

# POSLINK

The Newsletter of People Living With HIV/AIDS Victoria



Positive Women and  
Straight Arrows  
Mural Project

## Issue 23 June / July 2005

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## Growing Old with HIV *By David Menadue*

I've just attended the fiftieth birthday of a close friend. It was a quiet affair because he doesn't want the world to know he's reached that ripe old age – like a lot of gay men (in his case, he's HIV-negative) he wants to remain perpetually young (and his profile on gaydar suggests he is still a mere 39!). When I reached fifty a couple of years ago I was so pleased to have reached the milestone, I had a big party to celebrate and invited over a hundred friends

to join with me in thanking my lucky stars that I'd actually made it.

People with HIV who have survived the horrible early years of the epidemic in the eighties and early nineties when there were no effective treatments often feel this sense of relief that things have improved since the introduction of HAART. We're not living with that palpable sense of fear and uncertainty about our prognoses (to a large degree, although I admit it's not

roses for everybody). We have a sense of amazement that we're still here and at least in my case, I'm glad about it, fifty years or not!

### **Futures Over 50s Cohort**

Even so, as people with HIV get older, there are added complications along with those that the virus and HAART have already introduced to our lives. Professor Marian Pitts from the Australian Research Centre for

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## Note from the President Greg Iverson

*Before I start, I want to welcome Sonny Williams into the role of Executive Officer for PLWHA Victoria. Sonny has worked in the HIV sector over many years, in a variety of roles – the last being the Area Manager of the Western Sydney office of ACON. I know that he will be a great addition to PLWHA Victoria and an excellent representative of our community. He has already making a difference to the smoother running of our organisation. I look forward to working with him as we strengthen and expand PLWHA Victoria's position in the community.*

### Changing Times

The long anticipated changes to the DSP have been announced.

We knew this was coming. We fought hard to minimise the harshness of these changes.

The welfare sector needed reform; we recognised that. But the methods suggested in these reforms are, in my opinion, going to do little more than make life even more difficult for PLWHAs.

In future, applying for the DSP, means the new cut-off for part-time work will be 15 hours a week. It is not easy surviving on such a dismal amount of income that this brings in, even with welfare support. A lot of us have experienced this, so we know first hand.

Fortunately, if you are someone who is currently on the DSP, then the 'grandfather' clause will mean that your benefits will not be altered (as it currently stands, but in the future?).

However, if you are well enough to return to employment, but after 2 years find that you again need welfare support, you will be under these new rules.

Working 16 hours a week puts you under the unemployment area

of the welfare system; meaning less in payments and more in obligations that both can effect and be affected by intermittent health problems.

And in the proposed changes, there seems to be little for those of us who do suffer from intermittent or chronic illnesses. It is hard for an employer to hold open a position for someone that has periods of ill health. Nothing in the proposed incentives for employers announced in the budget seems to relate to this important area.

There is also the unresolved issue of the loss of the health care benefit card upon a return to full time work. True, it lasts for a year after commencement of work, but then it ceases and a raft of expenses increase.

If you were someone who'd had an uninterrupted working life, then you might be in a position where you could manage a sudden increase in living costs. But a lot of PLWHA's had to retire from the workforce for a number of years. When they re-entered the workforce (like myself, at the age of 40), often they did so at a much lower level than where they had left. In my case, I currently exist in an environment where I am just managing to tread water due to this situation.

With all of the rises in living and medical expenses thanks to the loss of benefits like the health concession card, life becomes just that much harder, which in turn places even more pressure on your health.

Another area of reforms that could affect a lot of PLWHAs, are the recently announced changes to the Industrial Regulations area. For example, some leave entitlements may be abolished within awards. PLWHAs often struggle to balance their health with full time work. These current

*(Continued page 3)*



## Note from the Executive Officer Sonny Williams

First up I would like to thank Alan Strum for acting in the role of Executive Officer while the selection process was taking place, I would also like to thank Alan for the support and introduction he has given me to PLWHA Victoria.

I would also like to thank the board for the welcome barbeque held for me on 15<sup>th</sup> May 2005

I am pleased to have the opportunity to relocate to Melbourne and the chance to work for PLWHA Victoria; I am looking forward to meeting the diverse range of people who contribute to the success of the organisation.

The last four weeks has been an intense induction period for me, adjusting to a new pace of life, meeting new staff, people, the PLWHA Victoria Board, reviewing office systems and how we report back to the board and funding bodies. A round of meet and greets has begun with service providers, funding bodies and community. I am currently volunteering @ PLC on Tuesday nights with the dinner held at the centre in an effort to meet as many community members as possible.

The re-launch of Planet Positive has been extremely successful and last month's event saw the return to Vibe Café for a cosy – and warm

– evening of drinks and conversation. Come join us again for the next Planet Positive on 20 July. I was able to attend Planet Positive on the 18 May in one of my first functions as Executive Officer for PLWHA Victoria. I look forward to meeting more people at Planet Positive in the near future when I will be on the door.

The Positive Education Project is drawing to an end and Suzy continues to maintain the same pace and energy that began just 8 months ago! Positive Women/ PLWHA's event 'Looking Good and Feeling Fabulous' addressed the issues of living with HIV and body-image and generated a lively and entertaining debate among a group of 25 women and HIV experts. Just days later, we invited members of Straight Arrows to stretch mind, body and skill at a Motorcycle Rider Training Session held at H.A.R.T., Honda Australia. A group of 10 people came along to talk about their experiences of living with HIV and shared the fun (and fear!) of learning to ride a motorbike around a track. HUGE Thank You to the fantastic staff at Honda Australia and to the ever generous David McCarthy for making this happen.

We'll be writing up more about this event in the next issue of Poslink.

Max was busy with the Speakers Bureau which held its first seminar in April and was made possible by an unrestricted educational grant from Merck Sharpe and Dohme. The Speakers Bureau reflects a diversity of speakers from many backgrounds and ages including gay, lesbian, bi-sexual and heterosexual males and females.

Alan has been kept busy not only with his treatments role but supporting me into my new position. While continuing to take health and treatment enquiries from the community he has also been completing projects from his Acting EO role. Over the next month Alan will finally be able to focus all of his time on the Treatments position again and will be able to spend more time researching and writing about HIV health issues.

This month will see our Board members receiving Governance training that will enhance their abilities to work efficiently on the board and improve procedures and the implementation of our strategic direction for the future. We are grateful to the Department of Human Services for organising this training for us❖

*(President's Report continued from page 2)*

entitlements are often used by PLWHAs to assist in 'recharging' their batteries.

Also the removal of unfair dismissal claims for 90% of the workforce could impact on us. All these elements are worrying for our community.

As one of the main purposes of PLWHA Victoria is advocacy, we need to be able to show examples of legislation on our lives. If you find that these new changes have affected you, positively or negatively, can I encourage you to write your stories down and send

them to our office, to assist us in this work.

Finally, an area that I feel I must briefly mention is the recent Hinch/Kennedy affair. True, Mr Hinch has now apologised – but that does not absolve his actions in the first place. The reporting by Hinch was homophobic and 'AIDSphobic' in its language and presentation. For that he has been roundly (and rightly) condemned.

The aspect that worried me the most though, was the reaction by the public. The amount of shock, indignation and misinformation

expressed, shows us how far we have to go in reducing discrimination and ill-informed opinion around HIV.

I find it sad that the passing of a man who gave us all so much laughter, was marred by a reminder of the prejudice that still exists, 20 years on. Vale Mr Kennedy – we will remember you with a great deal of affection and gratitude for the joy you bought us. I doubt the same will be said about Mr Hinch❖

# What's Up, News and Information

## Will Britain clamp down on HIV immigration?

In 2004 the British Government announced they would no longer provide free health-care to non-British residents. This resulted in complications for Australians travelling through or living in Europe who were used to dropping in on Britain for check-ups and medications. Furthermore, to add to the conservative changes taking place in the British Government, the Labour party also attempted to introduce mandatory HIV testing for people wanting to live in Britain. This requirement was rejected at the time as being untenable and would be responsible for forcing HIV underground and

increasing numbers of illegal immigrants. However, this may all change now that Labour has been re-elected to Office. As part of their re-election platform, Labour pledged to re-introduce the mandatory testing to non-European citizens wishing to live in Britain for more than 6 months in an effort to reduce the cost of providing HIV therapy to non-British born citizens. To place this into perspective, 95% of heterosexual HIV in Britain has been identified as originating from outside of the country and mostly from sub-Saharan Africa❖

## New Jersey targets beauty salons

45,000 people in New Jersey have HIV, with 81% of infected women having Latinas or African American ancestry. In order to raise awareness among this group of women who believe that HIV is a gay white man's disease, outreach workers from the Department of Health and Human Services are

now visiting hair and beauty salons throughout New Jersey to distribute condoms, information packs and nailfiles imprinted with a toll free number with information on rapid HIV testing [kits]❖  
ref: [www.thebody.com](http://www.thebody.com)

## Non-Medicare card ARV access

People with HIV in Australia who do not have a Medicare card are not able to access free healthcare or lifesaving antiviral drugs. In the last issue of Poslink we reported on how production of cheap generic drugs from India was under threat due to the Indian Government becoming a member of the World Trade Organisation (WTO). Since then the supply of cheap generic antivirals appears to have already become affected with some reports that a

major manufacturer in India was planning to stop supply of HIV drugs to people in countries that are members of the WTO, including Australia. Since this time, advocacy agencies in Australia have opened communications with a supplier of cheap HIV drugs in India to come up with a solution to this problem. An information sheet on purchasing cheap drugs from India is available on request by calling our office on 03 9865 6718❖

## Cholesterol study at the Alfred

As people live longer with HIV we are finding health problems developing in some people that appear to be related to HIV or the antiviral drugs. Raised cholesterol is one aspect of health that has become an issue for the HIV community. HDL cholesterol is recognized as 'good' cholesterol that is associated with reduced problems with the cardiovascular system (healthy blood flow) whereas LDL cholesterol (bad cholesterol) is associated with reduced blood flow to the heart and the brain. Some people with HIV can get too much of the bad cholesterol that can increase the risk of developing heart attacks or strokes.

In order to understand the mechanisms that may be responsible for this imbalance, the Alfred is now recruiting people into a new study that is designed to understand how HIV and treatments may effect

cholesterol in people with HIV. The study will run for 12 months and is recruiting people who have never taken antiviral drugs and who won't need to take them in the next 12 months, people who have never taken a protease inhibitor (either antiviral naive or switching from an NNRTI) and antiviral naive people who are about to commence treatment with and NNRTI.

If you want to enroll in this study please call Karen Hutchins on 9276 6908. [Editor's note: *This study is really important. Cholesterol is a major issue facing the HIV community which has already started to affect the longevity of some people with HIV. Understanding the causes behind the changes to cholesterol is a step in the right direction towards improving the long term quality of life for plwha*]❖

# What's Up, News and Information

## Monash Caulfield Students Donate to HIV

During this year's Annual Sexual Awareness week at Monash University Caulfield Campus, students held a fundraising event that collected \$3000 for PLWHA Victoria's Emergency and Distress Fund for people with HIV/AIDS. The awareness week and fundraising event was organised by the Male Sexuality Officer, Cameron Mole, who advised this was the first time that proceeds from the Sexual Awareness week were being donated to a charitable organisation. "It is the hope of the students and staff at Monash that the donation will make a difference to people with HIV who need a little extra money in times of need," said Cameron.

As part of the Annual Sexual Awareness week, the PLWHA

Victoria Speakers Bureau provided two HIV positive speakers to talk to the students about the 'lived' experience of HIV and some of the obstacles around stigma and discrimination that HIV positive people come across.

"We are extremely grateful that students at Monash Universities Caulfield campus have so generously recognised the hardships faced by people with HIV", said Greg Iverson, President of People Living with HIV/AIDS Victoria. "For some of us, HIV is very debilitating and can greatly hinder a person's ability to work. Nearly 1 in 4 people with HIV live below the poverty line. This money will go a long way towards alleviating financial hardship that some of our members experience" ❖



Male Sexuality Officer Cameron Mole and Student Representative Maie Nowier at the fund raising event.

## Looking Good and Feeling Fabulous

On Sunday 22 May PLWHA Victoria and Positive Women (Vic) Inc. held a joint workshop at Vibe Café in Fitzroy. The workshop tackled the issue of self-esteem (or lack thereof) in women who are HIV positive. We had a panel of experts including Jenny MacDonald, Judith Gorst and Michelle Tobin answering questions and three positive women presented scenarios on the various issues of living with HIV, HIV medications and body-image. They all volunteered their time for this informative afternoon. Our wonderful patron Anne Phelan was the graceful MC.

All in all it was a successful and enjoyable event. The women who participated were given a chance to talk about their view of self-esteem in a safe space. They could also talk about how being positive and taking the medications had affected their view of themselves and their physical bodies. There was plenty of discussion and fabulous prizes to be won by lucky participants.

Thanks to Suzy Malhotra for all her hard work in getting the event together. We hope to have more of these types of partnerships happening in the future with PLWHA Victoria and

Positive Women (Vic.) Inc. So if you missed out on this event hopefully there will be something coming up in the not too distant future.

Karen Allen  
Support Worker  
Positive Women (Vic.) Inc

Our thanks to the generous supporters/sponsors of the event including, Oggs Pharmacy, Commercial Road Pharmacy, Vibe Café and Bar and Anna Georgiou ❖

# What's Up, News and Information

## Sex Talk in Bendigo

Celebrity entertainer Vanessa Wagner once again took centre stage at a unique Country AIDS Network and PLWHA Victoria interactive forum in Bendigo last month.

Based on the format of the popular PLWHA Victoria interactive events held in Melbourne since 1999, 'Let's Talk About Sex, Baby' made a trip to the country to talk HIV/AIDS, sexual health and healthy living with over 50 members of the local gay and HIV communities.


CAN Chairman Adam Wright believed the event was a success in that it encouraged

the community to get together in a relaxed and friendly environment to discuss the realities and obstacles of living healthily with HIV. Issues relevant to living with HIV/AIDS in rural communities were discussed and a panel of experts including medical and community specialists raised issues of disclosure, discrimination and HIV treatments.

Food, prizes and entertainment drew the crowds in once again as did an impressive range of guest speakers. Councillor Rod Fyffe, Mayor of Greater Bendigo and

Gay and Lesbian Liaison Officer Alan Walker applauded the content of the day and spoke enthusiastically about the need for further such events in the future. A big and warm thanks to all those who made the event such a success and especially to Adam Wright and the staff and volunteers at CAN who made organising an event remotely so easy!

Thanks to all our sponsors and supporters: Forty Two Café, Mark Tolley at Temenos, Golden Square Hotel, Jamaican Sun Tanning and Beauty, Stevens Brook Estate, The RMH, and the volunteers, staff and Board of CAN❖



**Our Place, Your Place...**  
*...in the bigger picture*

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Expressions of Interest/Abstracts and Scholarship Applications  
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# What's Up, News and Information

## VAC/GMHC Counselling Services together with the Victorian HIV Consultancy

offer the opportunity for HIV+ gay men to explore what HIV/AIDS means for them through the....

### *Shared Experiences Therapy Group*

This could be the group for you...

***We are currently recruiting for Shared Experiences Therapy Group and encourage gay men living with HIV/AIDS to participate.***

The group aims to provide a non-judgemental environment for HIV positive men to explore the experience of living with HIV/AIDS while enabling an opportunity to develop a greater awareness of self and wellbeing.

**Where:** 6 Claremont Street, South Yarra

**Time:** Monday's 11am to 12.30pm over 16-weeks;  
July to October 2005.

**Contact:** Nicci Rossel VAC/GMHC Counselling Services on  
9865 6700 or email [nicci\\_rossel@vic aids.asn.au](mailto:nicci_rossel@vic aids.asn.au)

## Living Quilt visits Melbourne

Earlier this month, Jeff Bosacki, co-founder of the Global Quilt Program, visited Melbourne to talk about and present the new Living Quilt Project.

The Living Quilt Project is a new addition to the Global Quilt Program and reflects the changes of HIV/AIDS today and those living longer with the disease. It was developed using the same art therapy workshops used by the AIDS Memorial Quilt; sections are made of 12" or 18" fabric squares and include faces cut out and decorated by plwhas to reflect themselves living with the disease.

The Living Quilt and Global Quilt Tour has most recently visited Russia and South Africa and heads to Jamaica before touring in the US. Bosacki believes the new project will hold particular significance for many plwhas across the world. 'Many people wish to create a living recognition of those they know who are still living with HIV/AIDS and this project allows them to do so. For others – particularly from different cultures where to talk of death is taboo - it becomes easier to express this recognition while they are still alive.'

Anyone living with HIV/AIDS can make a panel for themselves and are encouraged to get involved in this new project. For more information about how you can do so please contact Suzy at PLWHA Victoria on 9865 6756 or Julia at PLC on 9863 0400. Melbourne's Living Quilt will remain at the various organisations where they have been created and will be placed on public display❖

## Free Wills

PLWHA Victoria offers members a limited\* free will-making service via De Ayers.

For further information, please contact Frank on 9865 6708, and he will arrange for De to get in touch with you.

\*Service covers up to six beneficiaries and no provision for setting up trusts, fund management or the like.

# What's Up, News and Information

## Interview with our new Executive Officer: Sonny Williams *By Alan Strum*

*Alan Strum (AS): Welcome to Melbourne Sonny. We are so happy to have you on board and I'm sure our members will want to know all about you. So, what's the low down on Sonny and where are you from?*

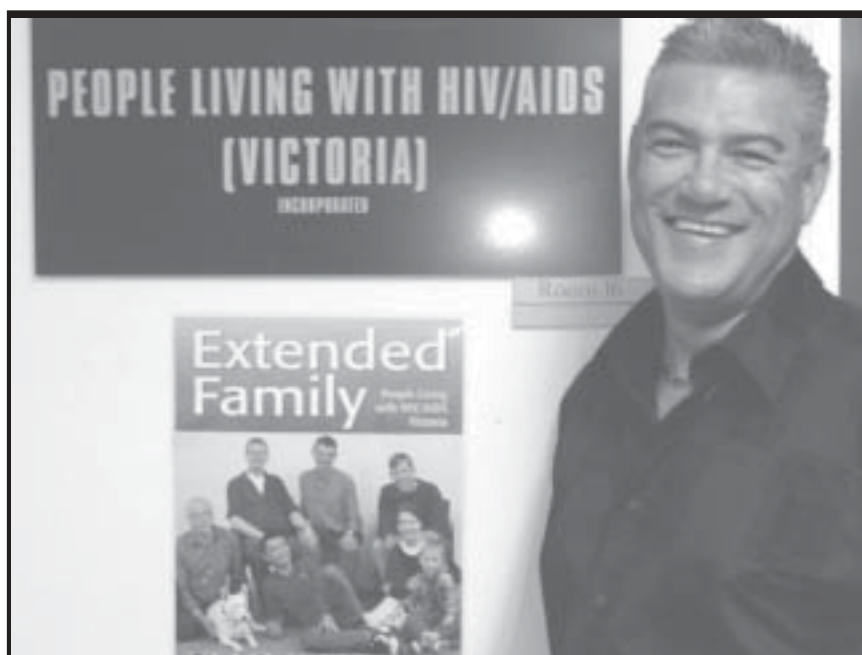
Sonny Williams (SW): I'm part Maori with a bit of Spanish and English background. I was born in a tiny country town called, Edgumbe, in the Bay of Plenty on the North Island of New Zealand. I grew up in farming territory where both cattle and deer grazed. I have one sister, three nieces and a daughter who is 25.

*AS: When did you come to Australia?*

SW: When I was 21, so I have been here for 27 years. Yes, I'm about to turn 48!

*AS: What were you doing before coming to PLWHA Victoria?*

SW: For the past six years I was working for the AIDS Council of NSW Western Sydney Office. My last tenure was as manager for Western Sydney. For five of six years I was working as the Prison's Project Worker. This position was peer based working in correctional centres across Sydney dealing with PLWHA inmates, both male and female. The majority were co-infected with Hepatitis C. I provided one on one peer support and ran groups for PLWHAs. I provided advocacy where required within correctional services and I ran HIV and Hepatitis C awareness and prevention workshops for the general prison population. I



also kept the inmates attached to the community by giving them GLBTI newspapers, Talkabout, HIV Australia, and any current treatments information as required through the lifestyles unit at Long Bay Prison (which is now closed).

*AS: Why did you decide to work in the HIV sector?*

SW: Basically I needed a job. I was looking for a career change from running my own business and I had moved to Sydney after living in Brisbane for 10 years. I had a set of management and development skills that I wanted to apply to the HIV sector to see if I could make a difference.

*AS: You've just moved to Melbourne. Do you know anyone here?*

SW: I'm a single man so I don't have a partner to go home to at night at the moment. I do have

a few really good friends in Melbourne, so life won't be too lonely while I'm settling down. I'm really looking forward to meeting lots of new people and expanding my circle of friends down here.

*AS: What interests do you have?*

SW: I love renovating houses though I am not in a rush to do this straight away. To relax, I enjoy putting my hands in soil to ground me and to do gardening. I also have two dogs that are still in Sydney while I settle into my new role. I like to exercise three days a weeks and swim in summer. I have an eclectic collection of reading materials as well as CDs. And of course...I love to shop!

*AS: What are your hopes for PLWHA Victoria?*

SW: More secure funding, stronger partnerships, and I



# What's Up, News and Information

want our members to feel that they can come in and talk to me as I have an open door policy, and I want to be able to work with organisations that we haven't yet had the opportunity to develop relationships with yet.

*AS: What does HIV mean to you?*

*SW: I've been HIV positive for 8 years. It provided me with an opportunity to re-assess what I was doing; to change directions and to achieve far more in the last 8 years than I ever thought possible. Being HIV positive made me stop procrastinating about the things I could do! It has provided me with an opportunity to be able to 'lead by example'. My seroconversion was not the standard experience. I caught HIV through blood while giving first aid where I had not used universal precautions. This type of transmission is really rare but it happened to me and I've moved on from it. Because of this, I often see things differently and I hope that these differences will benefit PLWHA Victoria.*

*AS: Wow, I don't know what to say after that. What else would you like people to know about you?*

*SW: I am a person who has a varied and wide ranging set of experiences. This has enabled me to facilitate change in many organisations for which I have worked. I am constantly investigating ways to improve organisational structures, supports and impacts❖*

## T-cell Variety Hour

**The radio program on**

**HIV - AIDS**

**Thursdays 8pm to 9pm**

**JOY Melbourne  
94.9 FM**



The Victorian AIDS Council/Gay Men's Health Centre

## Department of Medicine, Alfred Hospital

### Research Participants Wanted

We are conducting a research study, "**Monitoring the Consent Process in Human Subject Research**".

The main objective is to understand the experiences of participants in research. We are especially interested in the way in which the consent process occurs.

If you are: over 18, have taken part in a research study in the past 12 months or are currently enrolled in one, and are interested in sharing your experience with us in a focus group discussion and/or one-to-one interview we would love to hear from you.

Please call

**Asuntha Karunaratne** (PhD student) or  
**Prof. Paul Komesaroff** on **0417 552 659**.

Your participation is extremely valuable to us.

## PLWHA Victoria Speakers Bureau

A joint educational program of PLWHA Victoria Inc.  
Positive Women (Vic) Inc. and Straight Arrows Inc.

For further information on the Speakers Bureau or to book a speaker, telephone Max Niggl on 9865 6772 or email [speakersbureau@plwhavictoria.org.au](mailto:speakersbureau@plwhavictoria.org.au)

## Speakers Bureau Seminar

The Speakers Bureau Program held its first seminar in April that focused on providing professional motivational and media training to 25 members of the Speakers Bureau. The aim of the seminar was to develop and enhance the skills of the speakers in relating their personal stories of living with HIV and overcoming the challenges in doing so. The seminar was sponsored by Merck Sharpe and Dohme.

Josh Ciechanowski, a professional motivator and life skills coach was the first presenter. He provided speakers with tools and skills for personal and professional development, and covered issues such as positive thinking, achieving goals and overcoming obstacles.

Media coach Jenny Whelan delivered the second presentation. Jenny gave the speakers insight into handling all aspects of media and mastering the art of delivering and promoting key messages. This included looking at topics such as interview skills, media awareness and use of language.

Now in its 15<sup>th</sup> year, the Speakers Bureau is made up of a diverse group of people living with HIV/AIDS who go into schools, universities, community organisations, youth detention facilities and other groups to talk about their experience of living with the virus in an attempt to reduce the myths, stigma and discrimination associated with living with HIV/AIDS. The Speakers Bureau reflects a diversity of speakers from many backgrounds and ages including gay, lesbian, bi-

sexual and heterosexual males and females.

Greg Iverson, PLWHA Victoria President, endorsed the importance of the Speakers Bureau Seminar and the need to provide support, learning and development for the Bureau's members. 'The project is vital to positive people everywhere and to the wider community. To educate about health, to communicate the experience of our lives and to keep an awareness out there that HIV does not discriminate, that people do discriminate and that the HIV/AIDS fight is not yet over.'

The day was extremely well received by the participants who gained significantly from the presentations❖

## Monash University talks to first year Medical students

For the fourth year running, 16 of our speakers and three trainee speakers told their stories to 310 first year medical students and their tutors. The students were extremely interested in the speakers lived experience and they were also made aware of the ongoing stigma and discrimination that PLWHA's still experience in Australia. This year there were 50 students from the Monash Malaysian campus.

The following week the students discussed a hypothetical about how they would treat a scenario of an HIV positive person on a surgery list and any issues of discrimination.

Congratulations to all involved – we really made a difference!❖

## Continued sponsorship confirmed by Abbott Virology

In May I met with representatives from Abbott Virology to discuss their ongoing support of the Speakers Bureau. While we try to be self sufficient by charging for our talks, not all organisations are able to afford our speakers fees. In these cases we look for sponsors to cover the costs of the talks. We have been extremely lucky to have received funding from Abbott Virology since 2001. I am very happy to announce that Abbott Virology have again agreed to provide an unrestricted educational grant. The grant of \$4000 for 2005 will allow us to continue to provide talks to organisations and institutions about the lived experience of HIV❖

Speakers Bureau training is sponsored by an unrestricted educational grant from



Speakers Bureau talks are subsidised by an unrestricted educational grant from



# Community Letters: The Scratching Post

The Scratching Post is your connection to the community. You can write to us to share information or voice your opinion or concerns on issues that affect the HIV community. Letters can be emailed to [poslink@plwhavictoria.org.au](mailto:poslink@plwhavictoria.org.au) or posted to 6 Clarement St, Sth Yarra 3141.

Dear Mr Strum,

May I congratulate you on the latest edition on Poslink.

As an HIV positive person living in the country it is not easy to keep abreast with the latest information about medication and other issues.

Since being diagnosed some 19 years ago there has been a sea change in treatments and attitudes. Having been through the darkest years I feel like I have been through a war and somehow survived.

I attend the outpatients clinic at the Alfred Hospital and find the level of support excellent. Fairfield house is also very good and go there every couple of months for tests and respite. Thankfully I am now quite well but for many years battled with side effects from the drugs.

Being "treatment experienced" I am interested in new drugs and appreciate being informed by your newsletter. I no longer feel isolated which I once did and this has helped my peace of mind.

With best wishes,  
Yours sincerely,

Dear PLWHA Victoria

I would like to provide feedback on the 2005 Inaugural Speakers Bureau Seminar held at Rydges of Carlton on Saturday 30th April.

Reflecting on the day, I found transport to the venue to be accessible and the venue to be highly appropriate for a seminar. The seminar was organised and clearly prepared, with timelines adhered to.

Both presenters were engaging, clear to understand and approachable, allowing discussion to happen/debate. Facilitation of the seminar by Max was excellent, ensuring good use of resources (eg. whiteboards, handouts and powerpoint) and that presenters, participants and the host venue were coordinated and supported.

Participants came from diverse backgrounds, however, respectful and enthusiastic at all times, providing an opportunity to connect and network.

What I liked most is that the PLWHA Victoria opened by presenting the strategic directions for the Speakers Bureau. It inspires me to continue and further my involvement with the bureau. I feel what was presented is looking into the future with confidence, clear direction, vision and purpose.

Congratulations to all involved.

Regards  
*David Tonkin*

## **-COME AWAY- -REST AWHILE-**

"COME AWAY - REST AWHILE" IS A WEEKEND RETREAT ORGANISED BY THE CATHOLIC AIDS MINISTRY. THIS RETREAT IS OPEN TO ALL HIV+ve PEOPLE AND WILL BE HELD AT

QUEENSLIFF ON  
SATURDAY AND SUNDAY  
SEPTEMBER 10 & 11.

IN-HOUSE ACCOMODATION WILL BE AVAILABLE ON THE FRIDAY AND SATURDAY NIGHTS.

FOR FURTHER INFORMATION AND COSTS PLEASE CONTACT THE CATHOLIC AIDS MINISTRY CO-ORDINATOR ON  
9417 7829.

## **ARE YOU HIV+ & HEP C+?**

Statistics show that it's common for people with HIV and HepC co-infection to feel isolated, confused and often very alone. But, that doesn't mean you have to deal with it on your own. Others face the same problems and issues each day. Confusion around their infection, sexuality, what to treat, how and when to start, doctors and also the problems with partners, family and friends.

Why not get together with others in a similar situation? We are looking to conduct a specific support group just for people with this co-infection. We are also looking for people to train as facilitators to run these groups. So, if you are interested and would like more information please call Marcus at The Positive Living Centre on either (03) 9863 0444 (reception) or directly on (03) 9863 0424.

# Complementary Therapies

## Co-Factors in HIV More Than Just T4 Count and Viral Load

By Jim Arachne, Positive Living Centre

Medical treatment of HIV focuses on using drugs to directly suppress the virus. In line with this focus, it's sometimes forgotten that most people's immune systems can successfully handle HIV for many years without any medical assistance. Unfortunately, very little attention is paid to assisting the immune system in dealing more effectively with HIV and extending the time before people start on anti-HIV drugs.

Research over the last 20 years has shown that there are many things people can do to enhance their immune system's control of HIV. Numerous scientific studies have also shown that there are lots of "co-factors" that influence the outcome of infection with HIV. Many of these co-factors operate independently of things such as T4 count and viral load.

Just which co-factors have been shown to be important in predicting the outcome of HIV has been the focus of several seminars on Complementary Therapies held recently at the Positive Living Centre. Knowing what these co-factors are and how to put them to use in your life is indispensable knowledge for; people who want to extend the time before they may start to use anti-HIV drugs, people who are planning a drug-break and want the break to last as long as possible and people whose drugs are failing them and allowing HIV to replicate.

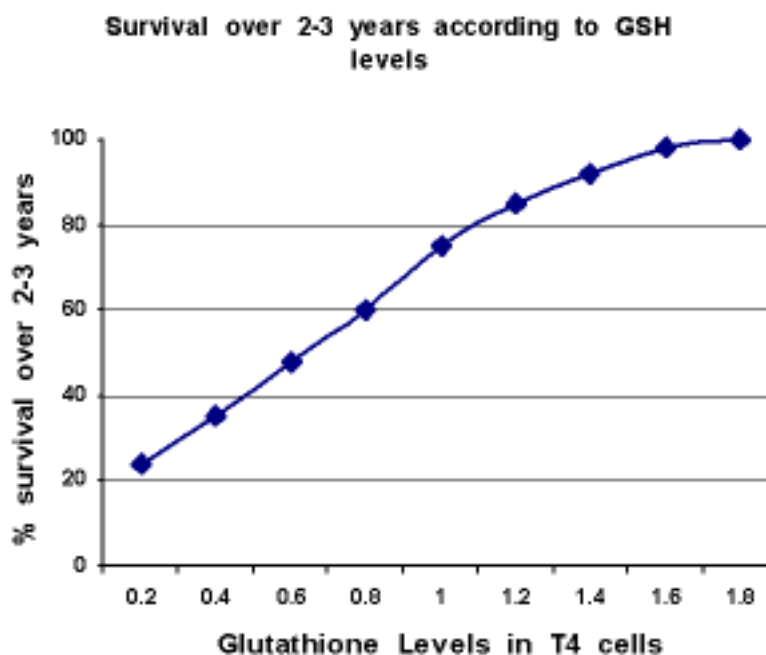
Of a dozen or so co-factors, several stand out as being of major importance. One of these is your antioxidant status – or, more specifically, the levels of a specific antioxidant called glutathione. Glutathione (written as "GSH" after this) is the most important antioxidant

inside the body's cells. Nearly all of it is made in the body – ie. you can't get enough from the food you eat no matter how good your diet is.

Besides its functions as an antioxidant, GSH is crucial in the repair of DNA, neutralizing lots of cancer causing and toxic chemicals and enhancing the immune system. So its not surprising that GSH has a strong effect on survival and health for people with HIV. One study, reported in 1997, showed just how crucial GSH is.

The Stanford University study examined the survival rates, over a 2 –3 year period, of 207 people with HIV according to the GSH level in their T4 cells.

As the following graph (Graph 1) shows, the higher the T4 GSH, the better the survival. Nearly 80% of people with low GSH levels died. However, virtually everyone survived if they had high levels of GSH.



**GRAPH 1.** This graph shows people's survival over 2-3 years. The higher the GSH levels the better people's survival.

When researchers further examined the results they found that GSH levels were crucial predictors of survival for people with T4 counts under 200. Once people's T4 counts fall under 200 they have been widely seen as entering a "danger zone" of increased risk of serious infection. However, some people do quite well with low T4 counts while others become ill quite quickly. What makes the difference?

# Complementary Therapies

## Co-Factors in HIV More Than Just T4 Count and Viral Load

This research showed just how important co-factors can be. Basically, people who had a T4 count less than 200 had a high risk of death, but only if they also had a low GSH level. A more normal GSH level meant that a low T4 count wasn't nearly so serious. This is shown in the following GRAPH 2.



GRAPH 2. This graph shows how important GSH levels are in determining survival for people with T4 counts less than 200. After 1,000 days from the start of the study, ~13% of those with GSH equal to or greater than 1.05 mM died. However, for people with GSH under this level, 81% died ( $p = .01$ ).

Only 19% of people with both low T4s and low GSH survived the study period.

Whereas 87% of people with low T4s but more normal GSH survived.

From this study GSH levels is shown to be a predictor in its own right of the outcome of infection with HIV – a predictor that's independent of T4 count.

Another part of the study showed that increasing GSH levels (in this case with supplements of cysteine in the form of NAC), increased people's survival.

There are four main strategies to increase GSH:

1. Increase the amount of antioxidants in your diet. The most straight-forward way to do this is to increase the amount of coloured vegetables in your diet; the purple colour in beetroots and purple cabbages, the red in tomatoes, the orange in carrots and pumpkins, the green in peas, beans and leafy vegetables etc. is

what you're after. These colours are the actual antioxidants. Coloured fruits are also important but high amounts of fruit (particularly in the form of juices) can have too high a level of sugar.

2. Take some antioxidant supplements. A combination of vitamin C and E is simple and relatively cheap. Taking the vitamin E with food that has a little oil or fat in it will increase its absorption as it's fat soluble.

3. Take some supplements of nutrients that your body specifically needs to make glutathione. The one most likely to be in short supply is the amino acid cysteine. Although L-cysteine is available in Health Food stores all the research on cysteine supplementation in HIV has been done on n-acetyl-cysteine (called NAC). NAC is more stable and is more available to the body than L-cysteine and is the preferred supplement. A minimum effective dose for NAC is ~1,000mg. The amino acid glutamine is the next most likely essential component of GSH to be in short supply. One heaped teaspoon per day on an empty stomach is a good starting dose.

4. Cut down on the things that destroy antioxidants (and glutathione) in the body. Two common ones are smoking tobacco and drinking too much alcohol❖

# Positive Women...



## What's going on at Positive Women

At Positive Women (Vic) Inc. it has been another busy few months. Along with various other projects and support events we had our Retreat. The venue for the Retreat was in Healesville. There were two female facilitators and 12 HIV Positive Women. It was a weekend of meditation, relaxation, a bit of drawing, lots of chatting and a much-needed and welcome time for peer support. We are hoping to hold an annual Retreat for Positive Women, funding permitting.

Over the past two months Positive Women (Vic.) Inc. and Straight Arrows Inc. have been collaborating on a Mural Project. We were given a large portion of the fence here at Fairfield House. We engaged the services of Anne Riggs, a wonderful artist and brilliant person. Anne gave a few classes before we hit the fence with paintbrush in hand. In those classes we decided on an idea and did a rough sketch/painting. Then it was all hands to the fence. All who participated had a great time, although painting for up to 6 hours straight is surprisingly tiring I must say. It was not only fun to participate in making the wonderful art piece that now adorns the fence; it was such a nice experience to be out there each week and have almost all the passers-by comment or stop for a chat.

Now it's finished, so come and have a look if you're in the area. We are going to officially launch the Fence in July, but its there for all to enjoy right now. As this has been such an enjoyable and successful project we are hoping to employ Anne Riggs to develop another Art project in the not too distant future. So keep your eyes and ears out for the next one if you're a Positive Women (Vic.) Inc. member.

See for yourself, our handy artwork (although it does look much better in colour!) ❖



# Straight Arrows...



## What's going on at Straight Arrows

- Bi Monthly Men only BBQ Thurs 6<sup>th</sup> June
- Committee Meeting last Wednesday of each Month. All welcome
- Scholarships available for NAPWA Conference, November
- Meet and greet at Mama Mia lunch every Friday PLC
- Outreach support available on request
- Peer support at PLC Every Wednesday
- Food Vouchers
- Expressions of Interest Camp Seaside

We have many more exciting activities coming up later in the year. Please call the office if you want more information on all our activities❖

Mon – Fri 9.30 – 4PM  
PH: 9276 3792  
Freecall: 1800 027697  
Email: sarrows@bigpond.net.au

## Women Living with HIV

*(part 2 reprinted from Women Living with HIV from the AFAO publication Treat Yourself Right, published in 2000.)*

### Treatments

This section touches on a few women-specific issues related to anti-viral treatments. For comprehensive treatments information, see the treatments Officer at PLWHA or consult with your Doctor.

### Women and antiviral drugs

Deciding if and when to take HIV antiviral therapy can be especially complicated for women, because there is not a great deal of information which specifically focuses on how antivirals affect women's bodies and lives. Fortunately, this is changing, and knowledge in this area is increasing. But it can be hard to find clinical information which explains how these drugs may work differently in women.

For example, some doctors believe that the standard doses of some antiviral drugs, which are calculated on body weight but have been far more frequently tested in men, may be too high for many women, and so side effects may be more severe.

In recent research involving HIV positive women in Australia, it was found that less women than men were using antiviral treatments. About two thirds of positive women were on antiviral drugs, compared to almost 80 percent of the men surveyed. In part, it seems that women may be more cautious about the safety and effectiveness of antiviral drugs.

Women who stopped therapy often did so because of the severity of the side effects. Other women found that adhering to sometimes complex combinations of drugs was difficult due to their lifestyle, or interfered with aspects of personal or family life, like raising children.

### Side effects you may experience

When you are on antiviral treatment you may experience:

- no side effects;
- mild or unpleasant side effects;
- difficult but manageable side effects;
- side effects you are unable to tolerate;
- serious side effects (rarely).

Two out of three women will experience some side effects. The most common side effects experienced by women:

- tiredness;
- nausea;
- vomiting;
- diarrhoea;
- muscle pains;
- headaches;
- changes in menstrual patterns;
- skin rashes;
- peripheral neuropathy (tingling and numbness in hands and feet);
- changes in body shape (lipodystrophy);
- changes in glucose and cholesterol levels.

Side effects that are difficult to manage at first can disappear after a couple of months so it may be worth persevering if you can. Because the first two weeks on a new treatment are the most difficult, you might consider planning to take time off work or organising child care.

# Women Living with HIV *(part 2)*

## The contraceptive pill

Some HIV medications may interact with the pill and make it less effective as a contraceptive. At present, the protease inhibitors nelfinavir and ritonavir are known to do this. Your doctor can advise you whether you need to change the type or dose of contraceptive pill, or use other methods of contraception.

## Telling people you are HIV positive

It is hard to know how people will react if you tell them (disclose) that you are HIV positive. Unfortunately, there is still some ignorance about and stigma attached to HIV infection, so you may be concerned about how people will react. However it is important that you do have people who you can talk with about being HIV positive. Many people find that family, close friends and partners are very supportive and understanding. When you are thinking about telling people, it may be helpful to consider the following questions:

- Can I trust this person with this information?
- Will they offer me support?
- Are they likely to judge me?
- Will they respect my confidentiality?

You may find it useful to discuss these issues with a counsellor or social worker. Some women decide to keep their HIV status fairly private but want to be able to discuss it with a few trusted friends. In this situation, it is a good idea to give anyone you tell permission to talk to another specific person. This is a practical way of keeping the information private, while recognising that the people you tell may also need some support.

## Telling partners

If you are in a relationship with an HIV-negative partner who does not know you are positive, you may want to tell them. This can be difficult, but you will probably need their support and understanding to help you to live with HIV. You may be afraid that your partner will be angry, accusing or judgmental. However, it may help to know that

almost all of the women who took part in recent Australian research and were currently in relationships had disclosed to their partner. The majority of these women reported that their partners were very supportive, or that their HIV positive status “didn’t make a difference” to how their partner felt about them. Your partner may certainly be scared or confused. You might be scared that he or she will leave you. It can be as big a shock to your partner as it was for you, to learn that you are HIV positive. It is often helpful to have a doctor or HIV counsellor available to support you and answer questions when you tell people close to you. Your partner may need to consider having an HIV test. You will probably find that your partner can come to terms with you being HIV positive and, in fact, it may strengthen your relationship. You may need to discuss issues about safer sex (see below).

## Telling children

If you have children, it can be very difficult to decide whether you should tell them you are HIV positive. Some women decide to wait until the children are older, others decide to have them involved straight away. It very much depends on the family situation and your judgement. If you decide to tell your child, it may be a good idea to tell some other people who can provide support for the child — maybe an aunt or a good friend whom your child trusts. You may wish to tell the child’s teacher or the school principal in case your child needs to talk to somebody or has difficulties at school. Some states have HIV family support services that can assist at this time. There are people you do not have to tell. If you are HIV positive, you do not have to disclose your HIV status to:

- your friends;
- your employer;
- your work colleagues;
- doctors, dentists or other health care professionals.

Having said this, it may be wise to tell any doctor treating you — particularly over the long term or for serious conditions — that you are positive. To help you make the best

decisions about your health, your doctor will need as full a picture as possible. It is also a good idea to tell your dentist, since HIV can affect your gums. If you do tell a doctor, dentist or any other health care provider, they cannot refuse to treat you or manage your care: this would be discrimination and against the law.

## Circumstances in which the law may require disclosure

Generally, you are not obliged to tell anyone you are HIV positive. However, in some unusual circumstances, the law may require that you disclose. In some states, HIV positive people are legally obliged to tell any sexual partner, even if they intend to have safe sex — though only a handful of such cases have been prosecuted. The Department of Immigration requires anyone applying for permanent residency in Australia to provide the results of an HIV test. When applying for superannuation or life insurance, you will probably need to answer questions about your HIV status. These companies are legally allowed to refuse to insure you if you are HIV positive or you refuse to tell them your status. Your AIDS council or PLWHA group may be able to give you information about HIV-friendly superannuation and insurance companies.

## If you are refused service

If you are refused any service or believe you have been treated unfairly because you are known or presumed to be HIV positive, this may be a case of discrimination. It is against the law to discriminate against people because of their HIV status. If you would like more information about how to deal with HIV-related discrimination, there are a number of services which can assist. The HIV/AIDS Legal Centre (in NSW) is one of these. The AIDS council in your state or territory will be able to provide more information or refer you to an appropriate person or service ❖



# Special Feature

## Growing Old with HIV

*Continued from page 1*

Sex Health in Society recently presented the results of an analysis of the sample of HIV-positive people who were over fifty who had been interviewed for the Centre's *HIV Futures 4* study released last year.

It was no surprise to learn that the 50+ age group now constitute over a quarter of the total *Futures* cohort. The average number of years these people have lived with HIV is fourteen (compared with a 10 years average for those less than 50) suggesting that if you have survived those early years with the virus to still be alive today, you have the ability to keep on keeping on. It was a surprise to learn that the age cohort ranges in age from 19 to 92 years though. Good luck to that 92 year-old surviving to such a ripe old age with the extra obstacles that HIV can add to the experience!

### Greater Chance of Co-Morbidity

Generally the 50+ cohort described their health as good although they were less likely to describe their health as excellent than the under 50s and more likely to describe their health as fair or poor than the under 50s. They were more likely to have another major health condition other than HIV/AIDS – which might be understandable given the greater likelihood of other things going wrong with your health as you get older. Although the longer period of time these individuals will have been on antivirals suggests that they would be more likely to have developed other conditions because of taking HIV treatments – for instance, we know that people will be more likely to develop cardiac problems, diabetes and osteoporosis the longer they are on HAART and that these conditions are more likely to develop with age as well.

Interestingly the 50s plus cohort were less likely to have a mental health condition than the under 50s (25.3% cf 37.3%) although these percentages still reveal a significant morbidity in

this area. Not surprisingly perhaps then they were less likely to use HIV organisations for counselling services but surprisingly, they were less likely to use any provider, whether a HIV or non HIV organisation for any services at all. They were less likely to seek financial assistance, legal advice, treatments advice or to use outside providers for any assistance at all. A picture seemed to be developing from Professor Pitt's slides that the over 50s group could be significantly more isolated and less supported than the younger group and they were reluctant to seek this help. Many in this age group will have learnt to be self-reliant and to cope without such supports – doing quite well in the process – but it is likely that this is not the case for all. Support Officers at the Victorian AIDS Council have spoken about issues of isolation experienced by older positive gay men (by far the largest component of the over 50s group), sometimes caused by feelings of ageism shown to them by the gay scene, by concerns about changes to appearance caused by lipodystrophy and by the onset of depression and a loss of self-esteem developed over years of living with the virus.

The income levels of the over 50s are more likely to be at the lowest levels of the cohort too – more likely to be below the poverty line (33% cf 25%). They were more likely to be not working than those under 50 (51.1% cf 15.5%) and only 18.7% were in full-time employment.

To finish the picture and probably the most depressing news – 40.5% of the over 50s were less likely to be having sex and more likely to have lost their libido (67.6% cf 57.2%). They were also less likely to be in a relationship (40.3% cf 47.6%).

### Too Bleak a Picture?

I realise that the picture painted here looks a little bleak and that the statistics paint a

picture of growing old with HIV as being likely to involve more co-morbidities (other conditions which may or may not be caused by HIV but will be likely to be made worse because of it), being more likely to have less resources at your disposal and maybe less likely to want to reach out to others for support. This could have major implications for HIV service providers in the future as the positive population gets older and possibly becomes more complicated in its needs.

It's not the world as I see it for myself or my positive friends, many who are now above 50 and doing OK. None of us are jumping out of our skins with good health but we're not miserable either!! Any survey can only pick up general trends and some of the observations above are certainly not true for all fifty year olds. In fact this group scored highly on their feelings about their general wellbeing (even though they were less likely to say their health was good). Maybe the lack of contact with service providers is just as much about independence and self-reliance coming with senior years—and only implies isolation for a few?

We're interested in hearing your experiences of growing older with HIV and would like to print them in *Poslink* magazine. If you're over fifty (or indeed over forty) and want to comment on this topic, we'd love to hear from you. Articles should be between 500-800 words. Tell us about your ideas or concerns about ageing with HIV, (include the good things in your life, too!) —and if there are services or supports which you would like to see which could make life easier for you in the future❖

*Thanks to Marian Pitts and Jeffrey Grierson from ARCSHS for permission to use their material from HIV Futures 4.*

# Special Feature

## Leaving on a jet plane: Visas, carrying medication, travel insurance, food and more *By Stephen Gallagher*

*Reprinted with permission from Talabout Issue 137.*

International travel, whether you're a seasoned traveller or first timer, requires careful planning and preparation so that you can concentrate on having fun when you arrive. In these times of uncertainty surrounding international terrorism or trepidation because of recent cataclysmic events in Indian Ocean countries, this is ever more so. Throw HIV into the mix and you'd be crazy not to do some serious investigation and planning before you head off. Those who carefully plan usually seem to have a great time. Those who don't, encounter a range of obstacles which can really put a dampener on their trip. This only became apparent to me about ten years ago when I used to conduct information forums for HIV positive international travellers at ACON. People who attended those sessions happily provided me with feedback about their trip upon their return and many of the tips are still relevant.

I've concentrated on a limited number of destinations, namely Indonesia, Thailand, Malaysia, Singapore, India, China, the EU, Canada, the USA, and Japan. Why? Because they're common destinations for Australian travellers, they're the destinations about which I still field inquiries through work and because with the exception of Japan I've either travelled to all of them, loaded down with my HIV meds or intend to do so soon.

### Visas

For the most part visa requirements pose no difficulties for Australian

citizens, just because you're HIV positive -that is unless you're travelling to the US.

Most countries do not require visas for short stays (less than 30 or 90 days), depending on where you're going. Some countries do pose restrictions on HIV positive travellers, subject to your intended length of stay (much like Australia does). So Thailand prevents people with HIV from obtaining a visitors' visa, but then stays of less than 30 days in Thailand don't necessitate a visitor's visa to begin with. From all reports, when you apply for a 90 day non-immigrant visa, they do not require that you undergo an HIV test or ask you about your HIV status. While in theory you're barred from entering the country, in practice they don't police it. Similarly Indonesia requires payment of \$60(AUD) for a visa on arrival for stays of 3 to 30 days but doesn't ask any questions about health status. Check visa requirements with the Indonesian Embassy before departure, and don't rely on experience from previous trips. They've changed twice in the space of six months and may do again soon in true Indonesian fashion. As a frequent traveller to Indonesia I can recall at one stage you just used to hold up your passport and smile at customs officials who'd smile back with a hearty Selamat Datang. Then last year new requirements came into force on February 1st so I had to pay visa on arrival fee of \$25US for a 30 day stay and since May '04 they've changed visa requirements again.

Chinese visa requirements are a little more complicated. If you're travelling to Hong Kong, visas

aren't required by Australian passport holders for stays of less than 90 days. However, visas are now required for visits to other parts of China for \$30 for a single entry on an Australian passport. Visa costs vary depending on nationality (US passport holders pay \$85, other nationalities \$50) and no questions about health are asked.

Malaysia doesn't require a visa for Australian travellers for trips of less than 90 days. Similarly Singapore doesn't require visas for short stays but you must nominate whether you intend to stay for less than 14 days or less than 30 days. It's a criminal offence to stay longer than you nominated when you arrived.

Australians do not require a visa for short stays in Canada. However, new legislation does require that all airlines provide your name, age and place of birth to Canadian authorities when you make your travel booking. This is a condition of the 'Advance Passenger Information/Passenger Name Record' (API/PNR) legislation to expedite entry. If you have a previous record and pose a national security risk you will be prevented from entry.

Japanese entry restrictions are as simple as can be. No visa required for a stay of less than 30 days. Visitors to India require a visa and, in true Indian bureaucratic fashion, this necessitates a mountain of paper work for the myriad of visas on offer. Once again, visitors do not require proof of HIV status.

Most, if not all, European countries do not require a visa

# Special Feature

## Leaving on a jet plane: Visas, carrying medication, travel insurance, food and more

for short stays and, like most of the aforementioned Asian destinations, only require an onward or return to destination ticket to enter the country.

Any visas required should be applied for before you enter the country. Generally you can't apply for a visa on-shore, and in some countries you need to leave to apply for an extension.

It pays to check visa requirements when making the travel booking and before departure. Visa requirements are different depending on your nationality. Be sure to ascertain what the requirements are for your particular nationality. Don't assume that just because you're a New Zealander for example that requirements will automatically be the same. If you're booking travel arrangements over the internet it's advisable to telephone the embassy to check that visa information on their web-site is correct and up to date.

If you intend to ask questions about entry restrictions on the basis of HIV, be warned that many embassy staff don't really have a clue. I've been told entry is completely prohibited by some embassy staff when in fact it's not. So, if you're going to ask, start out with a general question about health related restrictions before mentioning HIV. In my experience this elicits an accurate response, rather than a knee jerk assumption. Of course you probably don't want to give them your name and contact details if they need to find out before they can answer you. Get someone to call on your behalf. I'm not suggesting that's there's a big black list somewhere but it

pays to be cagey – I'm not about to disclose my status to a foreign government.

### Visa requirements for the good ole USA

Australians in possession of a 'machine readable passport' do not require a visa for stays of less than 90 days with an onward ticket and proof of sufficient assets (proof of stay such as hotel bookings and credit cards usually suffice). However, requirements for HIV positive visitors wishing to enter the United States are somewhat different. Section 212(a)(1)(A)(i) of the US Immigration and Nationality Act denies entry to any applicant for a visa - or non-visa - admission who has a communicable disease of public health significance, including HIV infection. In short if you've got HIV, you're pretty much persona non grata.. You can be granted a waiver (which you'll need to apply for in advance at a US consulate) to enter for 30 days or less to attend conferences, receive medical treatment, visit close family members, or conduct business. You have to demonstrate that you're not currently sick, that you've got sufficient insurance to cover any medical care that might be required and that you won't pose "a danger to public health" while you're there. Each case is considered on its merits but it would be unusual for an Australian citizen to be rejected if he or she meets the criteria. It's important to remember that once you're listed as HIV positive, with the INS, it's forever. You'll have to apply for a waiver each time you go. Opinions vary as to whether you'll get a waiver if you just

want to go and have a touristy good time. It depends on who you speak to.

There's also the "Designated Event" Policy. This policy allows for the entry of HIV-positive persons to attend certain "designated events," which are considered to be in the public interest, such as academic and educational conferences and international sports events. The US Attorney-General can "designate" such an event which means that attendees can enter the US for the duration of the event without being asked about their HIV status.

All arrivals in the US (including those in transit to Canada or other countries) are required to fill out a customs/immigration form. For HIV-positive visitors, the question on the entry form (similar to the Australian immigration/customs form given out on the aircraft) regarding communicable diseases is tricky no matter which way it's answered. If the applicant checks 'no', and the visitor is found in possession of HIV medications, INS officials may deny entry on the grounds that the applicant lied on the entry form. You'll be sent back on the next plane and risk being barred forever. If the applicant checks 'yes' or if INS officials suspects the person is HIV-positive, entry may be denied unless the applicant has the waiver referred to earlier.

Remember, if you decide to tick the 'no' box – and we know that many HIV positive people do – you're running a significant risk. You could argue that answering 'no' is legit because Australia classifies HIV as a 'transmissible' rather than a

# Special Feature

## Leaving on a jet plane: Visas, carrying medication, travel insurance, food and more

'communicable' condition, but that's a distinction that your average INS officer won't be interested in exploring. Then there's the question of carrying HIV meds with you.

### Carrying medication

People safely carry prescription medication with them all the time. The only thing you need to remember is to carry it in your hand luggage in case your suitcases end up in Kalathumpia. A covering letter from your doctor stating that they're prescribed drugs for a medical condition is all that's required. The drugs should be listed by name, dosage information is useful, and medications should be left in their original containers. The medical condition does not have to be named, and don't carry excessive amounts as that can be construed that you intend to stay longer than you've otherwise indicated.

If travelling into the US it's worth knowing that customs officials are trained to recognise HIV medication. Many people choose to send their medications ahead to friends or to their hotel. All that's required is a customs declaration form available from Australia Post filled in with 'for personal use only, not for resale'. Pack your meds into insulated packaging and use a courier. Although it's more expensive, you can be guaranteed of their timely arrival. Call ahead before you leave to ensure that your friends or hotel have received your package.

### Travel insurance & reciprocal health care arrangements

Travel insurance is a must!!!! It won't cover you for anything HIV related but if you break your arm bungy jumping in Colorado it'll off-set the horrendous medical bills. It'll also cover lost luggage or stolen items. Australia has reciprocal health care arrangements for acute or emergency care with a number of countries, namely the UK, Netherlands, Sweden, Malta, Italy, Finland, Republic of Ireland (Eire) and New Zealand.

If you need to obtain medical care while overseas (or think you might) contact details of overseas AIDS organisations can be obtained through ACON or PLWHA NSW, before you depart. Remember health care services especially HIV specialised services may not be what we're accustomed to in Australia. So don't go away expecting you can get the same quality care you'd receive from a GP in Darling it hurts.

### Vaccinations

Have a chat to your doctor before you set off overseas about what vaccinations are advisable. About the only vaccine which isn't appropriate for PLWHA is yellow fever – so you might want to rethink your travel plans to the Amazon or deepest, darkest central Africa. You can still go and get a vaccination exemption but space doesn't allow me to outline what steps you must take in order to do so and do you really want to risk it?

### Food & beverages

One of the great joys of international travel for me is to

eat food I've never tried before. I love pointing at that strange looking dish, smiling, nodding and asking for some. Beware of food from street vendors but use some commonsense. If it looks clean and its been cooked in front of you its better than something that's been languishing in the tropical heat without refrigeration. If it's fried in front of you it'll probably be ok as frying kills just about everything (including any nutritional value in the food but hey). Rule of thumb for fruit is: peel it or leave it. Avoid shellfish, and be sure that water is bottled or ice cubes are safe. Most reputable places in Thailand, Indonesia and Malaysia use sterilised water for ice and in Bali they'll have certificates on the wall to prove it. You may also want to consider using bottled water to brush your teeth. The cardinal sin is assuming that the familiar fast food chain is 'cleaner' than the local café. The only times I've seen friends get sick is from fast food joints because the turnover is not as high and the people working there are not as familiar handling the food as they are with local dishes.

Food in mid range hotels is usually good and safe. Be adventurous but be careful. Those tropical fruit salads in Bali are irresistible and generally safe providing the restaurant/café is clean and busy – quiet food outlets with slow turn over are a breeding ground for bugs.

Plan, enjoy, bon voyage!!!

For all you need to know about safety, visas, and safe eating visit [www.smartsafe.gov.au](http://www.smartsafe.gov.au) or call PLWHA Victoria 9865 6718❖



# Treatments Update: what's new, what's changed

Alan Strum  
PLWHA Victoria  
Treatments Information Officer

## In the News

### New once daily combination tablet approved

The Australian Drug Evaluation Committee has approved a new combination pill called Kivexa. Kivexa contains 600mg abacavir and 300mg 3TC. Originally abacavir and 3TC were approved individually to be taken twice daily which added up to 4 tablets a day. GlaxoSmithKline has now streamlined this combination of drugs from 2 tablets twice a day to 1 tablet once a day in the form of Kivexa. Kivexa will still need to go through the reimbursement approval process before it will be available at HIV pharmacies. This process can take up to nine months or longer❖

### Steroid delays need for HIV drugs

A retrospective (looking back) German study compared the use of 5mg or 7.5mg prednisolone in 65 HIV positive people to 136 people not taking prednisolone. Prednisolone is a steroidal anti-inflammatory drug that can reduce the body's immune response to infection. It is thought that reducing the response to HIV might help to slow the course of HIV disease and slow the decline of CD4 cell counts. All patients entered the study with more than 300 CD4 cells. Prednisolone appeared to have a stabilizing effect on

the immune system. After 3 years the average CD4 cell count in the prednisolone group had increased by 50 cells while the people not taking prednisolone had lost around 180 CD4 cells. After 12 months of therapy less people taking prednisolone needed to start antiviral therapy (35% vs 64%). The authors noted that prednisolone can also cause complications such as thrush and herpes outbreaks as well as reducing bone mass in some people, and that the optimal dose of prednisolone still needs to be established. *[Editor's note: Immune stimulation leads to activation of immune cells in which HIV likes to replicate. Using a drug such as prednisolone to inhibit the immune system appears to be a logical approach to slow down HIV replication. There are a few doctors in Australia who believe that using prednisolone is a good idea and there are lots who don't. From a medical perspective the jury seems to be out regarding the benefit of prednisolone as a treatment for HIV] ❖*

### Weight loss on HIV drugs

Previous studies have shown that around 50% of people taking HIV drugs continue to lose muscle mass over time. Researchers from Hawaii reviewed the data from 57 people on treatment who were already enrolled in a

clinical trial. After one year, 14% of people had lost more than 10% of their body weight, 15.8% had lost 5-10% body weight, 64.9% had stable weight and 5.3% had increased their body weight by 5-10%. People who lost weight were shown to have a higher amount of slow replicating HIV or proviral DNA inside white blood cells (PBMCs). One chemical messenger called 'acrophage chemotactic protein-1' appeared to be associated with weight change. The researchers concluded that guidelines for HIV therapy may need to be changed to include drugs that prevent replication of HIV inside cells like macrophages and monocytes to prevent weight loss in people with HIV❖

### Undetectable HIV after seroconversion

French researchers investigating the number of people with a naturally undetectable viral load have published their results in *Clinical Infectious Diseases*. 426 people were enrolled in the study between 1988 and 1995. In total 36 people achieved an undetectable viral load following seroconversion with HIV; 3.5% after one year, 5.5% after 2 years and 6.7% after 5 years. Factors associated with an undetectable viral load were being a woman (2.44 times greater), having

# Treatments Update: what's new, what's changed

a low viral load, and a high CD4 count. The duration of an undetectable viral load was related to baseline viral load and CD4 count and ranged from 4.6 to 62.8 months❖

(Ref: Reuters Health Information)

## Kaletra update

Kaletra has received approval to be dosed once a day in the USA based on a study in antiviral naïve people. The once daily regimen consists of 6 pills of Kaletra once a day. While the CD4 results and viral loads were comparable between once daily and twice daily Kaletra, more people taking the once daily regimen experienced diarrhoea.

Also, according to an Abbott Laboratories press release, the company has applied for the approval of a new formulation of Kaletra which will reduce the number of daily pills from 6 to 4❖

(Ref: Reuters Health Information)

## Natural Immunity to HIV

A test tube study published in the journal *Immunity* has shown that human cells appear to have a natural immunity to HIV via an old evolutionary mechanism that is still used by insects and plants for protection from viral infections. This old mechanism recognises the genetic material of viruses (RNA) and also recognises and digests the proteins made from the genetic material. The process is called 'RNA silencing' or 'RNA interference'. The

investigators also discovered that an HIV protein from the TAT gene counteracts this mechanism. When the TAT gene from HIV was removed, HIV was not able to replicate inside the human cells in the test tube. [Editor's note: *This is the second time I am aware that science has discovered we have a natural immunity to HIV and that HIV is able to successfully block our immunity to it. The more we understand these processes the closer we will get to better preventative measures and treatments*]❖

## New protease inhibitor for Hepatitis C

Vertex Pharmaceuticals have released data from their Hepatitis C (HCV) protease inhibitor drug VX-950. This drug has been trialled in both HCV (genotype 1) positive and HCV negative volunteers in a dose ranging and safety Phase Ib study for 5 to 14 days. Results have shown that people who received 750mg of study drug that was taken 3 times a day experienced HCV viral load reduction of 4.4 log which is equivalent to a 25,000 fold reduction in virus. In this group 4 out of 8 people achieved an undetectable HCV viral load. [Editor's note: *Development of drugs like this will hopefully revolutionise the way in which HCV is treated. It is especially satisfying to know that this drug works so well in people with genotype 1 HCV which is usually difficult to treat using conventional*

*therapy. About 15% of people with HIV also have HCV*]❖

ref: [www.vrtx.com/](http://www.vrtx.com/)

[Pressreleases2005/pr051705.html](http://Pressreleases2005/pr051705.html)

## Stop smoking data!

As people are living longer with HIV we are discovering that people are at a higher risk for heart attacks and strokes (cardiovascular disease) than people who don't have HIV. In order to assess the risks associated with cardiovascular disease French researchers investigated the effect of changing antiviral treatments, use of lipid lowering drugs to reduce cholesterol and/or triglycerides and smoking cessation on the health of the arteries (intimidia thickness – a marker for hardening of the arteries and cardiovascular disease). 233 people were followed for 36 months. At baseline the median age was 44 years, 25% were women, 32% had been diagnosed with AIDS, 86% were on antiviral therapy and 59% were smokers. While changing antiviral therapies and using lipid lowering drugs were able to reduce cholesterol and triglyceride levels in the blood, the only significant factor that improved the health of the arteries and reduced risk for cardiovascular disease was shown in people who stopped smoking (smokers were reduced from 59% to 51%)❖

# Treatments Update: what's new, what's changed



**Greg:** HIV positive for 20 years. "I care for myself and my partners. My virus stops with me."

## Scientists discover protection mechanism for resting CD4 cells.

Approximately 95% of CD4 cells in the body are in a resting (unstimulated or non-dividing) state. It has been recognised for some time that these cells are resistant to HIV infection but the reason why has only just now been discovered. A group of researchers in San Francisco have discovered that a molecule called APOBEC3G exists in two forms inside CD4 cells. In the resting state the APOBEC3G exists in a small active form. However, when the cell becomes activated it transforms into a larger inactive form. In the smaller form, APOBEC3G has been shown to attach to HIV genetic material preventing it

from infecting cells. In this study the researchers blocked the activity of APOBEC3G which resulted in the resting human CD4 cells becoming infected with HIV. They found that APOBEC3G is transformed into the larger ineffective molecule when the CD4 cells become stimulate. The researchers speculated that drug therapies could be developed to prevent the transformation of the APOBEC3G molecule from the small form to the large form to prevent HIV infection in CD4 cells. [*Editor's note: Every new piece to the HIV puzzle gets us closer to better treatments and preventative therapies. APOBEC3G is one piece of the puzzle that holds a lot of promise*]

**A PLWHA Victoria Representative will be at the PLC every Thursday from 12noon - 7pm**

(Starting from 7 July)

Max Niggli  
**Speakers Bureau**  
Suzy Malhotra  
**Community Development**  
Alan Strum  
**Treatments Information**  
Sonny Williams  
**Executive Officer**



**Planet Positive**  
MELBOURNE

**An Evening for  
Positive People  
& their Friends**

**Wednesday 20 July  
From 6.30pm till late**

**Vibe Cafe and Bar  
123 Smith Street  
Fitzroy**

NO COVER CHARGE

Light catering provided

First drink free

[planetpositive@optusnet.com.au](mailto:planetpositive@optusnet.com.au)

Planet Positive is a project of  
PLWHA Victoria



### Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund Poslink and Treatment Interactive Events in 2005.



### Membership application

*All details contained herein will be treated strictly confidentially.*

I wish to become a member of People Living With HIV/AIDS Victoria and to receive all privileges of said membership. I agree to abide by the Rules\* of the organisation at all times. I give permission to receive information from PLWHA Victoria.

Please tick  **Full Membership:** I am HIV positive and am able to provide verification of this if required.

**Associate Membership:** I do not wish to disclose my HIV status, I am HIV negative or I do not know my HIV status.

Signed \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

Please fax or post your membership application to: PLWHA Victoria

6 Claremont Street  
South Yarra VIC 3142  
Tel: 03 9865 6772  
Fax: 03 9804 7978

\*Copies of the Rules of the organisation are available from the PLWHA Victoria office.

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