

poslink



World AIDS Day 2008

The Newsletter of
People Living with
HIV/AIDS Victoria Inc

Information, Education
& Representation

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Note from the EO

Sonny Williams

PLWHA Victoria held its annual general meeting on Sunday the 19th October at the Positive Living Centre; this is an opportunity for the agency to report to members and interested parties the work of the organisation over the last financial year. Following the meeting the board met and elected the roles of President, Vice President, Secretary and Treasurer; congratulations to the new incumbents. Within PosLink you will find more information about the AGM

1st of December World Aids Day this years falls on a Monday the theme is "Enjoy Life Take Control Stop HIV/AIDS PLWHA Victoria will be launching the day within the grounds of parliament guest speakers include the Minister of Health Daniel Andrews if you are interested in attending feel free to call the office on 03 9865 6772 to confirm and for catering purposes.

Note from the President

David Wain

Welcome to the early start of a new year for PLWHA Victoria, with a new board, a new executive, and a new president, all of which took place at our AGM in October. As this is my first report for Poslink, I'd like to introduce myself as president, and talk a little about my experience and why I wanted to take on the presidency. I've been living with HIV for just over ten years now, and never being one to follow fashion I seroconverted when the number of new cases of HIV was at its lowest, not long after the introduction of triple combination therapy. In my case it was the result of a relationship that went bad. As a result of effective new treatments and growing understanding of the management of HIV, I've been fortunate enough to remain in good health and continuous employment for that entire time, as well as being actively involved in sporting clubs and a range of other community activities. While far from universal, among the people

I have encountered living with HIV this experience is increasingly common, while those who have been living with the virus for longer are facing new challenges from ageing and changing expectations about what the future may hold. All of this presents a new landscape for advocacy around HIV, where long standing acute care issues remain alongside a new terrain of living with what is increasingly a manageable chronic condition, albeit one that still casts a mantle of stigma that we all work to resolve in our own ways. In 2008 it is the job of PLWHA Victoria to tell these new stories, and make sure they are understood within government, the primary and secondary health care sectors and the various communities within which we all live. It is this challenge that I wish to make the focus of my time as president.

**President**

David Wain

Vice President

Paul Baines

Secretary

Jeffrey Robertson

Treasurer

Paul Kidd

Positive Women Rep

Semukele (Sem) Mabuwa

Straight Arrows Rep

Jurgis Melakas

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Greg Iverson, Suzanne Lau-Gooey,

Martin Pfeffer, Andrew Timmins

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Speakers Bureau Co-ordinator

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Suzy Malhotra

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Annual General Meeting 2008

PLWHA Victoria announced a new Board of Management at its Annual General Meeting on 19 October at the Positive Living Centre. The 2008/2009 Board consists of: President - David Wain, Vice President - Paul Baines, Secretary - Jeffrey Robertson, Treasurer - Paul Kidd. Ordinary members include John Daye, Brett Hayhoe, Greg Iverson, Martin Pfeffer, Suzanne Lau-Gooey, Andrew Timmins, Sem Mabuwa (Positive Women Representative) and Jurgis Maleckas (Straight Arrows Representative).

Founding member of PLWHA Victoria, David Menadue announced his retirement after 20 years of service to the organisation. David was awarded the Exemplary Service Award for his enormous commitment and contribution to the HIV community. A number of other awards were given out at the AGM:



President's Award: Dr Jim Hyde

This year's President's Award goes to Dr Jim Hyde [above] who has been a long-time supporter of PLWHA Victoria in various roles - more recently as Director of Public Health with the Department of Human Services. I have had the pleasure of working with Jim on a range of HIV issues over the past year or so and have greatly appreciated the support he has given us, particularly the support he and the Department have seen fit to give the organisation for our health promotion work.

Jim was the General Manager of VAC/GMHC from 1990 to 1994 and he helped to establish PLWHA Victoria as the voice of HIV-positive Victorians

by resourcing the organisation when it was a program of the AIDS Council. Jim was a strong believer in the centrality of positive people in the epidemic and the need for them to have a say in the policies and decisions that were made about them. Dr. Hyde has never been far from the decision making process in fact in 1995 he played a leading role in the setting up of the Treatments Action Group of PLWHA Victoria - a group which has been involved in significant advocacy in maintaining good health services for positive people in Victoria. He has continued this support through his personal networks over the years but has really been a great supporter in his current role.

Exemplary Service Award:



David Menadue

This year's Exemplary Service Award is given to honour the extraordinary service, leadership and achievements of David Menadue [above] who has been a key Victorian figure in the struggle against HIV/AIDS and is the longest serving Board Member of People Living with HIV/AIDS, Victoria.

David was a founding member of PLWHA Victoria and elected Convenor (equivalent to President) between 1989 -1993, Vice President 1997 - 2006, Secretary 2006 - 2007, and Board Member until 2008. He was a Board Member of the Victorian AIDS Council/ Gay Men's Health Centre from 1989 - 2001, it's Vice President in 1991 - 1992. He has also played a major role on a national level with the National Association of People Living with HIV/

AIDS including roles as President, Board Member and various portfolio Convenors. In these roles he has been a passionate advocate and activist and HIV-positive people owe David a debt of gratitude for the commitment and enormous contribution he has made.

David has been awarded the Order of Australia Medal for services to community health especially to people living with HIV/AIDS for his many years of involvement in working to improve the education, care and support, and human rights of HIV-positive people.

David played a central role in establishing the Positive Living Centre. His first public statement as Convenor was to hold a press conference to advocate for the planning application for a centre. These efforts eventually led to identifying a site located in Acland Street St Kilda which was opened in 1993. David has written numerous articles, policy papers and given many conference presentations on HIV-related issues including writing his autobiographical book, *Positive*. He has been involved in many well-received initiatives including *Positive Living* which went on to become a national magazine and continues in circulation to this day, and in which David has written material for every edition. He has also been a leading contributor to the organisations own publication *Poslink*.

David has an extensive knowledge of the health issues facing HIV-positive people and has been involved in many advisory roles at a state and national level. He has been a member of the Speakers Bureau since its inception and takes the opportunity as an out HIV-positive gay man to speak on the many issues that affect HIV-positive people. He has been closely involved in developing the Treatments Interactive Events which have helped educate and inform HIV-positive people about treatments and health promotion needs and brought our organisation in touch with our membership.

When we look back over the period

of David's involvement as an activist you can see that he has had a huge impact on the success of PLWHA Victoria in improving the lives of HIV-positive people through his advocacy and support work. He has been a mentor and role-model for many Board and Staff Members who have become involved in the HIV-community sector.

Your efforts have inspired hope in the face of adversity. Please accept this award as a sign of our deepest respect and thanks for the exemplary service you have given PLWHA Victoria. Thank you David!

Special Acknowledgement Award:

Jenny McDonald

Jenny McDonald is a familiar face to many people and has been a long term supporter and champion of the HIV positive community in Victoria.

As well as being Chief Dietitian at the Positive Living Centre, Jenny has been providing free advice and treatment options to positive clients since 1987 and has played a vital role in assisting people make informed choices about managing their diet and health. At a time when many PLWHA are dealing with side effects of treatments and managing a whole range of health issues, Jenny has provided key direction and assistance to many people.

Jenny has provided technical information within many of our treatment interactive events with Vanessa Wagner, Radio broadcasts on Joy Radio and was instrumental in developing the "how to eat" booklets, and the "Nutrition for Life" CDs – which continue to be excellent and informed resources for many plwha.

Jenny's role is always evolving but she continues to do so with professionalism, warmth and great humour. We thank her for the past 21 years work and hope that she continues to play a much needed and cherished role in our community.

Community Endeavour Award: Sircuit

This year we give the Community Endeavour Award to the team at Sircuit Bar who have shown commitment to the positive community since they opened their doors in November 2007. Sircuit Management (including Chris, pictured above right) approached PLWHA Victoria to provide a presence at selected events such as BOOTCLUB to prepare and man a stall at each event promoting a positive healthy lifestyle as well as providing an opportunity to



raise funds. Funds raised were to go to the PLWHA Emergency & Distress fund which helps HIV-positive people who are experiencing difficulty with financial hardship.

Sircuit also provides in-kind support by hosting some of PLWHA Victoria's workshops and social health promotion activities at their venue. We would like to acknowledge their readiness to provide their premises at no charge to our organisation for several of our events.

The donations made by Sircuit have meant there are less numbers of HIV-positive people experiencing difficulty in dealing with poverty. It has also provided support to our organisation and the HIV-positive community of Melbourne by getting behind our events at their venue. They have been good friends and supporters of PLWHA Victoria and we thank them for their contribution and encouragement. Their support is a good example of business and community working together to improve the quality of life for positive people.



Speakers Bureau Award: Abbott Virology

Abbott Virology have been associated with PLWHA Victoria and the Positive Speakers Bureau since 2001 through sponsorship agreements providing us with the opportunity for speakers educating the wider community and helping to reduce stigma and discrimination. (Manager

of Virology, Dan Godfrey pictured below left). Abbott's sponsorship has allowed us to pay our speakers for their talks when schools and other agencies are financially disadvantaged. Given that many speakers are or have been on disability support pensions, being paid via Abbott's sponsorship have contributed significantly to their financial survival.

This partnership has seen a seen a consistent yearly increase in how many extra speaking engagement we have been able to provide – mostly into Secondary Schools and non government organisations. To date they have enabled us to provide more than 240 extra talks. Additionally we have been able to offer a male and female perspective because of Abbott's sponsorship instead of single speaker presentations.

Abbott has sponsored all talks at the Victoria AIDS Council peer education workshops since 2003. Many of the workshop participants state that it is the first time that they have met an HIV Positive person allowing our speakers to break down the barriers between HIV Positive and HIV negative gay men.

PLWHA Victoria commends Abbott's outstanding contribution to the development of the capacity of the Speakers Bureau and this award recognises how vital their support has been to addressing HIV stigma and discrimination.

Research Progress Award: Dr

Rebecca Guy

Rebecca has worked at the Centre for Epidemiology and Population Health at the Burnet Institute since completed her Masters in Applied Epidemiology. During that time she has worked with many in the HIV sector, both locally and nationally, where her contributions are valued and well respected.

The work that she has done during her time at the Burnet Institute includes piloting and establishing an HIV sentinel surveillance system and working on the introduction of incidence assays. This work has led to a more comprehensive picture of recent versus long standing infection in new diagnosis, as well as a better understanding of the spread of HIV in Victoria. Her work has also enabled timely and valuable feedback on the impact of social marketing campaigns for health educators. She has also worked diligently and to a demanding high standard to ensure that Victoria has timely and accurate

data about the state of the epidemic, and that all the available knowledge that could be extracted from that data was presented.

Gracious, modest, diligent and thorough, she is well known and respected as a calm voice of reason in the often heated debates about HIV, and for this, the manner of her work as well as its standard and content, PLWHA Victoria would like to acknowledge her contribution.

**HIV Sector Partnership Award:
Multicultural Health & Support
Service (MHSS)**

MHSS is a state-wide program of the North Richmond Community Health Centre. It was established in 2003 to work with and empower people from Culturally and Linguistically Diverse Backgrounds. Individuals and groups to achieve better health outcomes in relation to the diverse, highly complex and culturally sensitive issues relating to blood-borne (BBV) and sexually transmissible infections (STI).

MHSS recognised that the HIV sector agencies needed to be brought together regularly and the MHSS Working Group was formed in early 2006 to provide a forum where agencies can keep up to date with each other's programs and projects with a focus on CALD issues. The PLWHA Victoria Strategic plans have repeatedly recognised the importance of creating stronger links to the HIV Positive CALD Communities, so the creation of this Working Group provided an excellent opportunity for us to forge strong interagency ties with other CALD communities and support our professional development.

The working group has a broad representation of agencies and examples of the work in the last year have included:

HIV and migration: MHSS formulated a comprehensive media strategy to reduce the stigmatisation of African communities in Victoria prior to the Federal election in case it became an issue. MHSS also worked with the Sudanese community advising them on working with the media and engaging the community in a proactive supportive manner.

English language services: MHSS have advocated strongly for culturally appropriate interpreter services that are supportive of HIV Positive clients and that use appropriate HIV/AIDS terminology.

The working group provided an impetus to PLWHA Victoria's Positive Speakers Bureau to build a stronger relationship in recognition of repeated requests for HIV Positive speakers from CALD communities. To that end we have recently signed a Memorandum of Understanding to work together and create culturally appropriate public speaking training.

Interagency collaborative links only work when a level of trust is built between the staff of agencies. This can take many years as we are often consumed with our own work and don't see the broader picture. What MHSS has done so well is build trust between people and agencies. For that we commend them and present this award in recognition of MHSS' commitment to collaboration and excellent work practice.



**HIV Media Awareness Award:
Evolution Publishing**

This year's Media Award goes to Evolution Publishing – publishers of Melbourne Community Voice (MCV) - for their commitment to including features and news items on HIV and the experience of those living with the virus.

Melbourne Community Voice – or MCV as it is more commonly known – was founded at the end of 2000. In February 2007, long-term contributor Richard Watts (above) was appointed as editor, and oversaw the paper's transformation from newsprint to its current full colour gloss format. During Watts' 18 months as editor, the paper strove to include more community events and arts coverage, and published a wider range of features in order to reflect the diversity of the global LGBT community. That diversity, naturally, includes a commitment to representing the lives, needs and experiences of people living with HIV/AIDS.

Evolution Publishing – publishers of MCV and various other publications

around the country – has shown PLWHA Victoria incredible support over the past twelve months. This support has not only been via complimentary advertising for our HIV and Sexual Health Connect Line – a vital phonenumber service for all Victorians - but also in their follow up of news items about HIV and in their accurate reporting of stories at a time when much of the media has given our issues less coverage and importance.



**Clinical Excellence Award: Liz Crock
and Judy Frecker**

This year we have decided to give two Clinical Excellence Awards. Both go to nurses who have been involved with the care of people with HIV since the early days of the epidemic when they worked at Fairfield Hospital. When the hospital closed in 1996 both found their way into positions with the Royal District Nursing Service, again looking after the needs of people with HIV, visiting them in their homes, arranging discharge planning and advocating for their needs with other service providers and within the RDNS itself. They have both been major contributors in the management of VAC's clients and in the training of their volunteers for many years.

Liz Crock (above) has been highly valued for her calm, considered, focussed and always consistent approach to the care of her clients. As a representative on numerous committees to do with HIV care issues such as the In Home Support Committee and the recent Integrated Services Review she has been a steadfast supporter of our care needs. Judy Frecker has endeared herself to her clients for her humour, her compassion and her very patient-centred approach to the care of people with HIV. Like Liz she has sat on many committees and been one of our strongest advocates within the sector.

PLWHA Victoria would like to give Liz and Judy these awards in recognition of the quality of the care they have

provided and for their remarkable commitment to the community over so many years.

Enabling Sponsor Award: Bill

Gianoulas and Dean Murphy

This year's award goes to Rawhide Productions and organisers Bill Gianoulas and Dean Murphy. Rawhide Productions have been involved with PLWHA Victoria for over 3 years through various sponsorships arrangements. They have donated party tickets to our Treatment Interactive Events, compiled gifts for our Xmas Hampers, donated commissions on tickets sales and most recently offered PLWHA Victoria the opportunity to operate cloak rooms at their major dance parties including Rawhide, Crash Palace and Red Raw.

Monies raised from the various funding opportunities have been directed into the PLWHA Victoria Emergency and Distress Fund as directed by the organisers and have assisted a large number of our members facing financial difficulty and poverty. Similarly, the donated tickets and contributions to our Christmas Hampers have assisted many of our members facing social isolation. Bill and Dean have been good friends and supporters of the organisation and we thank them for their contribution and enthusiasm.

Office Closures for Christmas/New Year

People Living With HIV AIDS Victoria: Closed Wed 24 Dec at 12noon, Reopening Mon 5 Jan 09.

HIV & Sexual Health Connect Line: Closed from 6pm 24 Dec, Reopening 10am Mon 5 Jan 09.

Victorian AIDS Council/Gay Men's Health Centre: Closed Wed 24 Dec at 12noon, Reopening Mon 5 Jan 09.

Positive Women: Closed Wed 24 Dec, Reopening Thur 8 Jan 09.

Straight Arrows: Closed Monday 22 Dec, Reopening Mon 2 Feb.

Green Room, Melbourne Sexual Health Centre: Closed Wed 24 Dec, Reopening Fri 2 Jan 09.

Alfred Hospital:

Emergency Department and acute services open 365 days per year; Outpatient Clinics will close 24 Dec and open 5 Jan 09. People will be able to access ED for any emergencies during this time; Day Care will operate during this period and will only be closed during public holidays.



PLANET POSITIVE

Would you like to influence the way PLWHA Victoria holds its key social event for positive people? We're looking for enthusiastic, energetic people with new ideas to help revitalise this important event.

A new Planet Positive Working Group is being established to review and improve social interaction between PLWHA Vic members and other positive people. The working group will bring together PLWHA members, Board and staff, plus representatives from our partner organisations. It will plan and hold future Planet Positive events with support from PLWHA Vic staff.

This is a unique opportunity to help create vibrant social opportunities for positive people. All interested positive people are encouraged to apply.

Send a brief expression of interest with your name, contact details and a short statement outlining the ways you'd like to contribute, to info@plwhavictoria.org.au or by post to 6 Claremont St, South Yarra 3141. For more information, contact the office on 9865 6772.



Study of positive life experience begins anew



HIV futures six Making positive lives count

The HIV Futures survey is about all aspects of living with HIV. Make sure your experience counts. Complete the online survey or ask your local HIV/AIDS organisation for a hardcopy.

www.hivfutures.org.au

Australian Research Centre in Sex, Health and Society, LaTrobe University

The Australian Research Centre in Sex, Health and Society at LaTrobe University today launched **HIV Futures Six**. The survey is included with your edition of **poslink**. This is the sixth wave of the largest ongoing survey of people living with HIV/AIDS (PLWHA) in Australia.

The HIV Futures study began over 10 years ago in 1997. Since then, the survey has been repeated every two years with around 1000 PLWHA completing the survey each time.

Lead researcher on the study, Dr Jeffrey Grierson, today said, "The ongoing success of the HIV Futures study means that we now have a rich source of information on the actual experience of living with HIV/AIDS over the past decade."

Each wave of the HIV Futures survey has asked respondents about their work and career, financial situation, living arrangements, relationships and friendships. It also asks about people's

health status, including their use of HIV medication and complementary therapy and where they are most likely to obtain health information. HIV Futures six will gather the most up to date information on these issues.

Dr Grierson said, "Things have changed a lot for PLWHA over the past 10 to 12 years, mainly because there have been such massive advances in anti-retroviral treatment during this time. People now live with HIV for much longer than they did prior to 1996."

Each wave of the HIV Futures study has documented the way in which PLWHA have adjusted to the availability of these new treatments and the expectation that they will be able to live a long life with HIV.

Dr Grierson said, "HIV Futures certainly revealed that better HIV treatments led to increasing optimism among PLWHA and an appreciation of being able to plan for the future. However, it is also interesting to look

at what hasn't changed much over the past 10 years. We are still seeing extremely high levels of poverty among PLWHA. It's clear that, for many people, living with HIV has made it much more difficult to build a career. There is a lot of financial insecurity."

The Australian Research Centre in Sex, Health and Society is encouraging all PLWHA living in Australia to participate in HIV Futures Six. The survey can be filled out online at www.hivfutures.org.au or hardcopies can be ordered by calling (freecall) 1800 064 398.

For more information call:

Dr Jeffrey Grierson on 9285 5382 or email: j.grierson@latrobe.edu.au.

Dr Jennifer Power on 9285 5171 or email: Jennifer.power@latrobe.edu.au

Finding the Right Balance

The third story in a series from AFAO's new campaign

The uptake of antiretroviral drugs (ARVs) since 1996 has led to greatly decreased mortality and morbidity among people with HIV (PLWHA) in Australia. However, there is considerable and increasing evidence that PLWHA who take ARVs face increased risks of cardiovascular disease, diabetes and osteopenia. Many of these risks can be reduced significantly by giving up smoking, eating healthier, and increasing exercise or activity.

A new campaign by AFAO and NAPWA looks at the importance of these healthy behaviours for PLWHA. The HIV Balance Campaign encourages and supports PLWHA to lead healthier lives, reducing the risk of illness and death, and enhancing quality of life.

This edition of Poslink features the 3rd of these stories. A complete version of all the stories can be found in the July 2008 edition of Positive Living which is available from the PLWHA Victoria office. The information is also available on the AFAO (www.afao.org.au) and NAPWA (www.napwa.org.au) websites.

Steven's Story

Even among long-term survivors, Steven has survived more than most. Steven has been near death a number of times and has always found the strength to pull through. Despite numerous obstacles, Steven has always been able to find the strength to make the best of his situation and develop new strategies to manage his health.

'Over the last 22 years of having HIV I've made lots of changes as part of my journey with HIV. I've had everything: kaposi's sarcoma, PCP, other things, radiotherapy, and chemotherapy, the cancer side of HIV. I've had eight different cancers. It's been ongoing, re-evaluating things, different treatments, and their effects on me. To make those treatments as effective as possible I've had to look at exercise, meditation and other things.'

'I've been at the point of death

numerous times. Every time I go see a doctor they say "Oh, oh you're still, oh, so you're well, you look fabulous." And I say "Yes, well, I have to, I'm a poofter, I'm supposed to look gorgeous all the time."

'22 years ago we didn't have treatments. When I was diagnosed I said to the doctor "How long have I got?" He looked at his watch. I was just hanging there; my CD4s were going down. I had 160 kaposi's sites on my body from my tear ducts to my legs and hands. I couldn't drive or walk. I had issues about how I looked.'

'I was on the first AZT and other drugs and got sicker. I had early dementia for about four months, I couldn't remember where I lived or my partner's name. It was overwhelming. I still cringe when I think about those days.'

Becoming ill became a turning point for Steven. 'It brought my future into sharp focus. I did some therapy to look at how I could take control. I had to be tranquillised to go to therapy. I needed help to get a different perspective.'

'I could have been depressed about it. But I kicked myself in the arse and got on with it. I saw I needed to own having HIV, to move with it and adjust as quickly as possible to whatever was going to come at me.'

'A therapist taught me relaxation and meditation – that meditation isn't about stopping thinking, but about slowing down, reflecting back, and focusing on something. You can let your thoughts wander and come back. People think "I can't just sit there doing nothing for an hour." It's not about that, it's about reflection, spending time breathing and listening to yourself and your body, getting in touch with it. It was a big learning curve for me.'

Now Steven finds that meditation and relaxation give him the strength he needs 'I rise at six, take my dog for an hour's walk then meditate. Before the world goes off I just sit and reflect

and breathe. And the dog lies next to me and has a little break. It's the best part of the day. I enjoy watching the sun come up. I've made it to another day. It reinforces all of the things that I do. It's been wonderful. It's given me the impetus to go out and share that with other people, and be an activist and play a role in the HIV sector.'

Having a dog helps Steven stay active and motivated 'After our morning walk we play three or four times during the day. He's an inspiration to me. When I've spent half the evening in the bathroom from diarrhoea and colitis and don't feel like getting involved he jumps up in the morning with the ball ready to go. I'm duty bound to participate. Once I get up and get dressed, it doesn't matter if it's only 3 degrees. When you get out there and start walking you forget all that. It's helped me to manage my symptoms a lot better and to have a more positive outlook that I can overcome things. I'm greater than my mind and my body.'

Maintaining a good diet has been an important part of Steven's health management 'Improving nutrition has played a huge part. Convenience was my catch-cry. If I could get it pre-packed ready to go, I was on it. Now I make everything from scratch.'

Like anyone living on a pension, Steven is forced to budget, but he has found ways to turn this into a positive 'I need to find the best quality for the best price and quantity.'

I go to the markets every weekend. I pick up other people and we make a day of it. We have a coffee or go to a few galleries afterwards. Now I never think "Oh I've got to go fucking shopping." And at the markets \$10 worth of food would cost \$30-\$40 at Woolies.'

Jennifer McDonald is a Melbourne nutritionist who has specialised in working with people with HIV. Jennifer's work often involves helping people work out how to eat well on a budget 'I think the biggest issue is the poverty



I take the dog for a
walk every morning,
then I meditate.

It's the best part
of the day.

Managing HIV. It's about balance.

For more information on balancing health and life,
contact your local PLWHA organisation or AIDS Council.



that we see in our HIV community. A lot of people are not working. So that makes it difficult to shop for what they really need. But you can work around that by looking at markets, because markets are generally cheaper to shop at. The cheaper meats at the market are still good meats - they're just cheaper on a Saturday at 12:30 at the market. Fruit and vegies too. Also, looking at the specials that the supermarkets are running and buying more and, if you can manage, to stock up.

Part of Steven's process of taking control of his health was to stop smoking and to drink less. 'It was a budget issue, but about the side effects too. Smoking caused mouth ulcers and hairy leukoplakia, and between diarrhoea and the vomiting my quality of life was just awful. That discomfort was purely from my diet and excessive use of drugs and alcohol. Now my mouth doesn't have any of that nonsense and stopping drinking reduced the colitis attacks and bowel disorders. I had 6 CD4s, now they're increasing all the time. My viral load is undetectable.'

For clients who still smoke, Jennifer McDonald has some advice 'We increase vitamin C intake because nicotine and clearing things from their lungs requires more vitamin C. We also increase fruit and vegie intake.'

For Steven, the hardest thing about all his changes is isolation. 'When you're not working and not drinking and smoking you are somewhat isolated and capped by your financial status. You can't spend a third of your pension getting wasted and dancing on tables. I used to do that a lot. People are quite

surprised at my huge turnaround, like the QE2 turning around.'

Steven's advice to others is about self-awareness 'My advice about having HIV is to learn to look and listen to your body and appreciate who you are. Anything is possible. I often say that keeping healthy is 40% because of the medications and the other 60% is the hard work you put in. This is not something that's encouraged. I've nearly died about 11 or 12 times then suddenly I come back. The doctors assume it's because of their treatment. I think it's a lot to do with taking more care about what I put into my body now.'

Steven's advice to others: 'Don't get overwhelmed by major changes. I found that it's the little changes that I can live with. I could live without drinking every second or third day. Then it worked out to being once every couple of weeks. Now I can go for months without a beverage and if I do, two or three is more than enough. I know what my limit is now. So gradually there's a huge change in that whole concept of who you are and how you treat yourself. And you really get to think about 'what is a good time?'

Jenny McDonald – The Nutrition For Life Project

Jenny McDonald's work with people with HIV began in 1987, when she was a hospital dietician. Now she does more community-based work, through the Melbourne Sexual Health Centre and visiting GPs with HIV caseloads. She runs the Nutrition for Life program.

Jenny's work starts with dealing with the impact of seroconversion 'People

should see someone from when they seroconvert because they go through different processes. Someone with seroconversion illness may have lost weight, be eating inadequately or had poor diet before. We check for healthy eating to ensure they're having 3 meals a day and enough fruit and vegies. Then extra things like protein and vitamin intake, increasing B complex and C vitamins, and antioxidants.'

Countering the potential harms from HIV drugs is now more a part of Jenny's work 'We're now aware of the potential for ARVs to influence cardiovascular disease. We look at modifying fat intake, look at better fats, but without compromising overall nutrition. Someone with HIV may already be underweight. It's a fine balance. You have to tweak it a little bit better. We encourage people to eat more fish if they've got elevated cholesterol.'

Jenny stresses the difference that vitamins make 'People with HIV require more vitamin B complex. I prescribe Swisse Women's to all PLWHA, men and women, because it's higher in B complex. The B's are important, sometimes affecting your mood and energy levels. People start on Swisse Women's and come back saying they've got more energy. That then stimulates more exercise which stimulates more muscle mass, which is important in HIV rather than fat mass. So their basal metabolic rate may increase and overall sense of wellbeing improves and I think that's really important.'

'There's a free Nutrition for Life CD I did with Vanessa Wagner. It covers nutrition and HIV, eating well, vitamins and supplements. It talks about diabetes, cholesterol, and skin and body shape, aerobic versus anaerobic exercise. It includes common side-effects and maintaining weight. It talks about bones because of the risk of osteopenia. It talks about shopping and meal preparation for people on limited budgets. It's available through GPs, AIDS Councils and Treatment Officers'.

The Nutrition for Life project is in Victoria, Queensland, NSW, Tasmania and ACT. It provides free access to a dietician. For information about how to access the program in Victoria, contact PLWHA Victoria on 03 9865 6772.

News briefs

Medicare and Dental Services

Currently Medicare covers dental services for people with chronic conditions and complex care needs including people living with HIV, on referral from a GP.

Eligible patients can access up to \$4,250 in Medicare benefits for dental services over two consecutive calendar years.

However, in line with its election commitment, the Government planned to close the Medicare chronic disease dental scheme to all patients by 1 July 2008, and to re-direct the savings to its new dental programs (Commonwealth Dental Health Program and Medicare Teen Dental Plan). However, on 19 June 2008, the Senate blocked the scheme's closure. On 16 September 2008, the Senate blocked the Government's second attempt to close the scheme. As a result, the scheme remains open and all eligible claims will be paid.

It remains the Government's intention to close the scheme in order to make funding available for its new dental programs, and the Government will continue to negotiate with the Senate in an effort to achieve this. GP groups, dentists, dental prosthetists and patients receiving services under the scheme will be advised as soon as negotiations are complete.

Extract from www.health.gov.au

Preventing Mother-to-child transmission of HIV

HIV treatment can dramatically reduce the risk of an HIV-positive mother having an HIV-positive baby. There has been a lot of research to see if using HIV treatment during pregnancy harms the developing baby. The results aren't consistent, and although some research has found

that HIV treatment might increase the chances of having a premature baby with a low birth weight, other research has not. And there's no doubt at all that the benefits of HIV treatment at preventing mother-to-child HIV transmission by far outweigh any risks. Now researchers have found that the exposure babies have to HIV treatment in the womb or shortly after birth does not increase the risk of cancer. The results come from a very large French study involving almost 10,000 babies whose mothers were HIV-positive and received various types of HIV treatment.

Overall, the researchers found that the risk of cancer in these babies was no greater than that seen in the general French population. There were however ten cancers, and five of these were cancers of the central nervous system. This was more than would be expected. Researchers found that the use of 3TC (lamivudine, Epivir) and ddI (Videx) seemed to increase the risk of this, but the numbers were so small they couldn't be sure. This combination of drugs is not routinely recommended, and the researchers emphasise how effective treatment to prevent mother to child transmission is. [AIDSMap]

New protease 'backbone'

Yet another protease inhibitor is attempting to chip away at Abbott Laboratories' blockbuster AIDS drug sales in the U.S. A new study this week shows Johnson & Johnson's protease inhibitor Prezista is "non-inferior" to Abbott's Kaletra.

There are about 10 protease inhibitors on the U.S. market, including about a half-dozen newer, next-generation drugs such as Prezista, which are considered more tolerable to AIDS patients.

Protease inhibitors are drugs that bind to and block a key enzyme vital to HIV's growth, keeping it undetectable in human blood for longer periods

of time. Kaletra, like other protease inhibitors, is typically taken with two other drugs known as nucleoside reverse transcriptase inhibitors to make the so-called AIDS cocktails that are common in treating the virus.

In the head-to-head study of 689 patients studied for 96 weeks, 79 percent of patients taking Prezista had undetectable levels of HIV, compared with 71 percent in the Kaletra group. The study, funded by Tibotec, a Johnson & Johnson company, was presented this week at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy in Washington, D.C.

Doctors point out that Prezista needs Norvir, Abbott's older protease inhibitor, as a booster to work as well as Kaletra. Patients, these doctors say, like the convenience of taking Kaletra, which cuts down the number of pills to take because it also contains Norvir.

Abbott said Kaletra has a longer track record of success than Prezista, approved two years ago by the Food and Drug Administration. "It is also important to remember that HIV patients will need to be on therapy for decades," Abbott spokeswoman Melissa Brotz said. "Results from 48-week or 96-week studies do not necessarily provide enough information for the long term."

Kaletra sales continue to grow worldwide to fight HIV. Outside the U.S., Kaletra sales were up 29.2 percent to \$734 million for the first nine months of the year. Abbott has launched various formulations of the drug such as a lower-strength tablet for children. In developing countries, Abbott has expanded its market share because its dosage of Kaletra does not require refrigeration and can be taken with or without a meal, Abbott said. [AIDSMap]

Once-daily darunavir/ritonavir may be an option for some treatment-experienced patients

A once-daily dose of ritonavir-boosted darunavir (Prezista) may be an option for some treatment-experienced patients, according to a small study published in the October 1st edition of the *Journal of Acquired Immune Deficiency Syndromes*.

The investigators found that patients taking a once-daily 800/100mg dose of darunavir/ritonavir were as likely as those taking the standard twice-daily dose of 600/100mg to achieve an undetectable viral load. Increases in CD4 cell count were also similar between the patients taking the two darunavir/ritonavir doses. Importantly, the study was restricted to patients who did not have any resistance to darunavir and the researchers are calling for further studies to evaluate the use of once-daily darunavir/ritonavir in such patients.

HIV treatment is becoming increasingly tolerable and easy to take. In late 2007, treatment consisting of one pill, once a day (Atripla, efavirenz, tenofovir and FTC) was approved in the UK and Europe. Once-daily protease inhibitor treatment is also available, with ritonavir-boosted atazanavir (Reyataz) approved for both treatment-naïve and treatment-experienced patients, and there is some evidence that once-daily doses of Kaletra (lopinavir/ritonavir) can also be safe and effective.

Furthermore, information from the ongoing ARTEMIS study suggests that treatment-naïve patients who take once-daily darunavir/ritonavir as part of their HIV treatment are more likely to achieve an undetectable viral load than individuals who take HIV treatment that includes Kaletra.

The use of darunavir/ritonavir in the UK and Europe is currently restricted

to treatment-experienced patients (in the US, however, the drug was recently approved for patients starting HIV treatment for the first time). [AIDSMap]

Raltegravir resistance patterns becoming clearer

Raltegravir may act against HIV in a manner quite distinct from existing antiretrovirals, allowing for the drug to remain effective against HIV for a period much longer than the actual metabolic half-life of the drug itself. The primary and secondary HIV mutations conferring resistance to raltegravir are also becoming well-characterised.

Raltegravir (Isentress) is the first drug to be approved in the relatively new class of HIV integrase inhibitors. Recent reports from phase II and phase III studies have provided very encouraging efficacy and safety data on raltegravir. This success was reported in a presentation to the 48th Interscience Conference on Antimicrobial Agents and Chemotherapy by investigator Daria Hazuda. It described the first in-depth analysis of raltegravir resistance, along with emerging insights into the drug's mechanism of action. [AIDSMap]

Vicriviroc: long-term safety concerns over cancers dispelled

In an analysis of 192 weeks of vicriviroc use, with a mean duration of 96 weeks use in 205 treatment-experienced patients, toxicities were reported to appear "infrequently and sporadically", with no specific toxicities clearly related to vicriviroc use. In particular, incidence of cancers (some cases of which caused concern in earlier studies) did not increase over time. The results were reported in a poster presentation to the 48th Interscience Conference on Antimicrobial Agents and Chemotherapy in Washington DC this week.

Vicriviroc (VCV) is a CCR5 inhibitor being developed by Schering-Plough. Previous reports have shown vicriviroc to have potent activity against HIV in treatment-experienced people when added to an antiretroviral (ART) regimen containing ritonavir-boosted protease inhibitors. While these earlier reports have cited "no clinically relevant safety differences" compared to placebo, side-effects and toxicities have not been reported in great detail.

The investigators concluded that the data from these subjects, representing "the longest clinical experience and treatment duration with a CCR5 antagonist reported to date", showed that vicriviroc "demonstrated excellent tolerability, and is not associated with hepatotoxicity, seizures, or ischemic cardiovascular events."

HIV no longer bar to granting of US visa for short visits

Being HIV-positive will no longer be a bar to the granting of a visa to visit the USA, according to new rules issued by the US Department of Homeland Security. US consular officials will now have the authority to grant visas for short visits to otherwise eligible HIV-positive individuals without having to obtain a special "waiver". But a visa must be obtained before travel to the US.

The new rule, called the Human Immunodeficiency Virus (HIV) Waiver Final Rule was announced on September 29th and can be read here. It applies to people with HIV who wish to visit the US for up to 30 days. HIV-positive individuals who wish to make short visits to the US will need to apply to their local US consulate. A visa will be granted if they meet all the normal conditions for the granting of a US visa. A granted visa will not mention HIV. But US consular officials will have to be satisfied that

CONTINUED FROM PAGE 11

News briefs

HIV-positive visa applicants will not engage in activities in the US that will pose a threat to public health.

Eligible HIV-positive individuals will now be able to obtain a visa to visit the US on the same day as they have an interview with a consular official.

In December 2006, President George Bush announced that the process by which HIV-positive individuals who were not US citizens gained admission to the US would be streamlined. The news regulations announced by the Department of Health and Human Services are the culmination of this process.

This summer, the act reauthorising PEPFAR which included a provision to repeal the act banning entry to the US by people with HIV was signed into law by President Bush. But this act did not change the regulations placing severe restrictions on the ability of people with HIV to enter the US. These list HIV as a "communicable disease of public-health significance." The US Department of Health and Human Services is currently in the process of removing HIV from this list. The newly-announced rules are an interim measure until HIV has been removed from this list.

HIV-positive people wishing to enter the US have previously had to apply for a special visa waiver. Should a person be ineligible for entry to the US under the new HIV rules, they will still have the option of applying for such a waiver. Decisions about the issuing of these are made case by case by the US Department of Health and Human Services, and the process can be lengthy.

Citizens of the UK and many other countries can make short visits to the US without obtaining a visa in advance from the US consulate. This option will not be available to HIV-positive individuals who, under the new rules must obtain a visa before travelling.

Condoms Trump Abstinence in Obama Global AIDS Policy.

The co-chair of Barack Obama's advisory committee for women's health said the president-elect will reverse US family planning and HIV prevention policies that have linked global funding to anti-abortion and abstinence education.

Susan F. Wood, a research professor at George Washington University School of Public Health, said Obama "is committed to looking at all this and changing the policies so that family planning services - both in the US and the developing world - reflect what works, what helps prevent unintended pregnancy, reduce maternal and infant mortality, prevent the spread of disease."

George W. Bush, on his first day as president, reinstated the so-called "Mexico City Policy" barring US assistance to organizations that use funding from any source to provide abortion counselling or referral, lobby for abortion access, or perform abortions except in cases of rape, incest or a threat to the woman's life. Bush also denied more than \$200 million in funding to the UN Population Fund on the grounds it supported coerced abortions in China, a charge UNPF denies.

Under the President's Emergency Program for AIDS Relief (PEPFAR), the United States provided more money to fight AIDS in poor countries during the Bush years than under any previous administration. However, critics say program restrictions on condom education have hurt prevention efforts.

"The US administration has certainly succeeded in demonizing condoms rather than showing that they can be part of prevention of both unplanned pregnancy and [STDs]," said Gill Greer, director general of the International Planned Pregnancy Federation.

But Valerie Huber, executive director of the National Abstinence Education Association, countered that PEPFAR's emphasis on abstinence and fidelity "has been shown to have demonstrable success in Africa." "It would be more than unfortunate if that policy was changed," she said.

Mitchell Warren, executive director of the AIDS Vaccine Advocacy Coalition, called the focus on abstinence "naive and dangerous." "Everyone pretty much expects we'll see a return to a true science-based response to HIV under Obama," he said. Bloomberg (10 Nov).

Tests on cell therapy to fight HIV

Researchers have developed a new "assassin cell" therapy for treating HIV which involves engineering the patient's own immune system to fight the virus more effectively. The therapy - which has proved effective in laboratory tests using human cell cultures - will be tested in a clinical trial of 35 patients with advanced HIV infection that is due to start next summer.

Efforts to find a traditional vaccine against HIV have so far drawn a blank. "HIV mutates so quickly," said Dr Bent Jakobsen at Adaptimmune, the company in Oxford that is developing the new approach. "Gradually it gets better and better at escaping the detection of the immune system."

Jakobsen and his colleagues began to pursue a different approach after investigating a patient who had resisted his HIV infection particularly effectively. "When we tested the T cells from this patient, it looked as if he was responding to a number of those variants that normally escape the immune system." In this patient, the T cell receptor protein seemed particularly good at recognising HIV antigens.

The team isolated the receptor protein and then improved its ability

to recognise HIV further by randomly mutating it. Treating patients will involve taking a blood sample and adding an engineered virus containing genes for the improved T cell receptor. The patient's own T cells then take up the genes and so are equipped with the improved receptor. These cells are then injected back into the patient.

The clinical trial of 35 patients next summer will take place at the University of Pennsylvania in Philadelphia.

The Guardian (10 Nov 08).

A First Step Toward a Cure for AIDS? Novel Procedure Appears to Have Eliminated HIV

November 5, 2008—We need a cure for AIDS. We can't treat our way out of this epidemic. Anti-HIV therapy is a lifelong commitment, accompanied by many life-altering and some potentially life-threatening side effects. And for every person placed on treatment, two to three are newly infected. In 2007 alone there were 2.7 million new infections, and only 31 percent of those who needed treatment received it. Viral reservoirs—cells and tissues in which HIV remains dormant, beyond the reach of anti-HIV drugs but poised to grow at any moment—persist for the life of an infected person. And while all currently available anti-HIV drugs suppress the virus, they cannot eliminate it.

Given this context, a brief report in February 2008 by a group of physicians from Germany appeared to change everything when presented as a poster at the annual Conference on Retroviruses and Opportunistic Infections in Boston. It described a 40-year-old man—an American working in Berlin—whose HIV had been under good control for several years using a typical cocktail of drugs known as HAART. Then he developed acute leukemia.

In an attempt to cure the leukemia, he underwent a course of radiation therapy and chemotherapy in preparation for a stem cell transplant. But in his case, rather than simply using the best match among available stem cell donors, his physicians did something very clever. They also screened potential donors for a natural mutation known as delta32 CCR5. CCR5 is the primary means by which most types of HIV infect cells. Individuals lacking this CCR5 receptor—the 1.5 percent of the Caucasian population in America and Europe with the delta32 mutation—are completely resistant to infection by the most common forms of HIV.

The patient's stem cell transplant was a success, although relapse of his leukemia required a second transplant using the same donor. Now off all anti-HIV drugs for almost two years, the patient continues to show no detectable signs of HIV in his blood, bone marrow, lymph nodes, intestines, or brain. To the limits of our ability to detect HIV, it appears that the virus has been eradicated from his body. At the very least this patient represents a functional cure: he is off all anti-HIV meds, has a normal T-cell count, and exhibits no evidence of virus.

amfAR quickly called together 10 experts in clinical AIDS, stem cell transplantation, and HIV virology for a two-day think tank at the MIT Endicott House to evaluate these data. The patient's physician, Gero Hutter, presented details of the case, which were closely scrutinized by all. In a summary statement, attendees indicated that this case does indeed represent at least a functional cure. Dr. Hutter agreed to ask his patient to provide additional blood samples so that scientists attending the amfAR meeting could perform even more sensitive tests to attempt to further document that the virus has been erased from the patient. amfAR is coordinating

distribution of these samples.

But amfAR's involvement doesn't end there. It is possible that the patient may have been cured of HIV/AIDS. But the cost of such a stem-cell transplant procedure can run up to \$250,000. It is associated with a relatively high death rate from infectious and immunologic complications, and the number of delta32-CCR5 donors of appropriate tissue type would be very small. Here further research may yield key answers.

For example, it is unknown whether the use of a delta32-CCR5 donor is essential. Perhaps the transplant procedure itself was the most important element. The potential to genetically engineer stem cells to remove CCR5 from a patient's own stem cells also exists, and strategies to do so were discussed at the think tank.

By Jeffrey Laurence, M.D.



Camp Seaside

Are you HIV-positive and have children?
Do you need a break? Then this is the camp for you!

Camp Seaside is a camp run by Straight Arrows for families infected or affected with HIV/Aids. The camp will be held at Phillip Island Adventure Resort, 1775 Phillip Island Road, Cowes, which is approximately 2 hrs east of Melbourne. It is located in Phillip Island, the grounds are superb with excellent children's facilities.

The aim of the Camp is to provide respite to parents living with HIV in a safe environment where issues affecting people living with HIV can be discussed amongst peers. The camp provides the opportunity for parents to network, support each other and rest, whilst the

children are supervised by volunteers and have organised activities all weekend. The camp is a safe environment for children just to be children.

Each year we have new families/ members applying for the camp. Therefore places will be given to families who have not attended a camp before or did not go on last years camp.

So get in quick! Phone Straight Arrows on (03) 90763792 or email information@straightarrows.org.au for an application form.

The camp runs from Friday 13th to the Sunday 15th of February, 2009.



Details

- Camp dates: FEBRUARY 13-15 2009
- Location: Phillip Island Adventure Resort, Phillip Island
- Activities: Likely to include high ropes, giant swing, flying fox, massage, Beach activities.
- Cost: Nil. The camp is sponsored by AAFI, the Australian AIDS Fund Inc.
- Eligibility: Families with an HIV infection to a parent or child.

Applications may exceed vacancies, so new families will be given preference, and we will attempt to accommodate as many as possible. Some may miss out this time, but will receive preference at the next camp. If you know someone who may be eligible but may have missed the mail out, please pass this notice on.

Goal: To give families an opportunity to meet and have an enjoyable experience in a stress free environment.

Registration of interest

To register your interest you must contact Kathy at Straight Arrows. Registration of interest can be obtained by ringing, writing to or e-mailing Arrows. Completed registrations can be forwarded by mail or dropped in personally.

Please contact us with any query or for more information on Seaside. (Seaside is open to all families that meet the criteria – membership of Straight Arrows is not a requirement).

Contact Straight Arrows

Fairfield House, Alfred Hospital Prahran PO Box 315 Prahran 3181 information@straightarrows.org.au Tel 03 90763792

Speakers Bureau Update

Max Niggl (Speakers Bureau Coordinator)

Creative Writing Workshop

A six week creative writing workshop pilot project was recently completed.



The workshops were a culmination of more than three years planning and discussion. The speakers who participated were interested in both the creative writing process and to be able to tell their stories in a non linear way to different audiences.

Angela Costi who is a lecturer in Creative Writing from RMIT University was the facilitator and Peter Davis was the volunteer Project Coordinator. Angela is a professional creative writer, playwright, performer and dramaturg who has worked on performance projects since 1993. Her plays and monologues have been staged at Theatreworks, La Mama, the CUB Malthouse and at Brunswick Mechanics' Institute.

With such a highly skilled facilitator

and Peter's guiding hand we all astounded ourselves (and Angela) with our newly discovered writing skills. Angela's style of teaching allowed each speaker to develop at their own pace as she guided us into new thought processes about telling our stories.

There was a lot of emotion including tears and laughter expressed during the workshop as we shared our writing. Listening to other stories allowed us to understand and support each other and we were all surprised at what we heard.

An evaluation process is underway and will hopefully allow us to source more funding for creative writing next year. Thank you to Peter and Angela for making the workshops so successful.

World AIDS Day 2008

PLWHA Victoria and the Health Minister Daniel Andrews will be launching World AIDS Day in the Victorian Parliament gardens. This year's theme is "Enjoy Life, take control and stop HIV/AIDS."

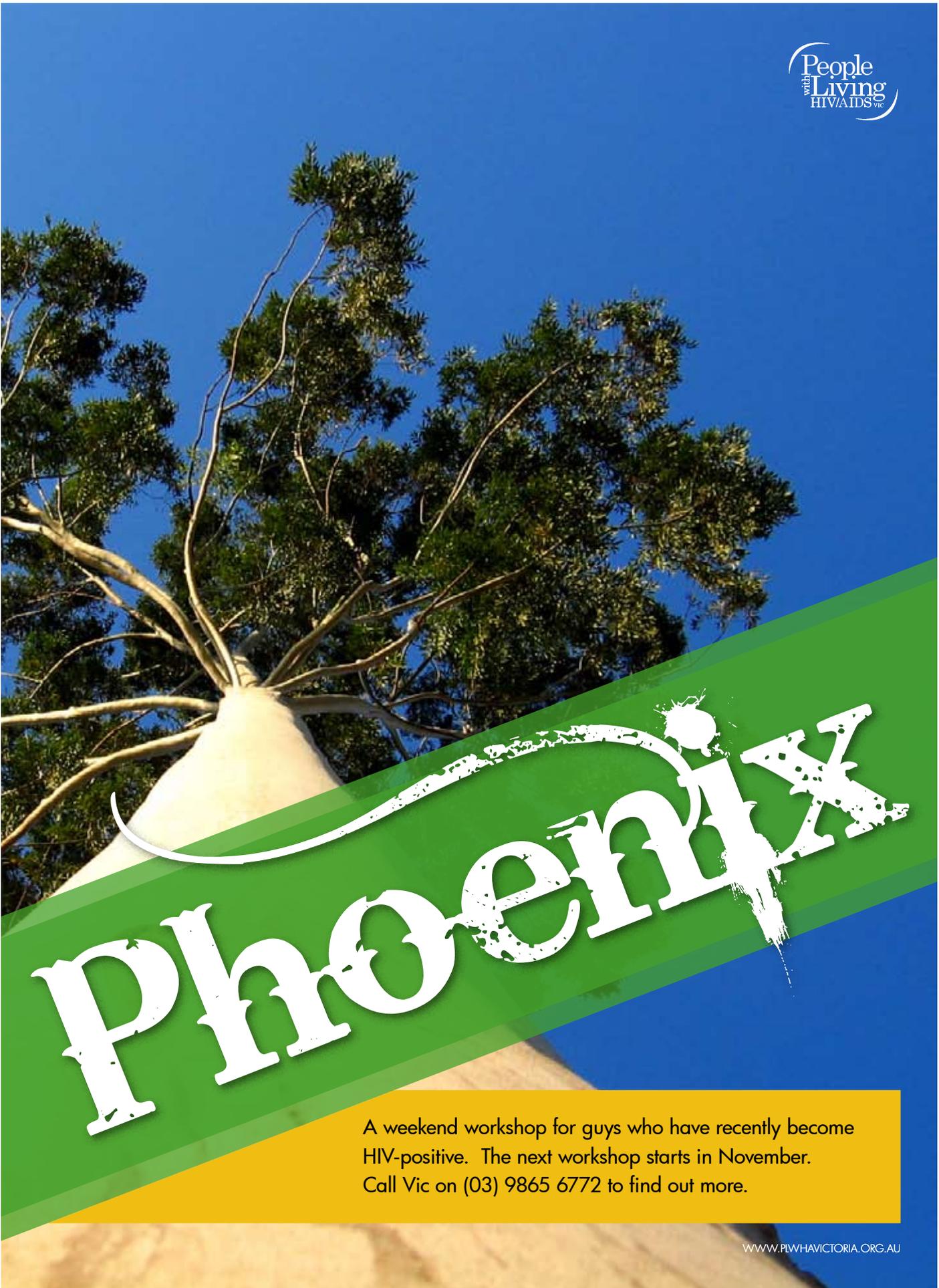
With the Victorian Government's renewed commitment to HIV prevention, World AIDS Day acknowledges all those who have died and encourages the whole community to educate themselves

about HIV and stop new transmissions. We applauded the ability of our speakers to make a real difference in changing peoples stereotypical responses about who contracts HIV.

Now in its fourth year the launch gets bigger each time. Tony Lupton, Member for Prahran was instrumental in supporting us each year and it was his suggestion to hold the launch in the beautiful Parliament gardens last year.

Of the many comments we receive each year, most are about the impact of our HIV Positive speakers who talk honestly about the realities of dealing with HIV every day of their lives and how they have rebuilt their lives after being diagnosed.

With so many HIV Positive people just getting on with their lives without being public about their status our speakers are the human face of HIV in Victoria and they make substantial contributions to reducing HIV stigma and discrimination for everyone else.



Phoenix

A weekend workshop for guys who have recently become HIV-positive. The next workshop starts in November. Call Vic on (03) 9865 6772 to find out more.

WWW.PIWHAVICTORIA.ORG.AU



Positive Personals

We will accept advertisements under 50 words for dating or friendships under the following categories:

- Men seeking men
- Women seeking men
- Women seeking women
- Men seeking women

Personals (Dating or Friendship):

Please keep your advertisements under 50 words. Be clear about who you are and what you are looking for. Be honest to avoid disappointment for you and your correspondent. It is up to you if you want to include the suburb or regional area you live in. Advertisements and replies must be sent by mail only – please do not phone the office about this service.

Write your response letter and seal it in an enveloped with a 50 cent stamp on it. Write the reply number of the advertisement on the outside of the envelope in pencil. Place this envelope in a separate envelope and send it to: Personals, PLWHA Victoria, 6 Claremont St, South Yarra, Vic 3141.

Personal details given to PLWHA Victoria (such as return addresses) will be kept strictly confidential and will only be seen by one staff member working on the magazine at any time. Send your advertisement to Personals, PLWHA Victoria, 6 Claremont St, South Yarra VIC 3141.

Men Seeking Men

I'm Masculine. A long term. Aus guy. 46 year old. I stay pretty active and am fit. I like the outdoors, sport, music, quiet nights in. Seeking masculine blokes with similar interests. Reply Number #0001 or call 0432 698675

Men Seeking Women

HIV positive heterosexual male, youthful 40's, seeks female companionship. To be there for each other, share interests and find happiness. I am always looking for new, interesting and worthwhile things to engage in or just attend. I'm friendly, I maintain good health, 6 ft tall and Caucasian. I live in inner Melbourne - though I can travel. Reply Number #0002

I am 40, employed part-time and have a 5 year old son. I would like to write at first and then start meeting. I'm looking for a long term commitment. My interests are outdoor activities, films and reading. Reply Number #0003

Accommodation

Aus guy. I'm fit, honest, etc. 46 year old. Would like to hear from other masculine poz blokes interested in sharing/setting up house. Reply Number #0004 or call 0432 698675

Live in Carer – Caretaker Driver
Are you in need of help around the home, need someone to drive you to your doctor's, shopping, outings, events, etc? I'm a single young man currently working for ST Vincent hospital. I have health Services papers and Tradesman papers including full Victorian drivers license. The only cost is a place to call home (rent free). Reply Number #0005

INFORMATION • SUPPORT • REFERRAL

HIV & SEXUAL HEALTH

Connect

1800 038 125

www.connectline.com.au

FREE SEXUAL HEALTH TESTING

St Kilda & Carlton Locations
Flexible hours Phone 9347 0244

Melbourne Sexual Health Centre
www.mshc.org.au

Additional clinics specialising in sexual health (Medicare card maybe required. Some clinics may charge for services)

<small>The Centre Clinic p. (03) 9525 5866</small>	<small>Carlton Clinic p. (03) 9347 9422</small>	<small>Prahran Market Clinic p. (03) 9826 4300</small>
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METROPOLITAN COMMUNITY CHURCHES

Community | Spiritual Transformation | Inclusion
Social Justice

You are invited along to MCC World AIDS Day service on Sunday 30 November at 7pm. At MCC Melbourne, 271 Burnley Street, Richmond.

It will be a time of celebration and remembering those people Living with HIV/AIDS and those affected by it. There will be lighting of candles, guest speakers and an an open Communion. Followed by fellowship with a light supper afterwards. The theme for World AIDS Day 2007 and 2008 is "leadership".

This theme will continue to be promoted with the campaigning slogan, "Stop AIDS. Keep the Promise."

Leadership was selected as the theme to encourage leaders at all levels to stop AIDS. Building on the 2006 theme of accountability, leadership highlights the discrepancy between the commitments that have been made to halt the spread of AIDS, and actions taken to follow them through. The theme empowers everyone from individuals to

organisations to governments to lead in the response to AIDS.

If you would like more information about World Aids Day and our MCC Memorial service, please Contact Rev. Heather Creighton on (03) 9716 3197 or Jason Turner on 0417142555.

Minister for Health The Honourable Daniel Andrews and People Living with HIV/AIDS Victoria invite you to the official launch of World AIDS Day 2008

Monday 1st December 2008 at 9AM at Parliament Gardens (see map below). Two speakers from the Positive Speakers Bureau of Victoria, Dr Jon Willis and Stefanie Christian, will speak to their experience of living with HIV and the World AIDS Day 2008 message:

“Enjoy Life. Take Control. Stop HIV/AIDS.”

Join PLWHA Victoria, community leaders, educators and parliamentarians as we celebrate the contribution of positive people to the health and diversity of the Victorian community. Morning tea will be served afterwards.



On the day, enter via Macarthur Street (off Spring Street) via the gatehouse.

Staff members, colleagues and friends are most welcome to attend with you.

Please RSVP for security and catering purposes by **Wed 26th November** to PLWHA Victoria by calling 03 9865 6772

Connected

A one-day workshop for partners, family members and friends of HIV positive people. Designed to help us support our loved ones, the workshop will take place in February 2009.

Enquiries: contact Jon Colvin 03 9865 6772 or e-mail jcolvin@plwhavictoria.org.au.

A joint initiative of People Living With HIV/AIDS Victoria and the counselling services of the Victorian AIDS Council/ Gay Mens Health Centre.

DiversityLink



DiversityLink is an e-mail list for and about people living with HIV/AIDS from culturally and linguistically diverse (CALD) backgrounds run by the Multicultural HIV/AIDS and Hepatitis C Service in NSW.

This group is open to anyone interested in the HIV/AIDS field, including people living with HIV/AIDS, health, youth and community workers.

To join send an email to: info@multiculturalhivhepc.net.au and for more information, call (02) 9515 5030 or visit www.multiculturalhivhepc.net.au.

World AIDS Day

Memorial Ceremony 2008

Monday
December 1st
Commencing at 6.00pm

- Guest Speakers
- AIDS Memorial Quilt Display
- Musical Entertainment
- Exhibits
- Finger Food and Bar available

Positive Living Centre
51 Commercial Rd
Prahran 3181

Enjoy Life. Take Control. Stop HIV/AIDS.



aidsquilt.org.au

Supported by Catholic AIDS Ministry, Positive Women and Straight Arrows



Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund *Poslink* and Treatment Interactive Events in 2008.



Free Wills

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

For further information, please call PLWHA Victoria on 9865 6772, and we will arrange for De to get in touch with you.

The service covers up to six beneficiaries and has no provision for setting up trusts, fund management or the like.

Membership application

All details provided will be treated as strictly confidential.

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 understand I can obtain copies of the Rules of the organisation from the PLWHA Victoria office.

Please Full Membership
tick 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.

Name	Signed
Address	Postcode
Telephone	Email (required)

Please fax or post your membership application to:

PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel 03 9865 6772
Fax 03 9804 7978



I do not wish to be contacted by postal mail.

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