

talkabout

Where we speak for ourselves

#144 | April - May 2006 | The Magazine of People Living With HIV/AIDS NSW Inc.

Strong Together

Let's talk about it:
HIV Visibility Campaign 2006

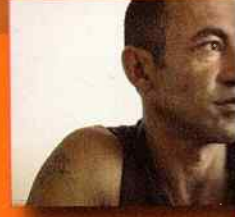
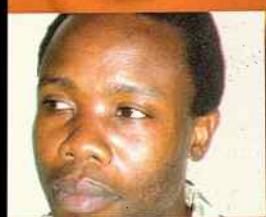


PEOPLE LIVING
WITH HIV/AIDS
NEW SOUTH WALES

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

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Translating and Interpreting Service
131 450



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

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

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

BURMESE အိပ် အို င် ဗီ ၊ အော အို င် ဗီ အက် ဝ် အ ကြောင်း သိ ရှိ နား လည် စေ ရန် နှင့် လို အ ဝ် သည့် အထောက် အကူ ကို ပံ့ ပိုး နိုင် ဝါ သည်။
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CROATIAN Mi vam možemo pružiti pomoć i razumijevanje u svezi HIV/AIDS-a. Zatražite u ovoj klinici brošuru na vašem jeziku. Sve usluge su povjerljive i besplatne.

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

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

KHMER យើងអាចផ្តល់ការគាំទ្រដល់លោកអ្នកនិងយល់ពីទុក្ខបុរៈទាំងឡាយដែលបង្កឡើងដោយមេរោគ HIV និងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រុមគ្រូពេទ្យនេះដែលមានជាភាសាខ្មែរនៅតាមមន្ទីរពិគ្រោះជំងឺ។ កិច្ចបម្រើទាំងនេះរក្សាការសម្ងាត់ផ្ទាល់ខ្លួនរបស់លោកអ្នក និង មិនគិតលុយទេ។

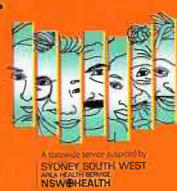
KOREAN **MACEDONIAN** Обезбедуваме поддршка и нудиме објаснување за вирусот кој предизвикува неотпорност на телото и за самото заболување СИДА (HIV/AIDS). Во оваа клиника можете да побарате брошура на вашиот јазик. Сите услуги се доверливи и бесплатни.

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

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

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

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

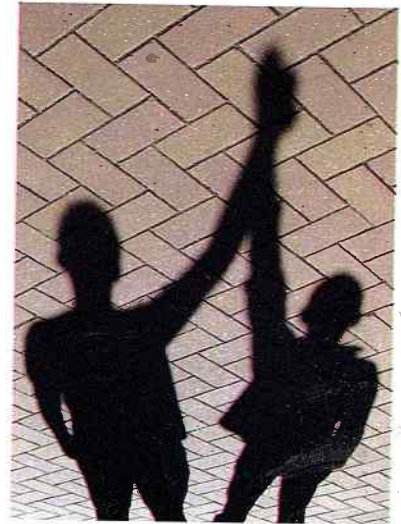


Multicultural HIV/AIDS and Hepatitis C Service
www.multiculturalhivhepc.net.au

talkabout

features

- 2 **Strong together**
3 **Talkshop**
4 **The great "disco" divide**
Pos-neg relationships
5 **Love wins!**
Pos -neg relationships
7 **New Treatments website**
8 **Cock-tales with Lance and Vanessa**
A hypothetical about sex, pleasure & other catastrophes
14 **Travel booklet**
15 **Looking after your health with massage**
16 **Good news week**
Good research news on HIV
17 **You just know**
Poem
18 **Of surveys, focus groups, hypothetical and...**
Ways you can become involved in building our understanding of HIV
19 **Rug up**
A new safe sex initiative
19 **Po&Jo cartoon**
22 **SMART study stops early**
Treatments update
22 **Providing support over a cuppa**
ACON Women and family projects
24 **Accoustically Sundays**
Tim Bishop - a unique Australian artist
25 **Positively positive**
What it means to be HIV positive: a reflection
26 **"A Country Lady"**
Discovered talents
27 **DSP Changes**
Helpful information on the changes to social security
28 **Workshop guide**
29 **Quick News for women**
30 **So Can you cook? no. 17**
Asian influences
32 **Services available**
33 **Ask Ingrid**
Fitness and exercise
34 **Olga's Personals**
36 **Membership of PLW/A (NSW) is free**



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Let's talk about it: HIV Visibility Campaign 2006

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The cover message of this edition underlines many of the themes covered by this issue, and points to a campaign PLWHA (NSW) will be running in the next issue of *Talkabout*.

In this issue, we have two stories from people in "serodiscordant" relationships. This rather ugly term is what's often used by researchers and others to describe pos-neg relationships. It's something we sometimes don't talk about enough, but many of us are in loving relationships, some long-term, some short-term, with people who are HIV negative. These relationships have their own challenges and anxieties, but they're also a source of great strength.

In Tome's story, "Love wins", he explains how his negative partner, Kathy, shares with him many of the same anxieties and issues around disclosure and support, and is still often a second-class citizen both within the HIV/AIDS culture and the wider community as a result. Greg Page shares his story of what it's like to be diagnosed ten years into a long-term relationship. Three years on he's still "positive about being positive and being in a 'sero-disco' relationship."

The longest article in this edition, "Cock-tales", is an edited transcript of the hypothetical PLWHA (NSW) held at the Australian Museum last March. It was a humorous but seri-

ous exploration of issues surrounding sexual health and relationships facing gay men today. The transcript gives you an idea of the great meeting of minds that took place there!

On the theme of growing stronger together, the Women and Family Project at ACON has a number of events where women can meet and share experiences. The needs of women and families are better met when we pull our strengths together.

Look out also for our next edition which will be the centrepiece of PLWHA (NSW)'s new campaign on HIV visibility. 17 HIV positive men came together over a weekend to develop a campaign looking at what it means to live with HIV today. The cover of this edition comes from that weekend, where a lot more was achieved by sharing skills and ideas, than could ever have been achieved in isolation.

Finally, we report on "Rug Up," a prevention concept developed by gay men who are looking to engender a grassroots response from other gay men who are looking to be strong together.

Glenn Flanagan



Talkshop

What's happening in New South Wales

Positive Get Together for heterosexuals in the Northern Rivers

If you are HIV positive, heterosexual and would like to meet other women/men within the Northern Rivers, ACON and a group of positive heterosexuals are developing a group for women and men to get together. They have gathered a few ideas for social outings for the group, for instance, a BBQ at Rocky Creek Dam, picnic by the beach, a movie night or coffee afternoons. If you would like to have your say about how the group might develop or have ideas for future outings please phone Jules at ACON (6622 1555 Monday – Friday) or alternatively contact Jules via email jchalmers@acon.org.au

Planet Positive in May

The next Planet Positive (a social night for HIV positive people and their friends) will be on Friday May 26th from 6pm to 10pm. Planet Positive is organised by ACON's HIV Health Promotion at the Positive Living Centre and People Living with HIV/AIDS (NSW) with music provided by Ruby. Food and refreshments are also available. Call 9361 6011 for more venue details.

PLWHA Board Advisory Groups meeting

The recent meeting of the two PLWHA (NSW) Board Advisory Groups (HIV Health and HIV Living) identified important areas of work for the organisation in the coming year. This included more opportunities for peer networking for people with HIV from which themes and campaigns can emerge, as well as work on discrimination and dealing with sexual rejection, and work on the complex issue of disclosure. They also discussed the role of PLWHA in HIV prevention as well as important areas of work in advocacy which will require seeking further funding.

Check out the Why test website

There is a new website with new information on sexually transmitted infections (STIs). The website has addresses for clinics and other useful sources of information. It offers the people the opportunity to notify partners anonymously by postcard or sms if they are not sure how to tell a recent sex partner they have had an STI. You can check it out at www.whytest.org

Karumah Bush Dance Fundraiser

Karumah in Newcastle is holding its Bush Dance Fundraiser on Saturday 20th May at Tighes Hill Social Club from 8pm to midnight. Admission is \$15 (\$10 Concession). Supper will be provided and no dance experience is required. All dances will be taught on the night. For more details phone 4940 8393. Tickets are available from Karumah, ACON Hunter and Secondlife Bookshop. There's always lots happening at Karumah so give them a ring to find out more about their activities.

Some farewells

PLWHA (NSW) recently said farewell to Rebecca Reynolds (Community Development worker for the last two years, particularly working with the Positive Speakers' Bureau and Positive Decisions). She has left to work for the next two years in Thailand. Bernard Kealey has also stepped down from his position as Treasurer on the Board of PLWHA (NSW). Bernard will continue his involvement with the organisation through the Board Advisory Groups.

Pos-neg relationships

The following stories, one gay and one heterosexual, look at the challenges, insights and love found in pos-neg (serodiscordant relationships)

The great “disco” divide

Living in a pos-neg relationship can be tricky to negotiate, even after you get past the “sex thing”

By Greg Page

There’s plenty of literature around on pos-neg, serodiscordant, or, my favourite, “sero-disco” couples. A lot of it focuses on the sex aspect of the relationship, which is only natural I suppose, because the last thing you want is to slip up (literally) and somehow infect your partner.

When I read this well-meaning literature, I often wonder why the pos-neg sex thing has never really been a big deal for my partner and me though. The pos-neg “divide” has, however, surfaced as an issue in other areas.

The boy and I have been a couple now for 13 years. For the first ten of those we were both negative. Just after our tenth

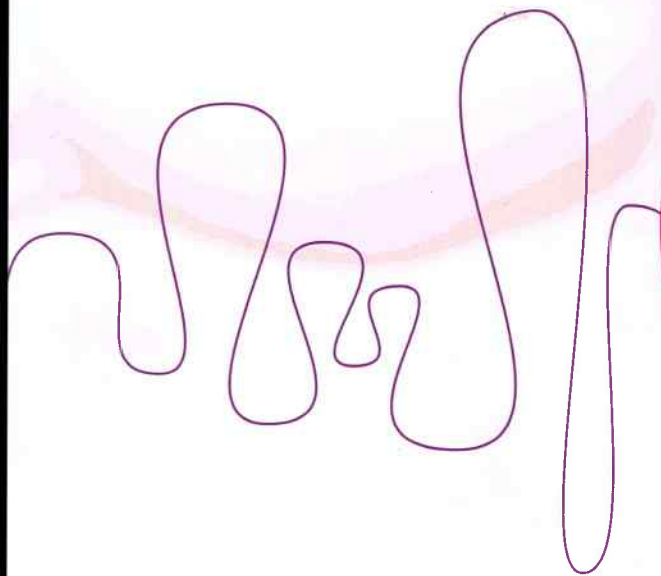
anniversary – how cruelly timed! – I sero-converted. I still don’t quite know how it happened. As far as I was concerned I had always used a condom. I find this a story oft repeated amongst pos guys. It seems even though we’re using condoms, some of us are still getting infected. I know I can’t turn back time (sorry Cher!), but I wonder if I would have made some quite different decisions three years ago if I’d realised this fact.

Needless to say, for the first few months after I was diagnosed it felt very awkward to have sex with my partner. We’d always used condoms together, mainly because a previous partner of his had died from AIDS. We were monogamous until year four of our relationship.

We didn’t actually have anal sex for at least six months after my diagnosis. I felt very guilty about being positive and there was no way I wanted to endanger my hubby’s life. Thankfully he understood and gave me the time and space until I felt comfortable with things again.

When he got tested six months later, and the results came back negative, that was a sign for us that we could go back to “our old tricks”. Slowly but surely we added fucking back into our sex lives and found we were pretty much back to normal again.

As I mentioned it’s actually been in other areas, not sex, that the pos-neg thing has become if not an issue for us, then certainly something we’ve had to work through these past three years.



I joined a number of support groups after my diagnosis, which I found very useful, practical and comforting. I could compare how other couples work through the pos-neg issue and weigh it up against my own experience. The real “problem” with attending the support groups was I started to become friends with a whole group of people my partner felt he couldn’t really get to know, or had little in common with. Being with other pos men gives me strength and I find it quite empowering, especially when we can advise each other how to deal with certain questions and situations. My husband often feels left out of the loop – like it’s a secret club he can’t join and, I guess, doesn’t want to either. Often I wonder if he thinks we all just gather together to exchange tales of raunchy sex, especially when I tell him we go for a drink to a bar after our group meeting.

Yet the more positive guys I meet, the more I realise that, although it is a bit like belonging to a minority within a minority (gay and pos), often there’s not a whole lot we have in common otherwise. Our experiences, although somewhat similar on some levels, are all as unique as we are as people. I’ve met and heard stories from guys who have been in and out of hospital since diagnosis, those who have had horror tales after being put on medication, and even those who were thrown out of home by their families or partners when they told them they were positive. I can sympathise with their situations, but none of it matches mine. Perhaps that’s the one

thing we do have in common – that HIV touches each of our lives in a totally different way.

After living with my diagnosis for three years, I feel I’ve come a long way. I haven’t told anyone I’m HIV positive in a long time, because I find when I do, it’s harder on the other person than it is on me. It’s easier now for me *not* to tell people. I figure, unless I get sick, or it starts to change my lifestyle in some major way in the future, I might as well just ignore my status for their benefit and mine. I’ve found with those I have told, they often treat me differently. Asking “How are you?” is no longer a simple greeting but they *really* want to know if I’m healthy, or showing any symptoms.

I haven’t been a “positive angel” though. I am only human, after all. I did have a bit of a stumble when I got heavily into crystal for a month while my partner was overseas, but I learnt my lesson very quickly that this is a drug that doesn’t play nicely with pos guys. My boyfriend also warned me that if I ever touched the stuff again he’d leave me. That was enough of an ultimatum for me to be able to be strong and say no whenever it’s offered to me.

Now I try to stay healthy, have great protected sex with my very supportive partner, and often only remember I’m positive when I attend my support group, or go for my three monthly check up with my doctor. So far, so good, and I’m still positive about being positive *and* being in a “sero-disco” relationship.

Love Wins!

Tome and Kathy – a pos-neg couple’s story of living together

Disclosing my HIV, 15 years ago, to Kathy was fraught and difficult. How was I meant to develop any intimacy with her, the person I fell in love with, when I brought this stigmatising and threatening medical condition?

It’s unbelievably hard to start up an intimate relationship with a woman when you’re HIV. I didn’t even know at first how to make the opening move to start things going by saying those words ‘I’m positive!’

It was also Catch 22 – intimacy leads to sex and sex deepens intimacy, yet legally sex cannot occur without disclosure and consent, which then inhibit intimacy – isn’t that just the

way it is! Getting to know each other in those early days, when trust is supposed to be built, I didn't want to be shrouded in dishonesty. It was frightening and painful at times and not something normally required of any couple when starting out together.

Let's face it: most straight people don't expect to encounter a positive person in their daily lives, let alone in any intimate relationship. They are inexperienced and know nothing about this virus. I've always imagined this contrasts greatly with starting a gay relationship. One aspect of this is that 'positivity' in gay men's culture is the default setting – a sexual actor must declare negativity in order to ensure the safe sex that protects his status and to clarify his social and HIV role. In straight HIV, the default setting is reversed – the onus is on the positive person to manage these boundaries.

When we started going out I was anxious and stressed around sex and safe sex and even when I asked an HIV counselor about 'what is safe?' was told 'well, you tell me!' Using condoms caused problems because we weren't familiar or comfortable with these at first, and Kathy had no expectation that condoms would have to be a routine part of her sexual practice for 'all time'.

And when we started to get serious and be in a relationship together as a pos-neg couple we just couldn't talk to friends about the impact of HIV on our lives - so how could we keep this HIV thing hidden and keep going? How would we pretend to be negative with Kathy's closest friends? How much of this pretence could we both take?

At the same time, we began to lose all sense of our own friends – who are our friends in this situation? We also didn't know any other pos-neg couples and even if we were lucky to meet another couple like us would HIV in itself make us simple friends?

Nowadays we just accept that pos-neg straight couples just have to live in a fractured world, no longer belonging fully within the wider straight community yet not easily able to develop and participate in any 'positive straight community.'

I've never been able even to tell Kathy she had joined something special as 'the positive community'. Even in 2006, twenty years or more since HIV first appeared in Australia, the positive community means a culture in which the rights of positive people dominate; a position advocated by many PLWHA and HIV/AIDS organisations. The language around HIV does not allow Kathy to describe herself a 'person living with HIV/AIDS' and be treated with a little respect

Let's be honest: Kathy still has to face the same curiosity questions around transmission that I face, get tested, and the stigma of HIV/AIDS attaches to her. Even the behaviours that led to my transmission are assumed by some to be hers as well.

Kathy in the early years feared disclosing my HIV status in case the reasons for continuing our relationship would be questioned – she must be 'mad or desperate'. She asked me then how would she deal with the knowledge that she might be viewed in this way? I didn't have any convincing answers then or even now.

However Kathy has grown to be the interface between my family and

myself. She's done a lot of the emotional and practical work around diffusing tensions brought on by having HIV in both of our families. I'm grateful she's had the skills to do this although I wonder if she gets any recognition by them or they think about what effects my HIV has had on her own health.

'Negative' has no meaning for Kathy, as the test does not say 'negative', only 'not exposed to the virus at that time'. Yet the HIV/AIDS culture around us insists that a negative person does not have the virus and therefore can get treated differently in terms of rights, resources and support. She's still after all these years a second-class citizen within HIV/AIDS culture for not having the virus and also a lesser citizen within the wider community for associating intimately with the virus.

So who knows what 'negative' means when the general community does not see a partner as a 'normal' person because of their relationship with a positive person? Only those not in contact with HIV (that is, not having sex with a positive person) are normal and negative. Being sexually intimate with me has given Kathy a pseudo positive status, which attracts stigma but none of the benefits and support that flow to me.

So how does she manage this and the long-term effects of it?

Well, we're still very much in love - I suppose love has the patience to endure HIV, the fault it sees but cannot cure!

still partying like it's 1999?

www.treatmentsupdate.info



the record's changed, and any information about HIV treatments that's more than three years old is probably out of date.

two dozen pills a day was the norm, now average daily doses are 3 or 4 pills total. and they're often all taken in the morning, instead of three different times a day.

Side effects are less common, and when they do occur, they're usually less severe. Recommendations about when – or even if – to start treating have also changed.

things will keep improving, so stay in the groove with the most current and reliable information. Get treatment Update Cards from the usual aCON outlets, or visit our special treatments website.

 **acon**
community, health and action

Cock-tales

with **Lance & Vanessa Wagner**

**a hypothetical
about sex,
pleasure
& other
catastrophes**

desire, disclosure
lust, anxiety
pos-neg relationships

pos-pos sex, intimacy
hot, sweaty, pleasure

risk, discrimination
casual sex, rejection
myths, sexual health

communication, assumptions
good sex, self-esteem

negotiated-safety, barebacking



Photo: Lance (Jamie Dunbar),
Vanessa Wagner (Chris Barlow)

Happy gay couples where one is more sexually active than the other? A guy who is at the sex venues every night? A gay man who has to keep fronting up to his doctor to have his gonorrhoea seen to? Hunky, good-looking guy finds out he has syphilis? "Sex pig" maintaining his manly ambience while managing STIs? Sound familiar? *Cock-tales with Lance & Vanessa Wagner* was a timely but humorous exploration of contemporary gay life, sex and other catastrophes. This was a theatrical hypothetical and is not meant to be representative of the entire gay community. Scenarios were developed to encourage community discussion on sex, sexual health and relationships.

Ninety people attended the hypothetical, which was held at the Australian Museum on March 15. This event launched the PLWHA (NSW) Health Promotion campaign *10 reasons to test for STIs*. (See our pull out poster in the centre of this issue of *Talkabout*).

This is how the evening went ...

The Panel

Vanessa: I'd like to welcome you all to Cock-Tales: a hypothetical about love, sex, lust and other catastrophes. You may be familiar with the Geoffrey Robertson hypotheticals that were very big in the late 90s. These are situations that we've created to encourage you to think about issues and participate in the discussion. It's not real, it's not true so don't get frightened about some of the people that we're talking about.

I'd like to introduce the person who will be holding court tonight. He is a spunky man and his name is Lance. Moving to Sydney from the States more than three years ago, Lance has always been an active member of the gay rights movement. I'm not sure what his sexual proclivities are. He holds a Bachelor of Science degree in Political Science and he's a staunch supporter of individual rights and sexual freedom. He has a strong commitment to social justice. Good on you darling. It's not fashionable in this country at the moment. He is a dedicated member of our community. He is a self-professed "sex pig" (whatever that means these days) and he hopes to bring an edgy and fun slant to tonight's discussion.

Lance: I want to introduce our illustrious panel to you. Vanessa Wagner is a super star ex-housewife, dancer, activist, media savvy slut, emphasis on the slut, showgirl, social commentator, voyeur and colourful hostess. She's aesthetically hot and a meticulous trouble maker. She is truly a national icon, who travels this vast brown land to share her witticisms, opinions and help especially for people living with HIV/AIDS. A staunch republican and a responsible citizen, Vanessa supports sustainable living, rights and approved conditions for Australia's indigenous people and an end to corporate and government bed sharing. Vanessa believes in freedom of expression, equal rights for all, and only becomes violent when she thinks of John Howard.

And to her left Linda. Dr Linda Dyan is Head of the Sexual Health Department at the Royal North Shore Hospital, Director of Sexual Health Services in North-

ern Sydney, Clinical Lecturer in Public and Community Health at the University of Sydney and also works in private practice at Taylor Square Clinic in Darlinghurst.

In over 18 years of working in sexual health she's probably heard about 30,000 sex stories and that doesn't include those of her friends. As well as listening and talking about sex she also enjoys teaching particularly in training doctors and other health care providers to talk about sex with their patients.

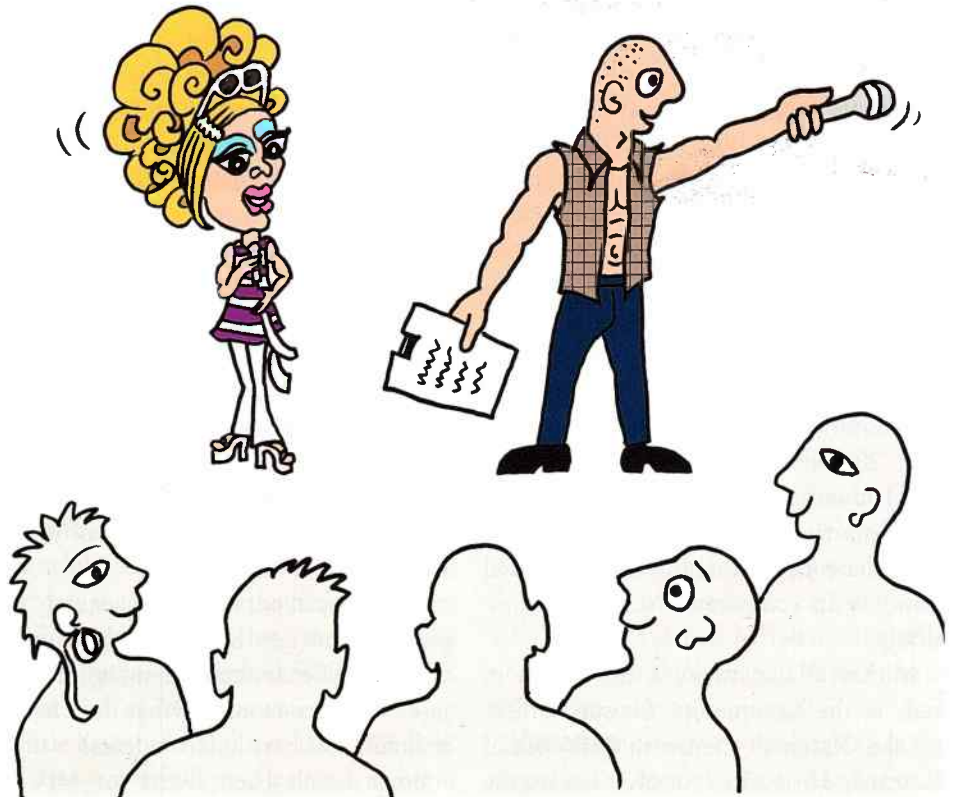
How many of you know Brent?

Brent Allen (at the time of this hypothetical) was the manager for HIV Services with the Victoria AIDS Council Gay Men's Health Centre as well as a member of the Board of Directors of the National Association of People With HIV/AIDS. Brent has a background in education and health promotion in the community serv-

ices sector both in Australia and abroad. Currently a Masters student in Social Health at the University of Melbourne, he has a keen interest in gay men's health, PLWHA wellness programs as well as healthy equity programs for marginalised communities.

His naughty behaviour commenced when he arrived in the great land down under a number of years ago. Although he's a keen fancier of naughty lads from a very tender age, he prefers a beer in a dark seedy environment best: preferably with a back room. How many know Brent from back rooms? Oh (laughter).

Next to Brent is his lovely partner the extraordinary Paul Kidd. Paul is an adult survivor of childhood Catholicism and 70s fashion, and HIV. He grew up in Bega a small town famous for its fine dairy products, scenic beaches and virulent homophobia.





Paul has been HIV positive for donkey's years and, as well as being editor of HIV treatments magazine *Positive Living*, he's also the mastermind behind the internet site ozpoz.org and buggery.org. He is interested in progressive politics, appropriate technology, art and literature, critical social theory, linguistics, altered states of consciousness, sustainable living, slow food and footy.

A notorious Sydney dirty boy for more than 20 years, Paul followed Brent south to Melbourne a couple of years ago, they were married in Canada a few months later, have two Labrador Retrievers and now live in comparative suburban humdrum.

Michael Slater, who's in the middle in red, is the Community Liaison Officer at the National Centre in HIV Social Research. His position involves linking the Centre with HIV community based organizations.

Michael's background is in politics and sociology. He has previously worked for the Australian Labor Party in Melbourne as an advisor on the role of non-government organisations in forming social policy - up until the disastrous election in 2004 when he was sacked. This may have something to do with the less than polite email he sent to the Shadow Attorney General on the day that Labor sided with the Libs against same sex marriage. Who knows?

I'm going to read a scenario to you. The scenario involves our illustrious panel and hopefully will involve many of you as well.

Brent, boy about town, and general "sex pig", and his new boyfriend, the shy and innocent Michael have been together for just over three months. What does he see in him? Must have hidden talents?

Brent hasn't been tested for HIV in three years. Michael assumes he's negative because he hasn't had what he would

consider unsafe sex with any previous partners and all of them have been young and healthy. Interesting? They both think they're negative and they're planning on stopping using condoms because they're in love. (laughter) Besides its new love, they don't want to hurt each other and they want to show that they trust each other.

I mean that's pretty accurate and a true depiction of some relationships isn't it?

Starting a new relationship there are many things to consider such as testing for STIs and under what circumstances do you stop using condoms? There's also relationship agreements or some kind of understanding with your partner that you both agree to follow. How do you know you're both following it? How do you talk about sex?

I have a question: does being in love mean it's difficult to talk about these things? Are you afraid of hurting the other person? Those of you who have started a new relationship and went through these kinds of experiences what do you reckon?

I've got a question for you Michael, Brent has just offered you the chance to experience what he believes is true love and intimacy. You're a little concerned and unsure but agree. What agreements are you going to expect the two of you to follow?

Michael: I think Brent's a really hot guy and so clearly love is nature's greatest condom. It's just going to protect us. But I made it really clear to Brent when we started this relationship that if he cheats on me I'll chop his balls off and he knows that. We're very happy with that aren't we Brent?

Brent: Very happy...It's a mutually agreed thing. I'm completely fine. I'll never cheat on him.

Lance: Does that mean monogamy is like safe?

Michael: Yeah definitely. We're committed a 100%.

Lance: Later in the week, Michael after a few drinks goes out on a hell of a good night with his best friend Vanessa.

Vanessa and Michael have not been out much due to Michael's new relationship. But after some drinks and a few bumps of K he ends up trawling the halls of his favourite sex on premises venue just for laugh. But before long Michael low an



I go through a standard procedure of talk test trust with partners where we talk about it and negotiate it, get tested, then again at three and six months intervals all that time still using condoms. Then if everything's coming back clear we can graduate to condom free sex.

Also the person that you're the closest to is the hardest person to confide in because you have the greatest amount to lose.

Brent: There's this pressure between me and Michael that's unspoken, that this will never happen. If I tell I'm admitting a degree of failure... I don't want to say I've failed our commitment, I'm too scared.

Michael: We've established we're having unprotected sex. The question is what does that mean between the two of us? It may well actually mean to me that we've agreed to monogamy because we're not using condoms and what represents monogamy is unprotected sex. Whereas maybe for Brent he doesn't actually have a sense that he's done anything wrong in the park. He may have just sort of wandered out there and that's horses for courses.

Audience: I think that after three weeks it wouldn't be love. Love takes much longer. It would be lust: lust nothing more.

Lance: So you don't believe in love at first sight. Do you think it's a Hollywood construct?

Audience: When my boyfriend and I met 13 years ago, for the first month we were living at each other's homes virtually every day. To this day we're still together but it took a lot of work. For the first six months it was lust.

Audience: At three weeks you've really not had time to establish the safety that you need for condom free sex in a relationship. I mean, I go through a standard procedure of talk test trust with partners where we talk about it and negotiate it, get tested, then again at three and six months intervals all that time still using condoms. Then if everything's coming back clear we can graduate to condom free sex. To be honest if you're the kind of person who at three weeks has just gone out, gotten K fucked or gone to park and bare backed with someone else, should you guys really be having that kind of stage in your relationship?

Disclosure

Lance: Back to the scenario... His friend Vanessa drags Michael to Planet Positive. She says: "Come on we can get a free beer and we can go somewhere else afterwards".

At Planet Positive Michael meets Paul,

the unprotected fuck from that wild night out at the sex on premises venue with Vanessa. After shyly saying hello they start talking and Paul says: "It's great that there are nights like these so we can meet other positive guys". So now it's out. Hey Michael, what is your reaction to this?

Michael: I guess I'd be really shocked. For me if somebody doesn't reach for a condom they're actually saying to me they're negative: they don't actually need to disclose status. Not putting on a condom they're saying to me that they don't have HIV.

Lance: Well Paul you're a pretty out positive guy so why didn't you disclose this earlier? While you don't mind if people know you're positive, disclosure in bars has occasionally been a bit of a downer. You've had a couple of polite rejections.

Audience 1: As a positive person you get used to the fact that you're carrying around this thing. It's not quite a guilty secret but it's not necessarily something you want the whole world to know about. Nobody wants to be turned down ...

Audience 2: There's certainly among other pos guys the feeling that they don't want to have to deal with rejection. They're going to find other positive guys so they don't have to fuck with condoms. They don't have to worry about infecting somebody and all that crap.

Brent: I mean you disclose your positive status to another and if the other guy's positive of course you don't have to worry about either contracting or transmitting HIV with that person.

But, of course it's not that simple. There are other things that you can pass on or contract like STIs.

Audience: On the point of your comment: "just because he doesn't use a condom he's negative", I thought the whole message was use condoms. I mean I always use condoms: you assume everyone's positive until you negotiate your relationship.

Brent: Does everyone know in NSW that positive guys are supposed to disclose? I lived in NSW for a number of years and have now moved to Victoria. That's not the understanding of gay men across this country.

State laws are different. For example, in WA you don't have to disclose your status. NSW Public Health Act says you do.

I mean you disclose your positive status to another and if the other guy's positive of course you don't have to worry about either getting or passing on HIV with that person.

But, of course it's not that simple. There are other things that you can pass on or get like STIs.



Audience: I think it's a shared thing too because it's really not fair as a positive person that the onus should always be on us to give the information out. It needs to be a shared responsibility.

Lance: Look I want to get back to Michael. Michael's now very concerned about his big night out and decides to go and have a test for STIs and HIV. His test comes back HIV positive and he also has Chlamydia in the throat. So Michael, how do you tell your lovely partner Brent that you now have HIV and Chlamydia?

Michael: I think that's just an incredibly difficult conversation and particularly since we're having unprotected sex in our wonderful "monogamous" relationship. I now have to confront Brent with the fact that I have exposed him to risk and it's a real risk now that my tests have come back positive. Before when we were having a romantic dinner and no-one knows about the sex on premises venue or the park, I didn't really have bad news. It's clear cut now I have to tell Brent.

Linda: Because he's recently seroconverted he's probably really quite infectious and they've already had unprotected sex in the last few weeks.

Audience: How long does the really virulent time last?

Linda: Until people really seroconvert, probably about two or three months. They've only been together for a couple of weeks, he's already come back antibody positive so he's a really high risk of infecting Brent if he hasn't been infected already from the other guy. Then there's the Chlamydia: I'm really glad the doctor did the swab from the throat.

Lance: Well Brent and Michael stay together another five months after all this. Brent still believes he is negative.

Audience: You're only as negative as your last HIV test.

Hepatitis C

Lance: Five months after disclosure of his HIV diagnosis Brent and Michael break up. Michael is now looking for a positive boyfriend... he picks up Paul at a dance party. Paul is concerned about STIs and wants to use condoms but Michael wants the excitement of unprotected anal sex. Paul also wants a new relationship

and agrees not to use condoms.

What are the issues Linda?

Linda: Gonorrhoea is around and you get it treated. You get Chlamydia, you get it treated. Syphilis, you get it treated. If you're HIV positive it might go more rapidly to secondary syphilis, but you get penicillin. The concern is with sexually transmitted Hep C in a really hard core group of guys who are into esoteric practices.

Lance: That has come as a huge shock to me because I thought getting Hep C was through needles.

Linda: Yes, I think the guys who are getting it through sex have been quite shocked by it. My experience is pos guys don't know that Hep C is possibly sexually transmitted.

Lance: Linda are there specific consequences for positive guys once they're co-infected with Hep? Is it different?

Linda: Most of the studies have shown that hep C has a worse prognosis because it develops more rapidly into cirrhosis if you're HIV positive. It also depends on what type you get.

Vanessa: The thing I've read about hep C is it is more likely to occur in boisterous sex and things where there is blood and stuff.

Linda: With the study coming out of Europe fisting is seen as the co-factor. A lot of these guys are also using a bit of crystal, having a lot of sex with other positive guys and are into esoteric practices.

Lance: Okay, we need to finish... Finally, the bottom line is HIV positive or HIV negative we all have some really big decisions to make around what we do when we have sex. It is personal. We also need to realise that there are risks (or vulnerabilities) and we have to consider them, and we have to consider the other people we are involved with when we're making decisions.

Each one of us does it in our own way and I think it's great to share those stories. People need to be armed with as much information as they possibly can so they then can make these decisions rather than fiddling around in the dark of a back room.

Kathy Triffitt, Senior Project Officer, Health Promotion

Graphics: Phillip McGrath

Thinking about travelling overseas?

Up, Up and Away: tips for the positive traveller has information on

Talking to your doctor
vaccinations
insurance
reciprocal health agreements
what to do in an HIV emergency
entry restrictions to a range of countries
carrying and posting medication
travelling with needles and syringes
food and beverages
useful websites

Up, Up and Away

tips for the positive traveller



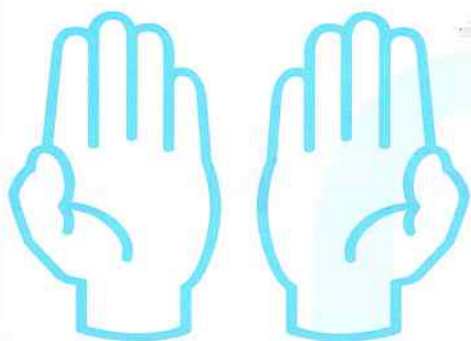
If you would like a copy
phone 9361 6011 or
email: admin@plwha.org.au

PEOPLE LIVING WITH HIV/AIDS

acon
community, health and action

napwa
NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS

Roche



Looking after your health with massage

Peter describes some of the health benefits of the human touch

I've been doing massage on and off since the mid 1980s. I used to massage friends and partners. It was also supplementary money and a great skill to have when you're out of work. Just like a trade, it's something you can fall back on.

One summer in the late '80s I decided to set up a massage table and umbrella at Obelisk beach on weekends. I was actually massaging on the beach itself not in the bushes. I was working freelance in video production at the time and I didn't worry about getting council permission, and was always watching out for the rangers.

Because that was so successful I later thought about how to do it legally and we became the first council approved outdoor massage parlour at Bondi and Bronte. We had scented oils, umbrellas, headphones with relaxing music. I used to run between the beaches making sure everything was OK, selling tickets etc We got a lot of exposure in the media. But we only did it for a year because the council costs were too high.

In 1994 and 1995 I got a certificate in Swedish and remedial massage. Essentially I've been practising full time now for five years.

I was diagnosed in 2003. I seroconverted at a time when I had a big argument with my work, so I just quit and went back to full time art and massage. I found out about the Lomi Lomi course at the Positive Living Centre. While remedial massage works on body parts, Lomi Lomi works with the whole body. It has a different purpose and is a whole body experience.

Benefits of massage

Massage has many benefits. It relieves stress and tension and releases endorphins. It lulls the mind and body. Lomi Lomi is particularly good. It's very rhythmic and like being on the ocean with the waves washing up and down your body. It improves your joints and mobility and stimulates the lymphatic system. It also improves circulation and skin tone. Massage is also a good treatment for depression, chronic fatigue and chronic illness. It does this by enhancing our sense of well being.

If you're HIV positive, or you have any chronic illness which can be affected by stress or the side effects from treatments, massage can work to alleviate these symptoms. Everyone should give some serious consideration to making massage a part of their health regimen.

After I completed my Lomi Lomi massage course at the Positive Living Centre I volunteered as a masseur there for six months. A few clients had peripheral neuropathy, and it can be annoying and pain-

ful for some guys to get touched where they experience this. Lomi Lomi, by using the firm broad strokes of your palm and forearm, helps to stimulate the circulation. If you're HIV positive and you want to book a massage you should definitely give the Positive Living Centre a ring.

Massage brings about a relaxation of the mind and the body. I get my clients to breathe deeply, let their muscles soften, let their mind become calm, and surrender some of its control over the body. When you surrender yourself, that involves trust, and it also helps you relax.

Lomi Lomi might sound new but it's not. It's actually part of an ancient Hawaiian tradition. It was outlawed for a while when Westerners took over Hawaii and Lomi Lomi went underground. It seemed too physical. It's only been in the last fifty years that people have re-engaged with the traditions and they have flowered commercially.

So if you have already taken steps to look after your health, like going to the gym, taking vitamins, reducing smoking or drinking, why not get a massage twice a month? Taking steps like these help you cope with the stresses of HIV, and so does massage. Not to forget the simple power of human touch. Sometimes when you're depressed the last thing you might want is human touch, but it might be just what you need.



Good News Week

From AIDSMap (www.aidsmap.com) come a couple of stories that might bring a bit of autumnal cheer.

Long-term study plays down risk of brain problems in hiv-positive patients

A small study that followed a group of HIV-positive patients for seven years has found a low risk of disorders of the brain and nervous system. The study's results were published in the March edition of the *European Journal of Neurology*.

HIV can gain access to the cerebrospinal fluid that surrounds the brain and spinal cord. While this is known to cause neurological problems such as dementia in patients with severe damage to the immune system, its effects in earlier stages of disease are less clear.

To improve understanding of the effects of HIV on the brain, investigators from Sweden wished to assess the effects of HIV infection in a group of 28 patients without severe damage to the immune system. All of the patients had CD4 cell counts above 280 at the start of the study, having been infected for a median of 3.5 years.

The investigators carried out tests to measure brain function and psychological performance every year for up to seven years, along with brain scans to examine blood flow and brain structure.

They found no consistent signs of deterioration of the patients' performance on a range of psychological tests across the study. Tests measured dexterity, speed of movement, language ability, problem solving, concentration, reaction times, attention, short-term memory, abstract thought and the patients'

ability to understand instructions, read, write, perform calculations and draw three-dimensional pictures.

"We were not able to discern any decline in the cognitive function or other performance of the nervous system that could be attributed to direct impact of the HIV on the nervous system," the investigators conclude.

"Our study would give support to an optimistic attitude," they add. "Although our study had a limited number of patients it sheds light on the neurological development in a group of HIV-infected patients when studied in detail longitudinally up to seven years".

Although its results were only published last month, the study was carried out between 1989 and 1996, before modern antiretroviral drug combinations were available.

HAART failure rate halves in seven years

The risk of an initial antiretroviral combination failing more than halved between 1996 and 2002, according to an international retrospective observational study published in the March 13 th edition of the *Archives of Internal Medicine*. Reasons for the improvements include more potent drugs, treatment guidelines emphasising maximal viral suppression, and a better understanding of resistance and adherence.

Initial response to triple combination highly active antiretroviral therapy (HAART), which has been the stand-

ard of care in well-resourced countries for a decade, is important, since early virological failure may lead to the emergence of resistance compromising future treatment choices. Since 1996, however, more powerful and better-tolerated antiretrovirals have been developed, resistance and adherence issues have become better understood, and much clinical experience has been gained.

In order to ascertain whether the likelihood of initial HAART success has changed over time, investigators from five HIV clinic cohorts in Barcelona, Frankfurt, London, Calgary and Nice examined trends in the risk of initial virological and immunological failure in antiretroviral-naive individuals from 1996 to 2002.

Overall, 3825 individuals were included in the analysis which showed a dramatic reduction in risk of failure over the period. The reduction in risk was more marked from 1996 to 1999, with weaker trends from 1999 to 2002.

The investigators comment that their results "demonstrate dramatic improvements in initial treatment success" amongst individuals commencing HAART for the first time. Reasons for the improvements are multifactorial, they say, including changes in HAART components, a change in emphasis towards maximal viral suppression, and "a general increase in adherence" which resulted from "accumulating clinical experience, more effective clinical management, and perhaps an increase in patients' knowledge about treatment."

They conclude by suggesting that for individuals starting HAART and continuing to receive treatment, "initial failure risk is now very low and may have fallen as low as is realistically possible. The small remaining risk of initial failure despite continued [HAART] may be due at least in part to factors such as suboptimal adherence, or infection with a resistant virus." Nevertheless, failure due to treatment discontinuation or loss to follow-up "remains more common, suggesting potential for continued improvement in future years with simpler, less toxic regimens and increasingly effective clinical care."

And from the BBC News website:

The virus which causes AIDS may be getting less powerful, researchers say.

A team at the Institute of Tropical Medicine, in Antwerp, compared HIV-1 samples from 1986-89 and 2002-03. They found the newer samples appeared not to multiply as well, and were more sensitive to drugs - some other studies argue they are becoming more resistant.

The researchers, writing in the journal *Aids*, stressed their work in no way meant efforts to prevent the spread of HIV should be scaled down. They were only able to compare 12 samples from each time period, and they were unable fully to tease out any effect that drug therapy may have had on the virus.

Hope for future

Researcher Dr Eric Arts said: "This was a very preliminary study, but we did find a pretty striking observation in that the viruses from the 2000s are much weaker than the viruses from the eighties.

"Obviously this virus is still causing death, although it may be causing death at a slower rate of progression now. Maybe in another 50 to 60 years we might see this virus not causing death."

"What appears to be happening is that by the time HIV passes from one person to another, it has already toned down some of its most pathogenic effects in response to its host's immune system," he said. "So the virus that is passed on is less 'fit' each time. This would suggest that over several generations, HIV could become less harmful to its human hosts. However, we are still far from that point - HIV is still a life-threatening infection."

Similar trend

Dr Marco Vitoria, an HIV expert at the World Health Organization, said other diseases - such as smallpox, TB and syphilis - had shown the same tendency to weaken over time. "There is a natural trend to reach an 'equilibrium' between the agent and the host interests, in order to guarantee concomitant survival for a longer time," he said. However, Dr Vitoria stressed that the latest findings should not lull people into a false sense of security.

"This kind of change cannot be adequately measured in years, but in generations," he told the BBC News website.

YOU JUST KNOW

There are moments
Moments you just know
Know you will always
remember
Remember with the
clarity of crystal
Crystal like stars in
mornings twilight

There are souls
Souls you just know
Know you will always
remember
Remember with a
magnificent intensity
Intensity that survives
time eternal

There are loves
Loves that you just know
Know you will always
remember
Remember as the
ultimate experience
Experience that forever
alters

There is sadness
Sadness that you just
know
Know you will always
remember
Remember that this is
the moment
The moment you just
know

Marcus Weatherill



Of surveys, focus groups, hypertheticals, and...

Garry Wotherspoon looks at the ways you can become involved in building our understanding of HIV

Sydney's gay male subcultures must be among the most surveyed in the country. From being a shadowy 'unknown', feared and hated by many Australians fifty years ago - in 1956 the NSW parliament was about to receive legislation empowering the state to forcibly put 'camps', as they were then known, into annexes of the state's mental hospitals - we are now the objects of assiduous attention from politicians, marketers, tourist agents, car salesmen, real estate agents, opera and theatre subscription sellers, and banks, to mention but a few of our suitors.

The world has clearly come a long way, although it is a fairly recent development. Even with the booming gay subcultures on Oxford Street by the late 1970s, not a lot of factual information was available, outside of what was available in the gay press (a community service that wasn't widely read by the 'straight' world).

What changed all that was AIDS. From 1983, as the HIV/AIDS epidemic burst upon Australia, we have been surveyed incessantly. When we add to the various periodic 'in-house' surveys of the wider gay community - as at Fair Day, or via the *Sydney Star Observer*, or by our lobby groups - the ongoing HIV/AIDS ones (since the two communities have substantial overlap), we now know a lot more about everything from our spending power to our sexual habits.

From the first survey, known as the St Vincents Study, set up early in our own Dark Ages of the early 1980s, more and more information has been gleaned about us, as a diverse community of individuals. Many of those who were in that first study are no longer with us - and, ironically, we can't know exactly how many, because of the privacy provisions written into the various surveys.

Many of these early studies were essentially fishing trips, looking for anything in what were then the dark waters of trying to understand what the epidemic represented - the causes and processes by which GRID (Gay-Related Immune Deficiency, as it was then called) was acquired and spread. But as more information was gleaned and the waters became less murky, the questions have become more specific (who asks us about amyl use any more? - barebacking and its implications are the latest objects of our intense attention).

As would be expected, PLWHA (NSW) conducts various information-seeking activities, whose purposes range from simple fact-finding to fine-tuning potential education programmes to providing data for resource funding requests. Each of the different types of activities are worthwhile in their own way, since what each type of approach ascertains has a different purpose. But underlying them all is a common factor - the need to know.

Surveys are perhaps a first stage of research, seeking a quick response,

trying to ascertain what might be seen as the relevant issues.

Discussion groups try to winnow it down a bit more, seeking the key themes. And with these, specific topics attract specific people, with different concerns, as say of those who acquired the infection via the needle as compared to those who acquired it sexually, and what different services they may require.

Focus groups are more in-depth, take it a stage further, using the exchange of ideas, and bouncing these off the participants, and giving a richer quality to the final resources and campaigns.

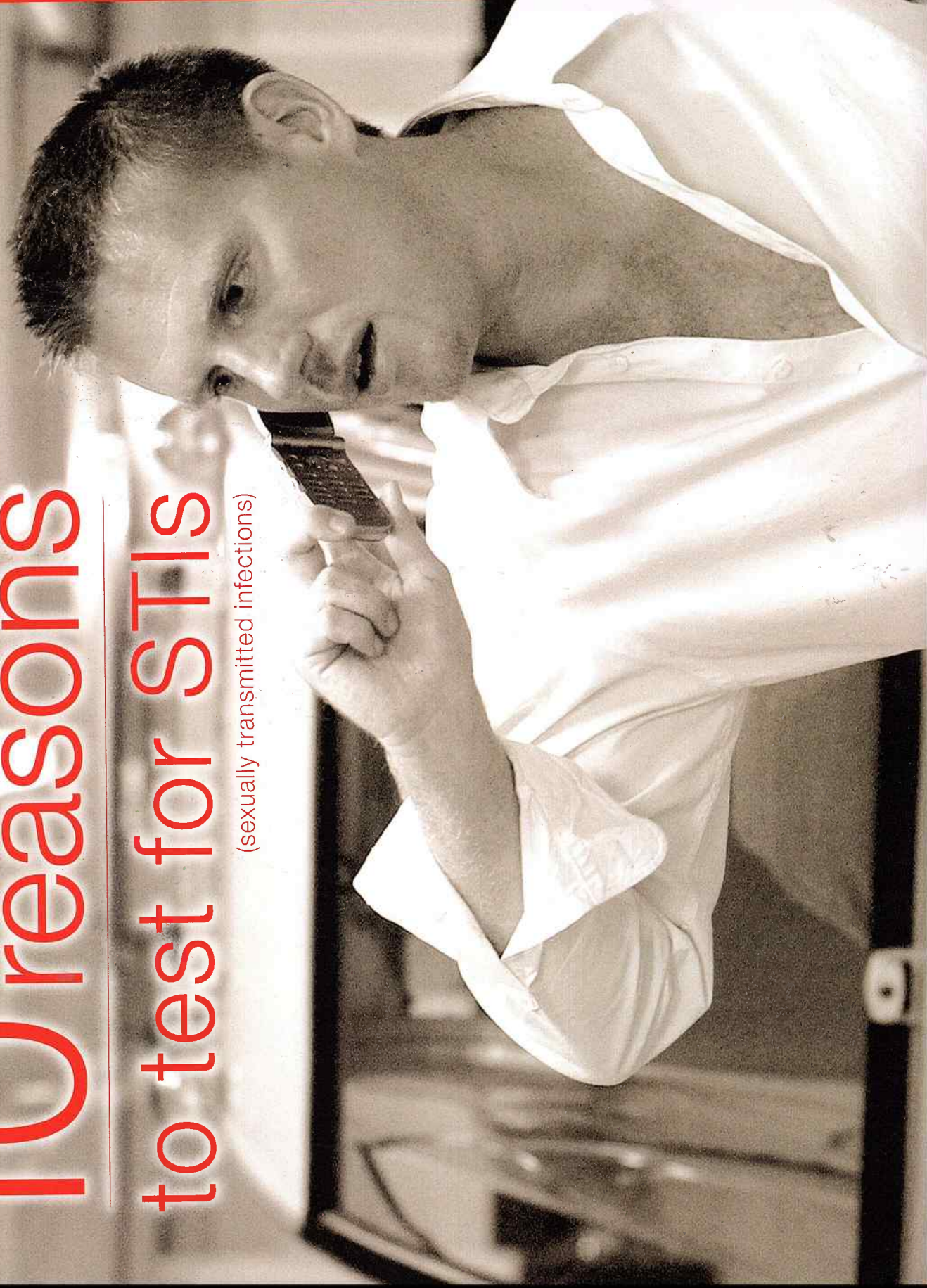
Hypertheticals can be pure theatre, and while meant to be both educational and entertaining, help the discussion and evaluation. For example, at the recent 'Cock-tales' hyperthetical, issues discussed ranged from transmission of Hep C to re-infections, to the possibilities of super-infections.

A priority reflected in the design of the focus groups, community discussion forums and hypotheticals is to support positive people in determining not just what concerns might be of significance, but also how they perceive certain issues. The early hypotheticals, for example, provided the groundwork for public discussion on desire, pleasure, risk and risk reduction strategies, condom presence or absence and the place of HIV in people's lives.

These activities provide opportunities to develop new networks, exchange experiences and opinions, in the context of peer education. There

10 reasons to test for STIs

(sexually transmitted infections)



Condoms are the most effective way of preventing STIs but they are only part of the picture.

If you are sexually active it is a good idea to get regular tests for STIs. Every three to six months is a guideline.

For more information on STIs, testing and treatment go

SECURITY

1. STIs are at epidemic level among gay men and positive gay men in particular.
2. STI symptoms are not always obvious and frequently there are no noticeable symptoms.
3. STIs increase the risk of passing on HIV.
4. STIs can be more serious for people with HIV.
5. Having lots of sex partners means the risk of getting an STI is even higher.
6. Any sexually active man can get an STI.
7. The type of sex you are having can increase risk (e.g. fucking without a condom).
8. Positive men who bareback with casual positive partners may be at a higher risk of getting an STI.
9. You may have experienced unusual discharges, rashes, itching and pain during sex or when pissing.
10. It is important to look after yourself and your partner's health.

local sexual health clinic.

For the sexual health clinic closest to you call
1800 451 624
(anonymous freecall)

Gay Men's Health Line
1800 009 448

Visit

www.whytest.org



www.plwha.org.au

10 excuses

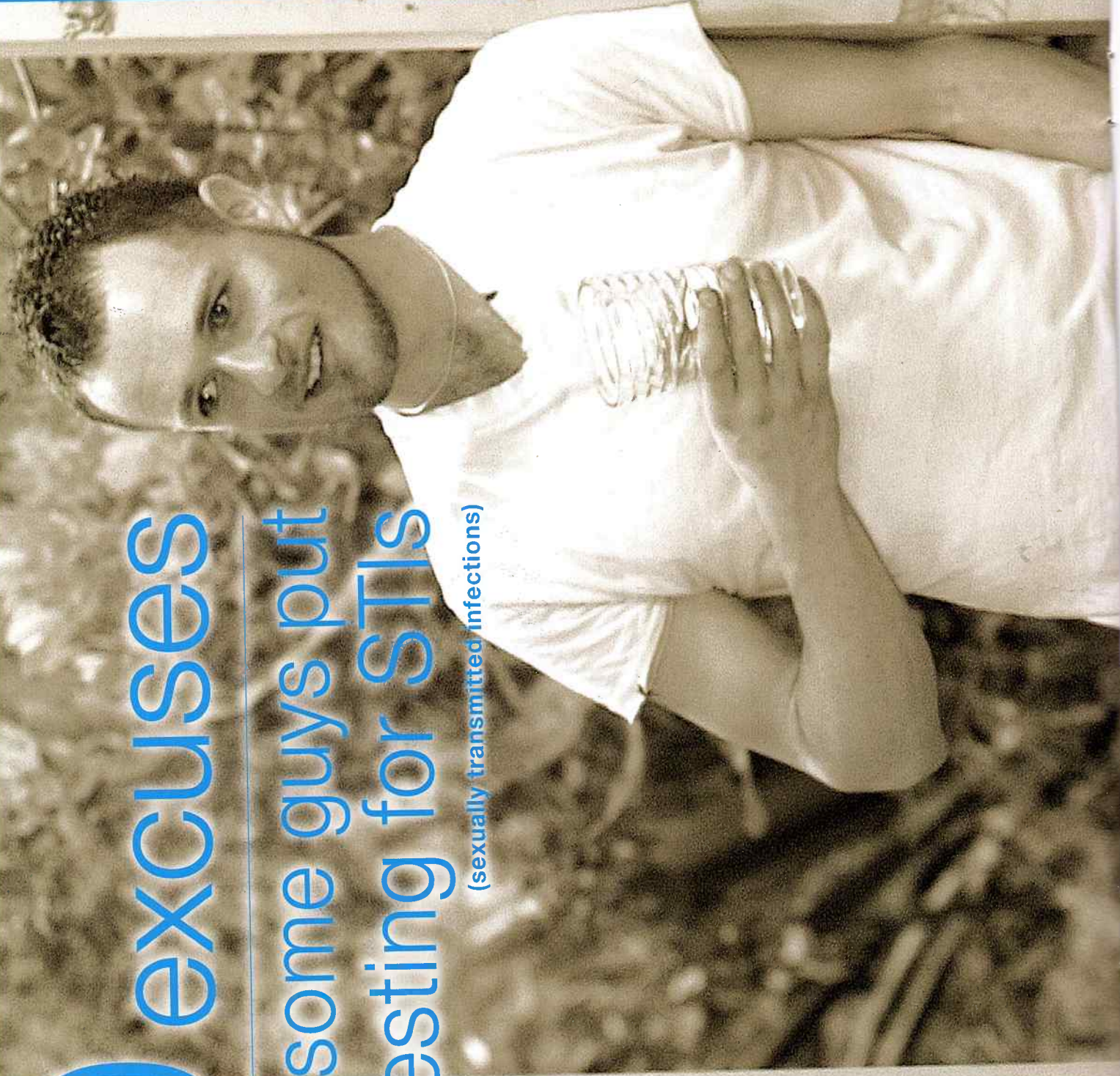
why some guys put off testing for STIs

(sexually transmitted infections)

Condoms are the most effective way of preventing STIs but they are only part of the picture.

If you are sexually active it is a good idea to get regular tests for STIs. Every three to six months is a guideline.

For more information on STIs, testing and



1. I feel fine so I must be okay.
2. I can't see the symptoms so they're not there.
3. If I use a condom I don't have to worry.
4. My doctor does my bloods regularly he will tell me if I have an STI.
5. I choose my partners carefully.
6. I only have sex with other pos guys.
7. I can't get an STI from oral sex.
8. I don't sleep around.
9. I don't want to be judged.
10. I'm positive anyway so what's the big deal!

to your general practitioner or local sexual health clinic.

For the sexual health clinic closest to you call
1800 451 624
(anonymous freecall)

Gay Men's Health Line
1800 009 448

Visit
www.whytest.org



www.plwha.org.au

has also been growing interest in the discussion and focus groups with some participants describing their involvement as a "stepping stone to getting involved or reconnecting with other people with HIV".

Reports can perhaps be seen as a final stage, outlining the issues and using the information acquired, for the task of gaining resources for combatting the spread of the infection.

But all these approaches have a common thread - they are about getting the most appropriate people involved, identifying gaps, clarifying and fine tuning, and perhaps most importantly, seeking to tap into the lived experience of those most affected. They are also about ownership, about ensuring that issues relevant to us are always on the agenda.

After twenty years of information seeking, what lessons have been learned? We are now far more sophisticated in our approaches to education campaigns. Indeed, perhaps the most obvious lesson is that fear campaigns don't work - many will remember the first attempt, the so-called 'Grim Reaper' campaign, often condemned for what was seen as its excessively graphic and frightening imagery. Perhaps it was, but it represented a response of the times, when little was known, and there were fears that the infection would spread into the wider community

From these various sources, we also now know better what we don't know as well as what gaps there are in peer support, who is missing out (as with people in rural areas, or women), and that affected people from culturally and linguistically diverse communities are less accessible, for various cultural reasons.

So when you are asked - either by a volunteer at a gay event, or via a questionnaire somewhere - think seriously about giving some of your time: as that TV ad once told us, the life you help save may be your own.



Rug up for winter

Rates of HIV and STIs have been increasing in recent years. Rug Up has been put together by a small group of gay men in their spare time to turn this around. They say: "We are united by our concern about recent rises in HIV and the impact this is having on our lives and our community. We are both HIV positive and negative. We are not affiliated with any HIV/AIDS organisations. But we are worried that this issue could drive a wedge between positive and negative gay men. We want to avoid this descending into a blame game. We are all in this together."

"Rug Up says HIV is a community problem which the community can manage

through grass roots action. Gay men, talking to their friends about how they could protect themselves, invented safe sex. It's time to reinvent it. Most of all we don't want more gay men to get HIV."

The aim of "Rug Up for Winter" is to get 10,000 sexually active gay men in Australia to commit personally and publicly to having only safe sex for three months from July 1st and to get tested for HIV and other STIs in that period. PLWHA (NSW), ACON and other HIV sector organisations are very supportive of what these guys are doing, and we commend Rug Up to our readers. You can check out the website at www.rugup.org.au.



John confused his boyfriend's stash of Crystal Meth with bath salts, and had a very expensive yet invigorating bath...

POJO



after hours

snax chat chill

Have you been diagnosed HIV+ in the last few years?
Want to meet with other newly diagnosed gay men?
After hours is a drop in night for you!
Thursdays, monthly from 7.30pm
Contact Glenn on 9361 6011
Email: glennf@plwha.org.au

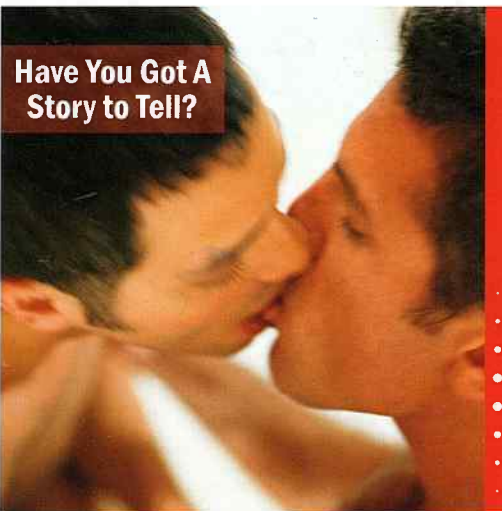


Gay men and relationships interviews

People living with HIV/AIDS (NSW) is running confidential interviews to look at the important issues of relationships and relationship agreements for gay men: one focusing on pos-pos relationships and the other on pos-neg relationships.

If you are in a pos-pos or pos-neg relationship and would like to take part in these interviews please call 9361 6011 or email kathyt@plwha.org.au

You will be remunerated for your time.



Have You Got A Story to Tell?

SEX & DRUGS

We want to hear from gay or bi guys who have used alcohol or drug services.

Story telling workshops will be held in four locations across NSW during May and June.

A light dinner will be provided, along with a gift-voucher for your time and contribution.

To find out more, or to register, call the Gay Men's Health line on 1800 009 448



Treatments Update

Barrie Harrison

SMART Stops Early: implications for taking treatment breaks

The SMART study, you may remember, is a large trial which is being conducted at some 318 clinical sites in 33 countries around the world. The plan was to study 6000 HIV+ people over a period of 6 years. It is a randomized trial in which participants are allocated to one of two groups, either the DC (Drug Conservation) group or the VS (Viral Suppression) group. The question that the trial was set up to answer is: Which is the better strategy for HIV management? Is it preferable to take anti-retroviral treatments intermittently and only when a person's CD4 count falls below 250 cells/mm³ (the DC arm of the study) or is it preferable to treat continuously to keep viral load as low as possible, changing treatment regimens only when viral load increases (the VS arm of the trial). In other words, is it better to take antiretrovirals continuously and to use viral load to guide treatment decisions or is it better to have treatment breaks and to use CD4 cell counts to determine when to re-start treatments.

SMART began enrolling in January 2002 and by January 11th this year when enrollment was halted, nearly 5,500 participants had been recruited, more than 90% of SMART's target of 6000. The average period of follow-up for participants was approximately 15 months. Some participants though had been studied for as long as 3.5 years. The study had planned a follow-up of six years.

The SMART trial was stopped earlier than planned because a committee, whose responsibility it is to review data while the trial is in progress to ensure the safety of participants, determined that participants in the DC arm of the trial (those taking intermittent therapy) had more than twice the risk of progression to AIDS or death compared with individuals in the VS arm taking HIV treatments continuously.

What does this mean for the participants in the SMART trial? The people in the trial that were randomized to the VS arm (continuous treatment) will continue to receive care from their trial site according to the protocol of the study. Those who were randomized to the DC (intermittent treatment) will be recommended to stay on treatments, if they are currently taking them, and to consider going back onto treatments if they are currently off them. Follow-up visits will continue for all participants in the SMART trial while the study team considers plans for a longer follow-up.

What does all this mean for the rest of us? Firstly, the SMART trial has answered an important question. We now know that there is no benefit, at least in the short-term, of trying to conserve antiretroviral drug therapy through intermittent therapy. Interim analysis of the SMART data revealed that participants on CD4 cell-guided intermittent treatment faced more

than twice the risk of disease progression relative to participants on continuous treatment. Secondly, intermittent therapy does not seem to reduce the likelihood of developing serious complications of drug therapy. A surprise finding of SMART was that there was an increase in major complications such as heart, kidney and liver diseases in the DC (intermittent therapy group) compared with the VS (continuous therapy group) and that this was a noticeable difference between the groups when the average follow-up period was just 15 months. These complications have been associated with antiretroviral treatment and it was hoped that they would be seen less frequently in those participants taking intermittent therapy.

What we still do not know is what are the risks and benefits of continuous versus intermittent treatment over the longer term. The SMART study tells us that over the short term, continuous treatment is preferable to intermittent therapy but what about over much longer periods of several years? Only time will tell. The answer to this question may emerge in the long-term follow-up of SMART study participants which the trial organizers are now considering.

And the bottom line: It seems more important than ever now, in the light of the SMART study, to stress that it is most important, if you are considering taking a break from treatments, to first discuss this with your HIV doctor.

Barrie Harrison is the Treatments Officer based at ACON Northern Rivers in Lismore (two days a week - Thursdays and Fridays). He can be contacted by phone (02) 6622 1555 or by email bharrison@acon.org.au.



ACON Women and Family Projects.

Providing support over a cuppa

Marina Suarez (ACON's Women and Families coordinator) talks about some exciting projects coming up this year

I would like to start by saying that we understand that HIV plays a different part in people's lives at different times. Sometimes it will be more in the background, and at other times it will play a bigger part in people's lives. Sometimes you just need a phone call; at other times you might need to connect with other women, or in some cases someone may even need a care coordination plan. I work with women and families at whatever stage they might be at with their HIV. This includes working with women and men (who might be fathers or carers of young children) who are recently diagnosed, as well as those who might be unwell or going through a crisis. I also support women who are well in staying well. The work I do is both for individuals and for groups.

Photography project

2006 is going to be a very exciting year. We're planning a creative photography project called "HIV Feelings." This is a joint venture with the Life Home Project which works with positive women in Phuket, Thailand. The idea, which first came from the Life Home Project, is women choose a word which represents something about HIV for them (such as "love" or "stigma" etc). They write the word with lipstick on their bodies, and then a photo will be taken. People can be identifiable or not in the photos because they could write on their arm or back or wherever they feel comfortable, or photos could be blurred.

The other part of this project is working on mandalas or other types of art works and saying something about the word women chose. Women will also be able to decide on their level of involvement. Some people may want to just write a little story. The plan then is to exchange the work with the project in Thailand and to put a booklet together of the photos and stories of both the women in Sydney and the women in Thailand. We will also hold an exhibition of stories and pictures in AIDS Awareness Week in December. Whatever ideas women bring to this would be wonderful and I would love to see women take ownership of the project.

The other important aspect of the project is that positive adolescents will also be invited to participate. Women and adolescents often feel invisible when it comes to HIV and this might be one way for them to have a stronger pres-

ence. I'll be going to the positive teens' camp in April to talk to the kids about the project. I hope this will also be a way of introducing them to adult services in a gentle, non threatening way.

The first get together for "HIV Feelings" is on March 29th where we'll explain what the project is about, but people can definitely join in after that date. While the plan is to do workshops, women can also participate without necessarily going to groups.

Womens' business over a cuppa

Some other very interesting events are coming up as well. On Saturday May 13th we are holding "Women's business over a cuppa." This will be an informal session with Dr Virginia Furner on women's health issues. We'll be talking about things like medication and menopause, medication and the menstrual cycle, the effects on libido, as well as other topics specific to women.

Disclosing to children

As a Family Support Worker I see a lot of clients struggling with decisions around disclosing their HIV status to their children. In our regular meetings with other service providers supporting women we decided to hold an event in partnership with Sydney Children's Hospital to address this issue. We want to provide a safe space for families to discuss the advantages and disadvantages to disclose, explore ways to do it, talk about the different levels of understanding according to the kids' age and share experiences. We are hoping that this event will assist families in finding

answers to some of these difficult questions and in facing the challenge of disclosing HIV to their children.

The date of the event is Saturday 3rd June. Parents considering disclosure and parents who have disclosed and wish to share their experiences are encouraged to come along.

Family Social events

Our next Family Social Event is on Wednesday April 26th. In the past we've kept these events small because of issues around confidentiality and children. Some kids know about their parents' HIV and some don't. These events are focused on the kids and happen during the school holidays. We normally go to places which will be enjoyable for both young children and adolescents. But also importantly the Family Social Events give the parents a chance to interact and chat.

Newsletter

We have put together a new quarterly newsletter. The main feature of the newsletter is a calendar of events from a range of service providers. It will be distributed through my mailing list but it will be available through S100 prescribers' surgeries as well. While often there were a number of events for women, some people had a sense there wasn't much happening. This will be another way of making sure that information gets out to people. Because most women will go to the doctor, the newsletter will be a way of reaching women who are not linked to a service. The newsletter will also contain articles, information and stories and the first one will be going out in April. It's humble beginnings but it's a start and we would love to hear any ideas women have to make it grow. Our volunteer has an important role helping me with the newsletter. If you are interested in being interviewed by her, get in touch with me and we can organise for this to happen. We want to hear what you have to say!

Working together for positive women

A number of service providers supporting women are getting together every three months. We want to pull our strengths together, create partnerships and make sure that women and families' needs are met. It is also a good way to find out what is happening in different services and make sure that we are not doubling up. If you are a service provider and would like to be part of this interagency, please get in touch with me.

If you would like to find out more about any of these projects contact Marina on 9699 8756 or email: msua-rez@acon.org.au

Some reflections from last September when we had a skills sharing day for positive women:

Marina told me about the day. It was the first time I had been to the Positive Living Centre, and my friend met me at Central station and I went along with her. There were about ten of us, gathered together, sharing skills. The day was also about net-

working with other women.

A highlight for me was painting with canvas and paints, but especially doing it as a combined women's adventure. The food was another highlight (one woman from Africa made some African food), helping, and sharing the meal together and sharing in a different culture.

My skill is in meditation, personal development and self esteem. That takes a bit of time so we didn't get to do that this time. They couldn't fit everything in one day. In fact it was it was an experiment to see what we could do in one day. Maybe we should have had a few days.

A day like this does make a difference to our quality of life. Any social interaction is beneficial and encourages women to participate and get out of a regular routine.

At any future event I would also like to do art and craft, make collages (playful things), make mandalas (spiritual craft and fun as well). We could do it as a group, and help each other in our transformation.

Louise





Acoustically Sundays

Featuring **Tim Bishop** with **Sam Barsah**

Sunday 2 July - 5 pm
@ Dickson Space
35-39 Dickson Street
Newtown
\$12/\$8 conc
bookings 9519 0815 or turn
up early (small venue)

Acoustically Sundays is a series of cultural events bringing communities together.

Produced by Inner West Cultural Services with the assistance of the Marrickville Council.

Tim Bishop is a unique Australian artist of songs and stories. Tim first found his place as a songman following the loss of his partner to AIDS in 1995. He took his grief into his guitar and as he says, "It's what helped me the most to travel safely through those years and it took me by surprise. That empty space got filled with writing songs and stories of what was. I'd get really high on the outpouring of emotion and would encourage anyone to travel the journey of self-expression. It's very healing. In each song from that time in my life I've been able to place and honour my feelings, and honour a relationship that goes beyond the trauma. Putting things away into song has given me less to carry in the journey onwards. Best you can do is lighten the load 'cos there's usually something else coming. Interestingly enough it has taken me almost ten years to fully complete all the songs in that cycle, to tie off the bows on the boxes. They're finished now and I'm happy sharing them with audiences that are interested. I write new songs now still from the place of life experience building on the strength of what the old songs have given me; a gift that I never knew and a gift that gives me direction in my days and a greater sense of purpose and I like sharing that with other people, to be of benefit."

Tim is a strong advocate of the role of cultural practices in supporting the well being of individuals and communities. He says, "cultural practices like art, music and dancing are the things that draw communities together, bind them and define them. The greatest power they have is in connecting with our spirits. Medicine

cannot mend a broken heart but a song can do a pretty good job. Cultural practices are the things that support us in our difficult lives."

Tim Bishop will be performing on his guitar in a purely acoustic setting, (no mikes) a variety of material from his repertoire with his regular partner in performance, Sam Barsah, a gifted singer and songwriter in his own right. Tim and Sam most recently performed at the NAPWA conference (Adelaide, November 2005) and are hoping to travel to Toronto in August to perform as part of the cultural program of the XIV International AIDS Conference.

Included on the *Acoustically Sundays* bill @Dickson Space are short pre-show performances from emerging artists, starting from 5 pm, Sunday July 2.



I still dream, I still make plans

Marcus Weatherill reflects on what it means to be HIV positive

To be HIV positive means that you have come in contact with the HIV virus. So every day we become positive to something new. We meet new people, experience new things. See a new face, smell a new smell, feel a new sensation. Some people become positive to things that are really negative..... like getting hit by a bus! So looking at the virus that I am positive to, it's not that bad. After all I am still here and still becoming positive to new things.

I still dream, I still make plans, I have days when I just get angry, get sad, just feel lazy, don't want to go to work, don't want to get out of bed. Want to fall in love again. Want to end this relationship I am in again. Want to move into a new house, to a new country, plan a trip, design my dream home.

My journals from pre HIV times are filled with ideas for books, inventions, money making schemes, dreams and fantasies. My journals today are filled with the same things now, so I can see that very little has actually changed. I can still put on some exotic world music and dance around the house, I love eastern dance and culture, the colour and history that it evokes. My hitchhiking virus better be a healthy one because it's in for a hell of an emotional ride.

Each day when I wake I write about the person that has just started the day. Many years ago I had the experience of being profoundly affected by a dream from the previous night. I understood then and there that when I wake I am not the person that went to bed the night before because of my experiences during my sleep. I start each day as the first day for the person that I am that day. True enough once the day starts to affect me and I fall into my patterns and rituals my persona from previous days is re awakened and takes hold. The best days are the ones when I can hang on to the dream state, not to be confused with hanging on to the events in a dream because I rarely do remember those. I mean hanging on to the snippet of emotional ether that lingers in the few moments after waking.

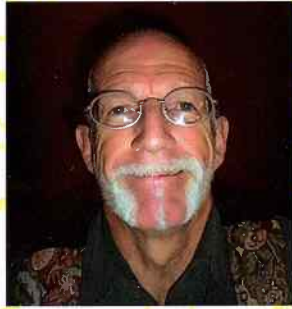
I still dream of once again having my own piece of dirt and planting out my ever growing number of potted plants into it. I still dream of one day getting married to the man that I truly love. I dream of laughter and love, I dream of more conversations with friends long into the night. I listen to music, I listen to love, I listen to emotions played on musical instruments that I would dearly love to play. I dream therefore I am. I am positive to so many things. So why should I put so much effort into one experience, one minute por-

You can do whatever you want

tion of time when my body experienced a virus? Our bodies became aware of the existence of a virus, that may well be the end of us as a mortal person, but it did not stop us from living at that time. Only we ourselves have the capacity to stop living, while our bodies are still alive. Something that HIV negative people can do just as well.

So my friends jump in, the water is warm, life is grand and you can do whatever you want. Dare to dream, continue to love and be loved. Experience as much as you possible can and become positive to all our earth has to offer, then you can say when you finally die: "I am positive I did the best I could".

Marcus' poem 'You just know' is published on page 17



“A Country Lady”

Discovered talents

Mac McMahon describes his evolution from sexual adventurer to “country lady”

One minute you're a bloke in a city and next a lady in the country, but a sea change is not necessarily a sex change.

It's twenty-five years now by my reckoning that I have been living with HIV/AIDS. My official HIV diagnosis was in 1985 but by my blood picture, low T-cell count and obscure immune problems whilst studying in China in 1983 points to a much earlier infection. No doubt fucking around in all the right places in Europe and USA in the late '70s, and on my return to Sydney, where I fucked around some more, certainly increased the opportunities.

A few years ago I decided to move to the country. Having spent most of my life in Sydney, I made the move

with some trepidation. But as it happened I fell in love with the beautiful scenery, the lush, semi-tropical vegetation, fresh air, and pure rainwater and less and often no stress. I am awakened by Kookaburras, not to mention other birds, as well as cows, frogs, cane toads, bats and cicadas. The jungle is alive out here. The earth has a real hum to it. You have to get used to living with snakes, ticks, leeches and other biting things. The heat in summer can be a bit of a bugger too. Lucky for us we have a huge dam to swim in and winters are very cosy around a log fire.

A lot of gays live around Nimbin and the Northern Rivers. The local gay group, Tropical Fruits, put on a truly fabulous New Years Eve party in Lismore and throw several smaller Repentance Creek parties a year. We also have a well catered for and supportive HIV/AIDS community, our annual HIV positive boys' retreat is something to look forward too. The village of Nimbin, where we live, has a thriving cultural and art scene. The Blue Moon Cabarets are unique as is World Cup Poetry, and of course our own world famous MardiGrass - the celebration of the wacky weed.

But to get back to becoming a lady! A gay friend in Nimbin has musical soirees (performance evenings) at his home two or three times a year, at which everyone is encouraged to perform. We get to see prizewinning tenors, sopranos, and singers extraordinaire, musicians, poets and whatever. It was here I discovered I had a talent to interpret Marlene Dietrich

songs in my own Bass voice that people hopefully (going on the applause) find entertaining. Singing with the Sydney Gay and Lesbian Choir for eleven years gave me a certain confidence in pulling it off. It seems they can't get enough of 'Marlene'. I call myself an artiste of course. This is no drag act!

The second opportunity came in joining the local theatre company 'The Nimbin Players' and doing a short play "Shoppers" by Janet Browne, in which I play a sophisticated London lady (Rosemary) who shoplifts from only the best stores, and compares notes with her correspondent in crime, Angela. My beard and mo have to be shaved off for these performances, which have been very well received. Thanks to The Nimbin Players I can be fabulous, glamorous and exciting.

So after all those macho years in the big city, I have evolved from a sexual adventurer into a country femme fatale. Of course the adventure continues and I am soon to celebrate twenty years of marital bliss with my partner Chris who is suffering all this with me.

DSP Changes

Helpful information on the changes to social security

The introduction of the Welfare to Work package on 1 July 2006 will see major changes to the Social Security system, and the National Welfare Rights Network has some very useful information about these changes on their website. You can look it up at:

<http://www.welfarerights.org.au/wrtraining/introduction.htm>

It sets out what the new, post 1 July 2006, eligibility criteria will be under the following headings: Changes to Disability Support Pension, changes to parenting payment, Parenting Payment activity agreements, and the Newstart Allowance. Information is also provided on two major "Welfare to Work" topics, the new compliance regime – moving from breaches to suspensions of payment, and what happens if I am receiving a payment now. The Welfare Rights Network will also provide updated information on this website as it becomes available. The following are some important information highlights from the website:

Changes to Disability Support Pension

Eligibility

The qualification criteria for people who claim Disability Support Pension (DSP) from 1 July 2006 will be very different to the qualification criteria for people who claimed before that date. People who do not qualify for DSP will most likely qualify for another payment, most often Newstart Allowance. The most straightforward change to DSP relates to the number of hours a person is able to work in order to qualify for the payment. Under current rules:

- where a person is **unable to work for**

30 hours per week, they may qualify for DSP.

From July 2006, the 30 hour per week rule will be replaced, so that:

- where a person is **potentially capable of at least 15 hours work per week within two years they will not qualify for DSP.**

Training activity

Under current rules a person may qualify for DSP where their impairment prevents them from undertaking "educational or vocational training or on-the-job training" during the next two years. Training that is specifically designed for people with a disability is specifically excluded from the definition of "educational or vocational training or on-the-job training".

Under the "Welfare to Work" package, the definition of training is to be broadened, with the words "educational or vocational training or on-the-job training" replaced with "training activity". This means that to qualify for DSP, a person's impairment must prevent them from undertaking a "training activity" that would enable them to do any work of 15 hours a week or more, independently of a program of support, within two years.

This change means that a person who is unable to work 15 hours a week, would nevertheless only be eligible for DSP if their impairment also prevented them from undertaking a "training activity" that would lead to a capacity to work 15 or more hours a week within two years. In deciding whether a person is capable of undertaking a "training activity", the legislation does not require Centrelink to take into account the availability of the training in the person's local area. In other words, so long as a person could do a "training activity" if there was one, even if there isn't one available to them, they will not qualify for DSP.

Savings provisions for those on DSP

People receiving DSP prior to 10 May 2005 will not be affected by these changes and will continue to be reviewed under the current rules.

People who were granted DSP between 10 May 2005 and 1 July 2006 will remain on DSP under the current rules, however at their first review after 1 July 2006 will be assessed under the new rules. People no longer eligible for DSP under the new rules will be transferred to Newstart Allowance.

What will happen if I am receiving disability support pension on 1 July 2006?

As stated above, if you were receiving Disability Support Pension **on or before 10 May 2005**, you will not be affected by the new rules. Any medical reviews you have in the future will be under the current DSP rules.

If you were granted Disability Support Pension **after 10 May 2005** you will be assessed under the new rules at your first review after 1 July 2006. Reviews generally take place two years after you have been granted DSP. If at your first review you are assessed as being able to work at least 15 hours per week, or would be able to do so within two years with training, you will no longer be eligible for Disability Support Pension but would most likely be transferred to Newstart Allowance.

If you commence work and go off payment altogether, your entitlement to Disability Support Pension will be suspended for up to two years. If you are unable to maintain the employment for any reason you can return to Disability Support Pension at any time within two years.

There are no changes to DSP for people who are permanently blind.

www.welfarerights.org.au



Let's talk about it

me, you & sex

a facilitator's resource and workshop guide on HIV + sex, relationships & sexual health

Let's talk about it (me, you & sex) has been developed through the lived experiences of HIV positive people and through the work of the Health Promotion Project of People Living With HIV/AIDS (NSW).

Let's talk about it (me, you & sex) traces the steps taken to overcome barriers to participation in health promotion and to include people with HIV in campaign design, implementation and evaluation. This resource and workshop guide also integrates a problem-solving and information sharing component that wants to promote and enhance the sexual health and wellbeing of people with HIV, and build their capacity to sustain positive and satisfying sex lives. A workshop has been developed where participants have the opportunity to listen, to reflect on and discuss issues such as HIV positive sex, sexual health, disclosure in relationships, and how these can be affected by being HIV positive.

Let's talk about it (me, you & sex) provides a model for people with HIV who conduct peer support and education programs, community development workers and health-care professionals, and others interested in health promotion, HIV education and prevention.

Responses from workshop participants:

"By focusing on the topic of sex a lot of clarity was achieved around the nature of SEX (and being HIV positive)."

"The disclosure session, though difficult and challenging, was the most rewarding. I learnt a lot about other people's opinions and approaches to disclosure."

"I really enjoyed the workshop. It made me re-evaluate my attitudes towards disclosure and sexual practices. It was valuable to hear other people's stories and then re-evaluate my own opinions/practices."

Order form

To receive copies of this resource please complete this section:

Name: _____

Organisation: _____

Address: _____

Telephone: _____ Email: _____

Number of copies: _____

Return this form to Health Promotion, People Living With HIV/AIDS (NSW)
Post Office Box 831, Darlinghurst NSW 1300 • fax (02) 9360 3504

For further information contact Health Promotion (02) 9361 6011

Free call from outside metropolitan Sydney 1800 245 677

Email healthpromotion@plwha.org.au



Quick News for Women

Nandini Ray profiles events for women
organised by Positive Heterosexuals



Pozhet Freecall 1800 812 404

Pozhet Planning:

Pozhet are currently in the process of evaluating and planning our future services to better meet the needs of the positive heterosexual community. We have recently sent out a number of surveys to both clients and workers, asking for feedback on the current Pozhet structure and how you think we may be able to improve it. The feedback will be collated and put into a report that will help us plan our activities for the next few years. If you haven't received a copy of the survey and would like one, please do not hesitate to call us.

Positive Women's Forums:

This year we are holding our Positive Women forums on Saturday morning. The first one has already been and gone and we were really

lucky to have had Elizabeth Wiggins from Feng Shui living come and present on Feng Shui around the home. This was a great start to the women's calendar of events, and was enjoyed by all who attended. The next forum will be on held on Saturday June 17th and will be on positive pregnancy.

Café Conversation:

We have started up our café conversation groups for 2006 and they have already proved to be a big success. Café Conversation is held in a café in Newtown and is a great way to meet people in a smaller group over a coffee. We would love to see you there, so check out the calendar for the next date or call us on 1800 812 404.

Outreach to Albury:

David and Nandini are coming to Albury in the first week of May and would love to meet up with you. If you are living in or around that area please do not hesitate to come and make contact. You can get all the details by calling 1800 812 404.

halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

HALC provides free legal advice, information and referral to people living in NSW with an HIV related legal problem.

To make an appointment please call us on

02 9206 2060

All information is kept strictly confidential.

9 Commonwealth Street,
SURRY HILLS NSW 2010
Freecall 1800 063 060
Fax (02) 9206 2053
Email halc@halc.org.au
10am to 6pm Mon to Fri

So, Can You Cook?

No 17

asian influences



Tim Alderman

I was giving my pantry one of its regular clean-outs the other day which, because of the length of time it takes, becomes a bit of a contemplative exercise. My mindless amblings led me to thinking about how our interpretation of 'pantry basics' had changed over the years. No longer a tin of 'Keens' Mustard Powder and curry paste, the basic flours and sugars, tomato and barbeque sauce, some Worcestershire, and maybe some basic pastas. For me, 'pantry basics' are now soy sauce (light and dark), Kecap Manis (Malaysian soy), Tamari (a thick Japanese soy), Chinese cooking wine, cooking sake, mirin, sesame oil, oyster sauce, sweet chilli sauce, fish sauce, teriyaki sauce, tamarind puree, palm sugar, Sambal Oelek (a chilli concentrate), 5-spice powder, saffron, star anise, coconut milk and cream, a range of Indian and South-East Asian condiments and marinades, and a counter-top bowl with ginger, galangal, chillies, lemongrass and limes. I grow my own kaffir lime trees (for the fragrant leaves), and I know how to blanch banana leaves, and use pandanus leaves for flavouring panna cotta. Well, this is my pantry! My mothers would be quite different, I can assure you.

For most of us, stir-frying in a wok comes as naturally as barbequing did to our parents. We use noodle bowls, Asian tea cups and chopsticks – proficiently. We know the Asian names for soups and common dishes as well as all the Asian vegetables. We know how to

cook Pad Thai, and the difference in flavour between Basmati and Jasmine rice. We have made it, literally, a new cuisine for Australia. And we love it.

We have been prepared for this by a plethora of chefs and restaurants – some Asian, some not. Leaders in the field of moving Australians forward to a healthy diet of Asian cuisine have been Les Huynh (Blue Ginger); Martin Boetz (Longrain); Luke Mangan (Glass, Salt, Moorish); Tetsuya Wakuda (Tetsuya's); Christine Manfield (Paragon, Phoenix, Paramount); Neil Perry (Rockpool, XO), and have shown us that this can be one of the most exciting cuisines in the world. Other restaurants including 'RQ' in Darlinghurst, and 'The Chairman and Yip' in Canberra have made eating Asian almost an orgasmic experience. There is hardly a chef or magazine whose cuisine is not influenced in some way by Asian influences, from Jamie Oliver to Bill Granger to Donna Hay; from *The Australian Woman's Weekly* to *Better Homes and Gardens* and *Marie Claire*. I would think that even the Asians themselves would have been shocked to see just how versatile their cuisine actually is, and how it all melds into a glorious whole. It is no longer good enough to mask food with an overload of chilli or coriander and call it Asian. It is all about the subtlety of flavours, and how they can be combined so that Thai is no longer just Thai, but with hints of Vietnamese, and maybe served with Soba noodles. Our palates may never be the same again. Some of my favourite Asian recipes are below, with credit given where it is due.

Chicken Salad with Fresh Coconut

(Thanks to Marie Claire 'Luscious')

- 2 tablespoons finely chopped lemongrass
- 1 teaspoon of grated palm sugar (or soft brown sugar)
- 200ml coconut milk
- 3 tablespoons lime juice
- 1 teaspoon sesame oil
- 2 boneless, skinless chicken breasts
- 1 handful of mint
- ¼ fresh coconut, flesh shaved (Bake coconut in 200°C oven until it starts to split (10-15 minutes). Leave to cool, then using a blunt knife pry the coconut away from the shell. Shave using a vegetable peeler.
- 100g snow pea shoots
- 2 Lebanese cucumbers, finely sliced
- 2 tablespoons sesame seeds, toasted
- lime wedges – to serve

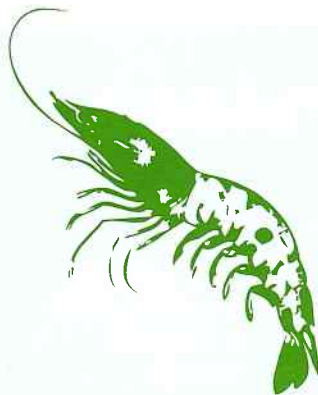
Preheat oven to 180°C. Make a dressing by combining lemongrass, palm sugar, coconut milk and 2 teaspoons of the lime juice in a saucepan over low heat. Simmer for 5 minutes. Stirring occasionally to dissolve the sugar, then remove from heat and allow to cool.

Put sesame oil and remaining lime juice in a small baking dish. Add chicken breasts and toss well to coat, then cover with foil and bake for 30 minutes. Remove from oven and allow to cool completely, keeping the baking dish covered.

Roughly shred the chicken and stir through the dressing. Add the mint, coconut, snow pea shoots, cucumber and sesame seeds and toss together well.

Serve with lime wedges.





Sang Choi Bao

(Thanks to Neil Perry)

Vegetable oil, for frying
 100g diced blue eye fillet
 100g diced green prawn
 2 whole dried shiitake mushrooms, soaked overnight in water, stem removed, sliced
 1 small handful salted radish, sliced
 1 small handful mustard greens, sliced (use Watercress if mustard greens are unavailable)
 ½ Spanish onion, sliced
 1 large tablespoon roughly pounded garlic and ginger
 A splash of shaoxing wine (Chinese cooking wine)
 1 tablespoon oyster sauce
 1 tablespoon palm sugar
 ½ cup bean sprouts
 ½ cup cucumber julienne (fine slice)
 ½ cup carrot julienne (fine slice)
 A few drops sesame oil
 Iceberg lettuce, chiffonnade, to serve (very fine slice)

Heat the oil in a wok. Add the blue eye and prawns and toss well over a high heat. Add the shiitakes, salted radish, mustard greens, onion and pounded garlic and ginger.

Stir-fry until the prawns change colour then deglaze with the shaoxing.

Add oyster sauce and palm sugar to taste. Remove the wok from the heat and add the sprouts, cucumber and carrot. Toss well.

Finish with a few drops of sesame oil and serve on a bed of shredded iceberg lettuce.

Serves 4 as part of a shared Asian style banquet.

Chinese Beef and Asparagus with Oyster Sauce;

500g lean beef fillet, thinly sliced across the grain
 1 tablespoon light soy sauce
 ½ teaspoon sesame oil
 1 tablespoon Chinese rice wine
 2½ tablespoons vegetable oil
 200g fresh, thin asparagus cut into thirds on the diagonal
 3 cloves garlic, crushed
 2 teaspoons julienned fresh ginger (fine slice)
 ¼ cup chicken stock
 2-3 tablespoons oyster sauce

Place beef in a glass or plastic bowl with soy sauce, sesame oil and two teaspoons of Chinese cooking wine. Cover and marinate for at least 15 minutes.

Heat a wok over high heat, add 1 tablespoon vegetable oil and swirl to coat the wok. Add asparagus and stir-fry for 1-2 minute. Remove from wok.

Add another tablespoon of oil, and add the beef in two batches, stir-frying for 2-3 minutes or until cooked. Remove from wok.

Add remaining oil to wok, add garlic and ginger and stir-fry for 1 minute or until fragrant. Pour the stock, oyster sauce and remaining cooking wine into wok, bring to boil and boil rapidly for 1-2 minutes or until sauce is slightly reduced. Return beef and asparagus to the wok and stir-fry for a further minute, or until heated through and coated with the sauce.

Serve immediately with Jasmine rice.

Lime & Coconut Sago Puddings with red Papaya & Coconut Wafers;

(Thanks to Christine Manfield 'Desserts', which has to be the bible for decadent desserts)

1 small red papaya
 2 teaspoons strained lime juice

LIME JELLY

125ml fresh strained lime juice
 125ml sugar syrup (a 1/1 mixture of sugar and water, brought to boil, then simmered for 5 minutes)
 2 gelatine leaves

Bring lime juice & sugar syrup to a simmer in a saucepan. Soften gelatine leaves for 5 minutes in a little water, squeeze out excess water and add to syrup, stirring till dissolved. Pour through a fine sieve, and pour into 6 x 120ml dariole moulds. Set in refrigerator for 1 hour.

SAGO PUDDINGS

750ml water
 200ml coconut milk
 125g coconut sugar, shaved (try Asian grocers)
 250g sago
 2 teaspoons finely grated lime zest
 1 egg white

Bring water, coconut milk & coconut sugar to a boil in a saucepan. Add sago and lime zest and cook over a moderate heat, stirring continuously until the sago becomes transparent and the mixture is thick. Remove the pan from the heat and allow to cool slightly. Whisk the egg white until stiff, then fold into the sago. Spoon the mixture over the lime jelly in the moulds, then refrigerate, covered with cling wrap, for 2 hours or until set.

COCONUT CREAM SAUCE

100g coconut sugar, shaved (try Asian grocers)
75ml water
100ml coconut cream

Bring coconut sugar and water to a boil, in a saucepan, then strain to remove any impurities. Stir in coconut cream, then remove from heat immediately. Allow to cool before serving.

TO SERVE

Halve and peel papaya, then remove seeds. Finely slice into 5cm lengths, then arrange a flat stack on each serving plate and sprinkle with lime juice. To turn out the sago puddings, suspend mould in hot water for approx 30 seconds, and turn out onto papaya. Spoon some coconut sauce around the fruit and lean a coconut wafer against the pudding. Serve immediately.

COCONUT WAFERS

50g unsalted butter
45g liquid glucose (from supermarkets or chemists)
90g caster sugar
35g plain flour
15g shredded coconut

Melt butter and liquid glucose in a bowl over a saucepan of slow-simmering water, then stir in caster sugar, flour and coconut until well incorporated. Allow to cool.

Preheat oven to 180°C and line a baking tray with baking paper. Roll the cool mixture into small balls about the size of marbles. Press the balls of mixture onto the baking tray about 5cm apart, then bake for 4 minutes or until golden. Remove from oven and leave to cool on tray.

Pandanus Panna Cotta with Mango and Passionfruit;

(Thanks to Les Huynh 'Blue Ginger', the cookbook that has inspired some of my greatest Asian banquets)

4 teaspoons gelatine powder (from supermarket)
250ml milk
70g caster sugar
1 pandanus leaf, tied in a knot
½ vanilla bean, split lengthways
400ml single (pouring) cream
2 small or 1 large mango
250ml passionfruit pulp (about 8 passionfruit)
Mint leaves, to serve

Put 3 teaspoons water into a small bowl and sprinkle gelatine over evenly. Leave to sponge and swell.

Put the milk, sugar and pandanus leaf into a small saucepan. Bring to a very gentle simmer, then simmer for 10 minutes to infuse the flavours, BUT BE CAREFUL NOT TO BOIL. Remove from heat and leave to infuse for a further 10 minutes. Discard the pandanus leaf.

Add the gelatine to the milk and stir until completely dissolved. Strain through a fine sieve and refrigerate until partially set. Whip the cream until soft peaks form. Gently fold the whipped cream into the milk mixture, and pour into 6 125ml moulds. Refrigerate until set.

Combine mangoes and passionfruit and mix well.

To serve, dip moulds into warm water, then turn panna cotta onto serving plates. Drizzle with the mango and passionfruit, and decorate with a mint leaf.

If you enjoy reading Tim's articles why not take a look at his new website where you can purchase a wide range of gourmet food as well as ask for recipes and information <http://www.alderman-providore.com>

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Ask Ingrid

Ingrid Cullen looks at fitness and exercise

There are two questions this issue, so I will deal with these rather than going off on my own, presuming to know what you guys/girls want. Remember questions are always welcome. They can be about training for a sport, recovering from injury, losing fat; body shape changes or anything a personal trainer would know about.

Go on ask me. I love a challenge. You never know. The answer may be something quite unexpected. Send your questions to editor@plwha.org.au

Question 1: What is a good way of minimising the risk of hurting myself when I'm training?

The most obvious answer to this is to have good training technique and think about what you are doing. Remember to lose focus is to invite injury. Keep your mind on the job.

Keep your core (spine) in a strong position. This means lifting through your stomach muscles, keep them tight and keeping your shoulders back. This technique tip applies to almost every exercise; always keep your back slightly arched, as this is the position it is strongest in. Whether you are sitting, standing or lying down you still need to maintain a strong core. The next most common mistake is to let your elbows, knees, hips or wrists lock back under the weight. They should always be almost straight, but not locked or held firm or stiff through out the movement.

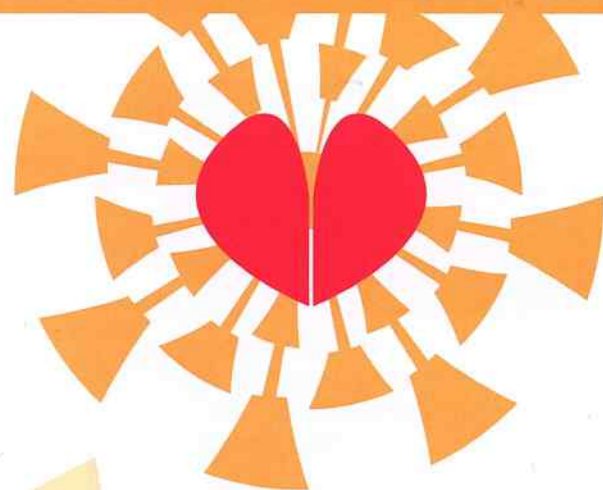
Remember muscles can only pull, not push. They work in pairs and almost every muscle pulls against its opposite muscle that is attached to your core. It all goes back to having a strong core, as you have read in my previous articles. A good example is the pecs. The pecs or chest muscles can only pull/work if the rhomboids in the upper back are strong enough to act as a brace for them to contract against. The shoulders are another good example. The deltoids can only work hard if the rotator cuff muscles at the back of the shoulder blades are strong enough to pull the shoulders back into a strong position, so you can work the deltoids hard. So good technique is simply bracing your body so everything works well.

Question 2 What exercises/body areas do people neglect when they do their training?

Usually it is their lower body (legs and bum) or their back. Both of these areas need to be strong to keep you injury free. If your lower body is weak, it is impossible to keep your core /spine in its correct position and work the upper body effectively. It also looks unbalanced, being top heavy, and after all you can't wear jeans all the time.

The back is of course important because it contains many core stabilizing muscles that work together with almost every other muscle in the upper body. The lower back needs to be strong to work your abs effectively and get a flat gut, and the upper back has to have strength to stabilize your chest, shoulders and arms and allow them to work effectively. Remember the mirror muscles i.e. chest, shoulders arms and abs (six pack) only look good if the other muscles are strong enough to hold you in an effective training position. Posture is important and comes from working the muscles in a balanced way. Good posture shows your muscles off to their best advantage, and lets you use your body in the most energy efficient way.

Olga's personals



Men Seeking Men

34yo, hiv+, 5'9, 74kg, hazel eyes, mouse blonde hair. Gym fit, Good looking (or so I am told). NS, masculine, affectionate, good listener/good communicator. Not oversexed but still know how to work it between the sheets. Quality not quantity. Romantic not mushy/ Homebody yet adventurous. Bio hazard but fun. Seeking similar. ALA. **Reply: 0290604**

35 yo Aussie male. Live inner city Sydney. Work full time with good outlook on life. Gym, swim and cycle. More non-scene homebody than party guy. LTR with the right guy. ISO young guy who wants to make a go of it and is willing to work for it. Hope to hear from you. **Reply: 0280604**

Easy going guy living on the Central Coast 3 yrs+ looking for the good times again. Me 45 yo, slim, fit neat guy looking to meet guys for fun, sex, friendship, maybe relationship. Luv beach, movies, good food oh and sex. Can travel. **Reply: 250505**

HIV+ 44 year young, creative, considerate, passionate, tactile, muscular, fit, 5 ft 9, 80 kg, striving to be aware and explore life's journey. Not into drugs 2 yrs poz. A Leo/Rat seeking Gemini, Libra, Sagittarius, Capricorn/Ox, Dragon, Monkey for a date. **Reply: 210605**

Muscular, fit, good looking straight acting GAM 40 yrs 174 kg HIV+ for 14 yrs. Healthy, still no medication, lots of hobbies, likes to work out, looking for new friends and conversation, must have a good personality. **Reply: 070605**

Young guy, 34, 19y HIV+, no partner for 10 years. Looking for sincere and genuine friends with a gr8 sense of humour. Must love animals, surf sun and beaches. I am honestly positive, not ashamed and am an advocate for positive people. **Reply: 280504**

Young looking 43yo hiv+ GAM seeks friendship or LTR. WLTM sincere, stocky, clean-shaven hairy guys up to 50yo. I am healthy, caring, romantic and in need of some TLC, **Reply: 210704**

Hiv+ gay male 39yo (look 10yrs younger) 180cm, 72kg (blue eyes), good looks, slim, romantic, honest, passionate, looking for sincere "boyfriend" must love animals, surf, sun 20-35yrs, looking forward to hearing from you ALA ps "I'm at Italian-Gamon boy. **Reply C310804**

Sydney Inner West, GWM+, dte masc early 40s young at heart, attached (not seeking relationship),

wishes to meet new friends for coffee, sport, activities etc **Reply C231104**

Newcastle hiv+, 43 yo guy, gsoh, pt worker/student, 6ft, fit, good looking, seeks potential soul mate. Interests include reading, cycling, Pedro Almodovan movies and gym. Am romantic but also a realist. Passion and respect are important. **Reply C261104**

Gay 43 yo hiv+ in Marrickville. 6ft, 100kg, passive, smooth body, 2 tattoos, clean shaven looking for good times at my place anytime. **Reply: 191004**

Clean cut, kind, loving affectionate stable man who wants someone similar for LTR. I'm HIV 50s seeking romantic partner for enjoyable times together. N/Scene. Western suburbs. Let's meet and see what happens. **Reply 120105**

Fit, fifties, pos., working, lives beachside - seeks stimulating company and intelligent conversation about Siegfried's Aunt. **Reply 100105**

Goodlooking GAM 38 Athletic body, healthy lifestyle, positive attitude. Appreciate life with all its special moments. Seeks attractive GWM soul mate (30-45), an affectionate partner to share my journey with. **Reply: 180105**

I'm a totally active guy seeking a totally passive guy, who like me is quiet, homely, non scene, affectionate, thoughtful and with a heart of gold. Your looks and build are not important. Prefer 1:1 relationship **Reply: 200105**

Mid North Coast. Mature healthy HIV, caring, spiritual guy, seeks younger HIV, with similar values, prefer top, for companionship, friendship, love and mutual support. Excellent medical services and nice coastal lifestyle. Have home to share with the right man. **Reply: 230205**

Marrickville Poz bear 38 yrs (+13 yrs) healthy 5'11" 100 kg dark hair and features, tats, piercings, works full time, non-scene, wants to meet dte masc blokes, who aren't into bullshit, beards preferred. Mostly active, vanilla to kink, no one night stands, as in life no promises **Reply: 020305**

Non scene straight acting guy, late 50s looks younger, trim, enjoys walking, swimming, beach, theatre, art, music. Professionally employed non-smoker, social drinker, average looks, 6ft tall, 80kg, olive complexion, brown eyes and hair. Seeking casual fun or possible long term relationship **Reply 220405**

Penrith, HIV Poz guy 43, 75kg New to area, very healthy, seeking LTR with guy 30 - 50 who enjoys quiet nights, occasional rage, must be honest, My first advert ALA **Reply 270505**

45 yo South Coast male 18 yrs +ve, 6 ft 2, passive, WLTM guys to 45 for friend/relationship without the use of drugs. Tired of being single, willing to travel within reason. GSOH, DTE, caring and affectionate - that's me. **Reply: 170605**

Riverina, 37 yo, HIV+ slim, slightly hairy WLTM other 'locals' for friendship, perhaps LTR. Into AFL, camping, beach, kissing, cuddling and of course the obvious. Can accommodate for country weekends away. Prefer mature, but not set in stone. **Reply: 030805**

Kensington area, GWM WLTM Similar Masculine Aussie 45 -55, also into Willingness, Sai Baba, Spirituality, Conversations, Practicality, Spontaneity, Complementary Therapies, Quantum Healing/Physics, Cooking, Completed UPW, Old Movies, Markets, Shopping, Country Outings, Liberal Contributor, Enigmatic Lover, Slim Trim Healthy, ALA **Reply: 260905**

37 yo HIV+ 6 ft 3, 85 kg, grey eyes, brown hair, gym fit, handsome masculine hairy chest active NS affectionate intelligent WLTM HIV+ fit masculine affectionate passive guy 30 -50 for LTR. I want to settle down with you, get 2 dogs, a cat, travel, live life to the fullest. I live in the inner east for now ALA **Reply: 061005**

40 yrs old, good looking and in good health. GSOH. Curious, reserved, active. I would like to meet a genuine friend, LTR, TLC ALA. I'm passionate and friendly. Age/nationality open. I can travel anywhere in Australia. **Reply: 141005**

Mid north coast 43yo poz GWM 5ft 5, slim, passive/versatile, healthy and very laid back. Into nature, reading, nudity and art. Looking for friends and lovers with similar interests or not! ALA **Reply: 271005**

40yo Hot Latino-Italian man straight acting, versatile, hard working, honest and nice body, and in good health. No drugs. ALA LTR TLC The guy who comes into my life will have my full sex, love, care, assistance, share bills and more. Open to all nationalities. I don't have a specific 'type' or age **Reply: 140905**

Sydney, healthy HIV+ middle aged man, relatively attractive with active mind and body, interesting

life, honest, sentimental, maybe funny, WLTM other human for exchange of kisses, hugs and ideas, not sex yet. Age, race, colour irrelevant, heart essential. ALA **Reply: 081105**

35yo 5ft 8, 65kg HIV+ GSOH Fit easy going, nice looking. Enjoy beach, gym, swimming, outdoors and indoors (curling up), and odd night out. Looking for relaxed fit guy with GSOH 28 – 45. **Reply: 251105**

Blue eyed brown hair 40 years old GWM In gaol until March 06 ISO guy up to 30 for friendship possible LTR. GSOH passionate, loving, intelligent, successful, non scene ALA pen friends wanted. **Reply: 281105**

In gaol – poor sick queer, threatened with a lash, 18 years HIV poz, first time in prison, in single cell, bored, lonely, isolated, seeking penfriend. No S&M types please. 40. **Reply: 301105**

Young 38 year old GWM HIV+ in gr8 shape, handsome gr8 personality. 5 ft 7 & 65 kilos, brown hair, green eyes. Exercises regularly. Adventurous & versatile WLTM pleasant looking DTE guy 25 – 45 gr8 personality & smile, enjoys sport & exercise. Mature attitude but likes a bit of fun. Secure & career minded. Any nationality. **Reply: 101205**

45 yo pos 3 yrs, good looks, gym fit, healthy, defined shape, good dresser, NS, non scene, 5 ft 8, 70kg, honest, loyal, monogamous, good values, GSOH, looking for similar attributes in 30+ guy for LTR, good job, likes homelife, dinners, movies, travel, photography, reading **Reply: 090106**

Great catch Asian guy, 31, gym fit, genuine, DTE, caring and affectionate professional WLTM GWM who are tall, fit, sincere, affectionate for dinners, movies, travel, gym 22 to 40 years old. Am good looking and like to take care of someone! **Reply: 100106**

Alone! Why? I'd call myself 'a modern guy' exciting, spunky, attractive, City/country located. Seeks fun friends, virile, active guys, 30 something up to 42 years, health, well-being interests. **Reply: 230206**

Inner City Caucasian 40s, average good looks, average build, 180cm, 85kg, blue eyes, smooth, cut, versatile, tats, NS. Into most things in/out of bed. Seeking younger, tall, slim, uncut, playmate to hang out with, LTR, must like dog, GAM also welcome. **Reply: 170406**

41 y/o poz guy, fit, attractive 5ft 10, 70kg in southwest Sydney WLTM a similarly sincere top guy for friendship, intimacy with a view to a LTR. I am DTE,

supportive and enjoy sharing life in all its colours with someone special. Let's meet. **Reply: 180406**

Men Seeking Women

"Mars seeking to align with his Venus. To: Female soulmate - respect differences, nurture vulnerabilities and value each others friendship. From: Heterosexual Male, HIV+ youthful appearance, just 40's. caucasian, 'tall, blonde and with green eyes' - insightful; spiritual and down to earth; all encompassing." **Reply: 270504**

Mars seeking to align with his Venus. Just looking for a nice girl; someone to share common interests, as well as our 'trials and tribulations.' Heterosexual male, HIV+, just 40's Caucasian. Down to earth; enthusiastic in everything worthwhile in life. **Reply: 290305**

37yo, HIV+ Bisexual male, 5 ft 8in 70 kg, blue eyes, brown hair, OK looks and good physique. Looking to start a new life with a woman 25-45. I'm very straight acting, full of love, and want to spend the rest of my life with a nice woman. PS. Come and still my heart! **Reply: 150705**

HIV+ Woman wanted. Age, looks and nationality open. I'm 39 (20 years positive), DTE, GSOH, lives Central Tablelands, animal lover, loves bush life. Main hobby looking for gold. **Reply: 07005**

HIV+ male 31 yrs old tall medium build seeking + female 24 – 32 for serious LTR. Love dining out in fine dining atmosphere, GSOH bundles of laughs. European background genuine responses only, and ladies won't be disappointed. Melbourne region. **Reply: 111005**

29yo HIV+ male medium build 175cm tall hazel eyes brown hair looking for female with GSOH and interested in music, movies, long walks and loves talking about anything. Also looking for friendship or possibly more ALA **Reply: 281005**

HIV+ Male 43 Adelaide – I'm sometimes shy, like all kinds of music. I like going camping, fishing, T shirt and jeans kind of guy, 5 ft 9 with blond hair. I'm a caring person with lots to offer the right person, so girls drop me a line. **Reply: 500506**

Women Seeking Men

Hiv+ girl, 28y.o. Diagnosed a year ago. I am a genuine girl with personality and good looks. Looking for a man 28-38yo. with personality and a positive outlook. Looking for friendship, possible relationship. **Reply 261004**

ALA	All Letters Answered
LTR	Long Term Relationship
GSOH	Good Sense of Humour
NS	Non Smoker
ISO	Looking For
DTE	Down To Earth
WLTM	Would Like To Meet
GAM	Gay Asian Male
GWM	Gay White Male
TLC	Tender Loving Care

When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

When meeting someone:

Have reasonable expectations. Don't let your fantasies run away with you – how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a bar or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it – Write the reply number in pencil on the outside – Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

How to place a personal

Write an ad of up to 40 words – Claims that you are hiv negative or claims about blood test results cannot be made. However, claims that you are hiv positive are welcome and encouraged – Any personal that refers to illegal activity or is racist or sexist will not be published – Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.

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How to contact People Living with HIV/AIDS (NSW) Inc

Office: Suite 5, Level 1, 94 Oxford Street, Darlinghurst

Mailing address: PLWH/A (NSW), Reply Paid 831, Darlinghurst NSW 1300

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pozhet2006



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Free car parking. Indian supper. Film begins at 7pm.



Tuesday 2 and
Wednesday 3 May

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Greater Murray Region**

Outreach is for positive men & positive women, their partners and family members

This is a great opportunity to meet people either in a small group or on a one-to-one basis in a safe place in Albury of your own choice.

Further details ring Alison Kincaid, Albury Community Health Service on 6058 1800 or the Pozhet Freecall Line 1800 812 404



Friday 26 May

Open House

Open House is for positive men & positive women, their partners and family members

7-9pm Surry Hills

**Jaws:
Oral health and immunity**

There are many complex issues in oral health when you're HIV positive, including self examination, identifying early oral signs & symptoms of progression of HIV infection, managing xerostomia (dry mouth) and lots more. So come along and get some knowledge and skills

Guest speaker: Dr Peter Foltyn, Dental Specialist- St Vincent's Hospital

Free car parking Buffet supper.

Take your pick

pozhet2006



Saturday 17 June

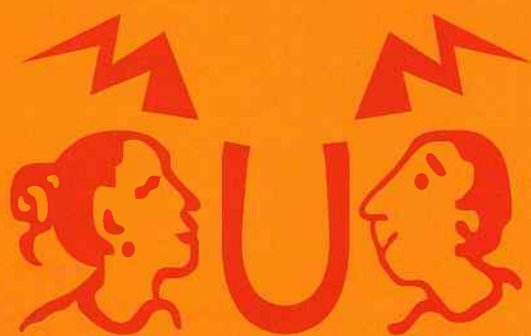
Positive Women's Forum

Positive Women's Forums are for HIV positive women only

10:00 to 12:30 Surry Hills

Pregnant and Positive

Guest speaker: Angela Miller, Sydney Children's Hospital
Free car parking Buffet lunch provided.



Saturday 17 June

PartnersPLUS

PartnersPLUS is for HIV negative partners only

2:00 to 3:30pm Surry Hills

Magnetic Couples

The + and - of living in a HIV serodiscordant relationship
Free car parking Afternoon tea provided



Tuesday 11 July

Coffs Harbour

Positive Women's Outreach

Ring Freecall 1800 812 404 for details



Wednesday 12 and

Thursday 13 July

Rainbow Region

Lismore Outreach

For men and women living heterosexually with HIV/AIDS
Ring Freecall 1800 812 404 for details

Freecall (National) 1800 812 404

www.pozhet.org.au

your confidential direct connection to someone who understands

It's easy to be part of Pozhet - just ask for our 2006 calendar of exciting events and activities

HIV positive men, HIV positive women, men and women partners, family members

private, safe & confidential - new ideas for HIV healthy living - treatments advice - help with other services - country visits