired can now access textbooks, diagrams, and digital content through AI-driven platforms that convert visual information into accessible formats.

In workplaces, tools that transcribe meetings, describe visual presentations, or assist with screen navigation are leveling the playing field. Software like JAWS screen reader and NVDA screen reader have incorporated AI features to better interpret complex web content, making it easier to browse the internet, manage documents, and communicate professionally.

Social inclusion is another powerful benefit. AI-powered accessibility tools enable greater participation in social media, entertainment, and communication. Image description features on platfroms like Instagram and Facebook automatically generate alt text, allowing users to understand shared photos. Streaming services are also improving audio descriptions using AI, giving richer context to movies and television shows. This ensures that people with visual impairments can engage in shared cultural experiences more fully.

Healthcare is also being transformed. AI can assist in early detection of eye diseases such as Glaucoma and Diabetic Retinopathy by analysing retinal images more quickly and accurately than traditional methods. Early diagnosis can prevent or slow vision loss, highlighting AI's role not just in accessibility, but in prevention and treatment as well.

Despite these advances, challenges remain. Accessibility tools can be expensive, and not all technologies are universally designed with inclusivity in mind. There is also a learning curve associated with adopting new tools, particularly for older users. However, as AI continues to evolve and become more widespread, costs are likely to decrease and usability will improve.

Ethical considerations are equally important. Developers must ensure that AI systems are trained on diverse datasets to avoid biases that could limit their effectiveness. Privacy is another concern, especially for applications that rely on cameras and real-time data processing. Ensuring that users maintain control over their data is essential for building trust.

Looking ahead, the future of AI for the blind and vision impaired is incredibly promising. Emerging technologies such as real-time object tracking, emotional recognition, and advanced wearable devices could further enhance independence. Imagine a world where AI not only describes the environment but anticipates needs—alerting a user to a friend approaching, a bus arriving, or a hazard ahead before it becomes a problem.

AI is not just a technological advancement; it is a tool for empowerment. By breaking down barriers to information, mobility, and communication, it is helping people who are blind or vision impaired lead more independent, connected, and fulfilling lives. As innovation continues, the focus must remain on inclusivity, ensuring that these benefits are accessible to all who need them.

Tim Alderman 2026

A 40 Year Journey Into (and Out of) Fear

Part 8

The move to Dr. David Austin at Holdsworth House was a good move, made on recommendations from friends. The practise was well located in Darlinghurst, David himself was young, handsome, HIV/AIDS knowledgeable…and gay, as were all the men in the practice, which made communication easy.

The one good thing about David was that he was willing to make me an equal "partner" in my health management. This far down the line, I wanted more control over decisions that were made regarding my health. When it came time to change my combination therapy, David would pick out a number of combinations, give me the run-down on them…efficacy, potential side effects…then I would choose the one that suited me.

Between late 1999-2001 I applied for several trials but was disallowed due to having had CMV. A lot of my focus changed to controlling the ongoing pain from my peripheral neuropathy (PN) (which eventually became numbness), I tried acupuncture… through 407 Medical Practice in Bourke St…went to a reflexologist in Queenscliff, who was running a research project with subjects with ongoing PN. I then had regular sessions with Greg Milan, a reflexologist associated with Holdsworth House. Despite some minor improvements using these alternatives, nothing worked in a major way, and it became obvious that it was permanent, and I just had to deal with it…right up until now, where it affects my mobility and balance, controlled through exercise physiology.

Also in late 1999 I started part-time work at the HIV Prescribers Project, thanks to Lavinia Crooks (RIP) at ASHM (Australian Society for HIV Medicine) who managed it at the old (now long gone) Royal South Sydney Hospital, in Zetland. This project ran training courses for doctors wishing to expand their HIV knowledge and become S100 Prescribers. In mid-2000 the project moved from Zetland to the ASHM offices in the Albion St Clinic building. I helped to collate the training manuals etc for the courses which were run several times a year.

In late 2000, David…my partner, not my doctor…and I decided to do a two week trip through the Red Centre while the Sydney Olympic Games were on. We caught The Ghan from Sydney (back then it alternated between Sydney and Melbourne) to Alice Springs…the end of the line back then…via Adelaide, then coached it up to Darwin. A truly awe-inspiring holiday, away from the madness of Sydney. On returning to Bondi, I then decided to legitimise my writing with a degree in writing from University of Terchnology (UTS)…I was writing regularly for Talkabout then…and applied under the exceptions granted to mature age and disabled students and was accepted. I quit my job at HIV Prescribers and entered a period of educational advancement.

I applied to do a Batchelor of Writing degree, though found university not to my taste. It reminded me a lot of school…which I hated…and many of the first-year subjects had nothing to do with writing, which frustrated me. For the second and third years, I juggled subjects around to fit with what I wanted, and at the end of that period I had enough subjects passed to get a Graduate Certificate of Writing, which I settled for. While at UTS I had several articles published in "Vertigo", the university newspaper, and was office-bearer for the Disability Collective. Dealing with student bureaucrats drove me crazy, and I wrote a number of heated letters blasting the Student Union for not offering reduced costs in fees to disabled and pensioner students. Naturally, all to no avail.

Midway through 2003, while finishing my writing degree, I started at East Sydney TAFE to get my chef's credentials. Apart from writing, my other passion was cooking. Unlike UTS, I loved TAFE. The students were more down-to-earth, and genuinely loved the learning experience, not being hindered by the strictures of university. I also embarked on a correspondence course to get my Catering Certificate. So, by 2004 I had three new credentials under my belt.

Back to 2001, I went onto my second-last trial…and it was a doozy that I got paid $650 to do. It was called the Caprine Antibody HRG214 trial…more commonly known as the Goat Serum antibody trial…Phase 1. It was done by infusion at St. Vincent's, followed by a two-month observation period. Again, at the end of it, nothing was achieved except a sore arm from the 12 attempts to get a cannula in it, and an all-over skin rash at the end of the second month.

The last trial was in 2004, and both David and I were involved in it. Back in 2000 I was knocked back from doing the T20 trial due to my CMV, but the criteria were made less stringent as time went on, and so in 2004 we both got into the T20 trial. This was an injectable drug vaccine trial that was seen as the possible future for drug regimes. The drug was administered into an area of body fat using a pneumatic gun. Initially, it was great…pretty much pain-free, quick, easy, and very effective according to pathology results. However, because you had to do it twice a day, it soon became notable that injection sites got painful, and you soon ran out of them. It could also cause serious bruising which put an injection site out of action until the bruise cleared. We both got about halfway through, then quit. Evidently a lot of others had similar problems.

Other events for that year were (a) my 50th birthday, a truly big event that I dragged out for two weeks. Highlights included David taking the wrong batch of…cookies…to Palms, and getting banned from The Colombian Hotel in Darlinghurst, due to my tendency to stagger. They later apologised for the behaviour of their bouncers; (b) I wanted to open a business, but had no idea about how to go about it. I decided to go through a BGF return-to-work course, to see where it would lead. Fortunately, I ended up with Marie Crosbie as my advisor. She soon clicked that I didn't really need what the course provided, and asked me what I really needed. Between the two of us, we put together the bare bones of starting a business and (c) we decided to move to a house in Dulwich Hill so we could have room to rescue dogs. We are both Jack Russell Terrier lovers, and that love of rescuing them exists right up to today. There is a notable lack of HIV information at this stage, as everything was now running smoothly, and it was moving further and further into the background of my life.

Dulwich Hill, with our two Jack Russell's, provided a new approach to many things. I started a high-end catering business called Alderman Catering. This lasted about two years, before exhaustion finally ended it. Catering is a youngish persons business. It takes three days to put a functions finger food together. A day for shopping, a day for prep work, and a long day of cooking packing and serving. It really wears you out. I rejigged my business plans, and fell back into my old retail career, as it was something I knew, and was successful with… but I leapt onto a retail format that is only now really popular…an online store (I could run it from home with minimal start-up expenses, and minimal overheads) called Alderman Providore, specialist in non-perishable Australian made food products from small, unknown niche suppliers. It was incredibly successful with a constant yearly growth, and then the addition of another specialist store called TeaCoffeeChocolate. What brought it all to an abrupt end was the Global Financial Crisis in 2009/10. Online businesses were the first to crash. I put the business up for sale, and sold it to a woman in Queensland.

It was soul destroying.

Around the same time I started having problems with my blind left eye. It was constantly irritated, like there was something in it that wouldn't come out. I went to the eye clinic at Royal Prince Alfred Hospital at Camperdown. They found that the eye didn't realise it was blind, and had created a new capillary network to feed the eye. This in turn caused the eye to swell, thus the irritation. They gave me steroid drops, and referred me to the Sydney Eye Hospital. After a consult, they decided to inject a cancer serum (Avastin), that stopped blood flow to tumours, to stop the blood vessel growth. It was successful, however over time, the eye changed colour, giving me two different coloured eyes. Talk about attention grabbing!

Also in 2009; I got out of the shower one morning, caught sight of myself in the mirror, and thought "who is that fat person in here!"…yep, it was me. So off to a local gym, and a new love affair with Les Mills Body Pump classes. The weight burnt away, and started me on an ongoing love of fitness which still goes on today, though in a more senior person way. Fit, healthy, active is my mantra now.

In 2011 we decided to move to Brisbane. No particular reason why…just because we could! So we packed up our home, got a removalist, filled the car, grabbed the dogs and moved to Ashgrove, a suburb of Brisbane. I had been told back in 1996 that due to all the scar tissue in my right eye, due to the CMV, it was highly likely I'd have a retinal detachment at some stage. No sooner had we gotten to Ashgrove than the retina decided it was time. So, into Royal Brisbane hospital for an operation to reattach it. The ophthalmologist also scraped down the scar tissue before reattaching it.

Leap forward to early 2015, and problems with my left eye continued. In the intervening years, all the eye's internal workings had collapsed, so I made a decision to have the eye removed. Another operation, and it was gone. Shortly after, David and I returned to Sydney…we had split amicably in 2014, and are still close friends…and it was here that I had my prosthetic fitted.

In 2017 I was interviewed and photographed for a chapter in the HIV Book Project. It was here, for the first time, that I revealed my rather radical approach to HIV drug dosing In 2011. In an era where we were still dosing on 3-4 drugs twice a day, and guys were opting for drug holidays despite the risks, I opted…without disclosing to anyone…for a different approach. It was risky, but done with close observation to blood test results. Sick of pills, sick of side effects, I halved my daily dosing to once a day, and no pills on weekends. If my CD4s fell, or my viral load rose, straight back to my old routine. In the 5 years I did this, my CD4s continued to rise and my viral load remained undetectable. Interesting, isn't it! Read my chapter in the book to find out my true feelings about this.

Apart from an extremely painful run-in with shingles in 2014, which has left me with neuralgia and partial numbness in my left arm and hand, and 5 weeks of radiation on a large Basil Cell Carcinoma behind my left ear last year, life is really great. My Jack Russell, Flash, and I live very happily in a social housing villa on the Central Coast of NSW. I'm on a category 3 home support package…with the addition of Assistive Technology funding…so I now have some cool technology to help me see to do hobbies. Someone comes in to clean and helps me with shopping. My Exercise Physiology gym is a 2-minute walk away. Friends are close by, and I have great neighbours.

I obtained my Certificate III in Fitness back in 2012, and ran seniors exercise classes locally until 2 years ago, when I got my villa. I avoided COVID, and apart from writing about it, HIV could not be further from my mind. These days, ageing…the one concern I once thought would never happen…is, at 72, my biggest concern. I now use a walking stick to control my meandering feet, and only take antivirals once a day. I'm happy, and content. What else does one need!

So, what have I learnt about myself over the last 43 years…and even earlier than that? Well, I'm certainly resilient! I'm an independent guy, and an individual. I've retained a sense of humour…though somewhat dark and sarcastic. I'm glad I've always been an out gay man, and I am what I am, and where I am, doing the things I love due, in large part, because I'm living with HIV, and had AIDS. There is a kind of perversity in that! If I had my time over, would I walk the same road? That is a very good question! And one I'll leave you to ponder. Thank you for reading a very long rant. It is most appreciated. Now, pack it away, and get on with your life.

Nam myoho renge kyo (a Buddhist mantra)

Tim Alderman 2026

Positive Life NSW

The voice of all people living with HIV

- Positive Speakers Bureau
- HIV Health Promotion
- Peer Navigation + Support
- Counselling
- Ageing Support
- Social Support
- Employment + Vocational Support
- Advocacy + Policy
- Talkabout Magazine
- a[STARTx]
- Treatments Information + 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.

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