

poslink



The Newsletter of
People Living with HIV/AIDS
Victoria Inc

Education, Information
& Representation

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Note from the President

Paul Kidd

The Chinese government's refusal of a visa to Australian author Robert Dessaix has been in the news lately, and provides stark evidence of the ways in which PLHIV are discriminated against around the world.

The 65-year-old author of the acclaimed *Night Letters* and numerous other books is one of Australia's most highly regarded authors, a winner of both the NSW and Victorian Premiers' literary awards and the recipient of the Australian Literary Society Gold Medal. He had been planning to attend writers' festivals in Shanghai and Beijing as part of Australian Writers' Week when his visa application was refused because he is HIV-positive.

China is one of a number of countries that do not permit entry by PLHIV, even for short visits. More than two years ago, Chinese authorities said that the ban against positive people would be lifted, but nothing has happened. One of the few countries that use random blood tests on people entering the country, China also bans people with 'mental disorders', STIs and tuberculosis.

Bans like these were established in many countries during the early years of the AIDS epidemic, supposedly to protect countries from HIV being brought in by foreigners. Most of these bans have been progressively removed as it has become clear that they do nothing to prevent HIV from entering the country; they just discriminate against HIV-positive people.

The United States' ban on HIV-positive travellers was the most well known, and when it was finally removed in January this year an important barrier to travel by PLHIV was lifted. South Korea said they would lift their entry ban about the same time the US

did, but that promise hasn't been kept.

Even Australia has restrictions we think are unjustified. HIV-positive people can come here as tourists, but many have found it very hard (often impossible) to get permanent residency, due to out-of-date rules that treat HIV as more serious than similar diseases with similar costs and impacts. The good news is that the immigration department has recently announced that waivers for people with HIV and other chronic conditions will now be easier to get.

Following the brouhaha over the Dessaix case, the Chinese government is also softening its discriminatory stand against PLHIV. On 12 March, the Chinese official news agency quoted officials as saying the government was considering overturning the ban. "Such a ban was put into effect in a time when we knew little about AIDS. Now that we have realised it is unnecessary, it is time for us to lift it," Hao Yang, from the Chinese health ministry, said. He didn't say when the ban would be lifted, but said "it won't be long." The sooner the better.

Finally, I wish to acknowledge the contribution of Brett Hayhoe to PLWHA Victoria. He has been a valuable member of the Board since 2003 as a, Director, Secretary and President. Brett has resigned from his position to dedicate his time to other areas. Brett has played a key role in assisting the PLWHA Victoria Board through great change.

We wish Brett every success for the future.

COVER PHOTOGRAPH: iStockphoto

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SEA OR TREE CHANGE: THE BUSH TREATMENT

Ramon Sailor



With an increased interest from city-dwelling PLHIV for a tree change or sea change, some may come across many challenges as well as benefits in a move to regional and rural Victoria. Country Awareness Network [CAN] is a Bendigo based organisation that provides HIV/sexual health education and support across regional and rural Victoria. Many of CAN's members include PLHIV who have moved from the city, but also those who have moved from more isolated areas to regional Victoria for health care needs and services that are simply not available in the smaller places in and around Victoria.

According to CAN, there are no more than five S100 service providers outside of metropolitan Melbourne. There are large country towns in Victoria which do not have a doctor able to prescribe antiretroviral therapy or ART to patients. The cost factors of travelling to the city for medication in particular for men who have sex with men [MSM] and or gay men in a lower socio-economic environment can seem overwhelming; however, many prefer to go to the city for anonymity.

Stigma, fear and discrimination still surround same sex attracted people in many country towns in Australia, and Victoria is no different. HIV is also a taboo subject with MSM or gay men factoring high in the targeted populations for PLHIV. Confidentiality and disclosure in regional and rural centres can prove difficult and families of affected individuals may or may not know about their health status. Waiting lists to see the limited number of capable doctors also makes the trip to the city even more appealing. For lower socio-income PLHIV, financial cost can be a rather large

burden. According to CAN, the only place to get free antiretroviral therapy [ART] is in the city, whereas country-dwelling PLHIV have to pay for their medication.

In smaller towns it is hard for a doctor to take the time to undertake the training for S100 service provision to service just one or a few patients. Some country practices can get busy and sidetracked, leaving licenses to lapse and gaps in services for PLHIV. Services like counselling, dental, complimentary and allied health referrals end up in the city because of the lack of expertise and treatment faced by PLHIV. Word-of-mouth or peer communication between PLHIV in country areas can assist them in finding potential barriers and enablers, which can give people a better idea of whether or not to make the move to a country setting.

A country lifestyle can be seen as providing a healthier way of life for PLHIV by offering a more laid back, less stressed existence, with cheaper accommodation, more community or family support, and a greater attention to treatment needs. PLHIV have reported a better recovery from co-morbidities like asthma; others state a greater sense of welcome in the country because of a higher number of networks; while many feel their care is more personalised to cater for their needs.

Connection and support in smaller locations permeates a more relaxed environment for a carefree and more hands-on approach to holistic care for PLHIV in regional and rural Victoria. There is little information available that can assist PLHIV in making the decision to move to a country setting; thus further research is needed to examine how PLHIV in regional

and rural Victoria access services. If you would like to share your experiences of living in regional/rural Victoria and accessing PLHIV services, please contact Ramon Sailor on (03) 5444 7080.

For information and support on making a sea or tree change contact CAN on (03) 5443 8355.

PARTICIPANTS REQUIRED

I am looking for people who might participate in a post graduate study examining how PLHIV in regional & rural Victoria are accessing services.

You are invited to participate in a face-to-face or phone interview to let the researcher know your experiences of assistance and difficulties while living outside a metropolitan area.

For more details please contact: Ramon Sailor on (03) 5444 7080 or email:

rjsailor@students.latrobe.edu.au

Ethical approval has been provided by the University Human Ethics Committee, (UHEC) La Trobe University.

Treatment Update

PREZISTA (DARUNAVIR) access expanded

Tibotec, a division of Janssen-Cilag Australia, recently announced that from April 2010 access to Prezista (Darunavir) 300mg tablets has been expanded and is now available on the S100 PBS. Previously it had only been available to people who were treatment experienced and failing on all other treatments with no other options available. Now it is available to anyone who has treatment experience but for any reason wishes to change to this drug.

Treatment, in combination with other antiretrovirals and co-administered with 100mg ritonavir twice daily, of HIV-1 infection in an antiretroviral experienced patient with:

- Evidence of HIV replication (viral load greater than 10,000 copies/ml); and or CD4 cell counts of less than 5000 per cubic millilitre
- A patient must have failed previous treatment with, or have resistance to, 1 antiretroviral regimen.

The expanded criteria are based on the results of a trial assessing the efficacy and safety of Prezista/r in comparison with Lopinavir/r. It was found that Prezista/r was generally well tolerated with fewer incidences of grade 2-4 diarrhoea and a lower rate of triglyceride increase compared to Lopinavir/r.

For further information talk to your doctor.

Pfizer pneumonia shot helps HIV-infected patients

LONDON, March 3 (Reuters) - Results of a trial of Pfizer's (PFE.N) Prevnar 7 vaccine against a major cause of pneumonia and meningitis showed that it can prevent three out of four cases of re-infection in HIV-infected adults in Africa.

British researchers who tested the shot in Malawi found it stopped 74 percent of recurrent cases of invasive pneumococcal disease (IPD) in patients infected with HIV, the human immunodeficiency virus that causes AIDS.

The results suggest the vaccine may benefit other high-risk adult patient groups, the researchers said, although the

cost -- at around \$40 per dose -- may pose problems in poor countries.

"This is the first trial to use a conjugate pneumococcal vaccine in an adult group and find clinical benefits," said Neil French of the London School of Hygiene and Tropical Medicine, who led the study.

"Since it works in patients with HIV infection ... it is likely to work in other adult groups, including the elderly and other at-risk groups."

Prevnar is a pneumococcal conjugate vaccine (PCV) designed to protect against infection with streptococcus pneumoniae bacteria, which can invade the blood stream and brain and cause invasive pneumococcal disease (IPD), in turn



leading to the serious and often fatal illnesses of septicaemia and meningitis.

In HIV-infected patients, particularly in sub-Saharan Africa, the risk of developing IPD increases is between 30 and 100 times higher, the scientists said in their study in the New England Journal of Medicine.

Similar shots known as pneumococcal polysaccharide vaccines (PPVs) are currently used to protect adults in Britain and the United States, but have had limited success in HIV-infected adults and are not recommended for use in Africa.

Pfizer won approval last week for its updated version of the shot, Prevnar 13, which protects against 13 strains of streptococcus pneumoniae bacteria, as opposed to the seven tackled by the original. [ID:nN24147368]

The original Prevnar was introduced in 2000 and has annual sales of around \$3 billion.

GlaxoSmithKline (GSK.L) has a rival

vaccine called Synflorix that acts against 10 strains, and Merck (MRK.N) sells Pneumovax 23, which fights 23 strains and is the only vaccine of its type approved in the United States for adults.

Scientists tested the Prevnar 7 vaccine on almost 500 predominantly HIV-infected adults in Blantyre, Malawi.

Alongside their main finding, they also found the vaccine prevented disease even in HIV-infected people whose immune systems were very weak and who were starting to develop AIDS.

French described this effect as "remarkable", and said it was probably due to the vaccine's conjugate technology.

Polysaccharide vaccines consist of long chains of sugar molecules isolated from the infectious agent -- in this case, the pneumococcal bacteria. But to boost the shot's effect and make a conjugate vaccine, the sugar molecules can be bound to a "carrier" protein which magnifies the immune response.

"This gives hope for the possible use of conjugate technology in other vaccines targeting important HIV-associated bacterial infections," French wrote in the study. (Editing by Greg Mahlich)

www.reuters.com

How to Fortify the Immunity of HIV Patients

New findings from a Université de Montréal and the Vaccine and Gene Therapy Institute of Florida (VGTI) study, in collaboration with scientists from the NIH and the McGill University Health Center, may soon lead to an expansion of the drug arsenal used to fight HIV. The Canada-U.S. study published in the journal Nature Medicine characterises the pivotal role of two molecules, PD-1 and IL-10, in influencing the function of CD4/T-helper cells and altering their ability to fight HIV.

"Our findings show that the membrane protein PD-1 is up-regulated during HIV infection by the release of bacterial products from the gut and this subsequently increases the production of a cell derived factor, IL-10 that paralyses the immune system," says senior author Dr. Rafick-Pierre Sékaly, a professor at

the Université de Montréal, researcher at the Centre de Recherche du CHUM and scientific director of the Vaccine and Gene Therapy Institute of Florida. "We are the first to show that these two molecules work together to shut down the function of CD4 T-cells in HIV patients. This in turn, may lead to paralysis of the immune system and an accelerated disease progression."

"Our results suggest that it is important to block both IL-10 and PD-1 interactions to restore the immune response during HIV infection," says Dr. Sékaly. "We believe that immunotherapies that target PD-1 and IL-10 should be part of the arsenal used to restore immune function in HIV-infected subjects."

About HIV treatment:

During the last 20 years, treatment of HIV/AIDS has evolved and now uses highly active anti-retroviral therapy (HAART) that involves at least three active anti-retroviral medications. The HAART "cocktail" is a potent suppressor of viral replication in the blood. Although, HAART has been shown to delay the progression of AIDS and prolong life, it is not curative. The quest for improved treatments continues.

This study was funded by the Canadian Institutes of Health Research, the Canadian Foundation for Infectious Diseases, the Fonds de la recherche en santé du Québec, the National Institutes of Health, the Canadian Foundation for AIDS Research and the Canadian Network for Vaccines and Immunotherapeutics.

March 9 2010

www.sciencedaily.com

HIV can Hide in Bone Marrow

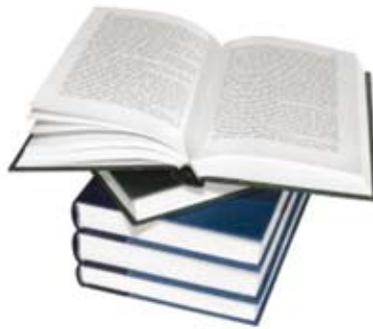
ASHLEY HALL: Medical researchers have gained a significant insight into how the virus that causes AIDS hides in the body as it dodges medicines that are designed to kill it off. Scientists at the University of Michigan have found that a reservoir of dormant cells in bone marrow serves as a holding cell, from which the virus can roar back into action as soon as the drugs are gone.

The scientists say the research opens the door to a new field of study that could eventually reduce the drug burden on HIV patients, as Ashley Hall reports.

ASHLEY HALL: With the help of combinations of different drugs, doctors have been able to reduce the amount of HIV in the blood of patients to almost nothing. But when the patient stops taking the drugs, the virus springs straight back into action.

KATHLEEN COLLINS: There was good reason to believe that this was due to the virus being able to hide out in so-called reservoirs in a very stable form and it is sitting there poised to reactivate so that when drugs are stopped and the virus can spread again, the virus can rebound.

ASHLEY HALL: Dr Kathleen Collins is an



associate professor of internal medicine at the University of Michigan, and the lead author of a study that's been published today in the journal Nature Medicine.

KATHLEEN COLLINS: We looked in the bone marrow which people hadn't really closely looked at before.

ASHLEY HALL: And what did you find when you looked at the bone marrow?

KATHLEEN COLLINS: Well, what we found that there was evidence that HIV in fact, does infect the bone marrow progenitor cells or parent cells that are the source of all of the different blood lineages in the body and moreover that HIV can take on a latent form and so we were able to detect the presence of virus ending cells even after patients had been on therapy for years.

ASHLEY HALL: It's not the first time scientists have found reservoirs of the virus in the body. They've already found HIV hiding out in blood cells called macrophages and in the immune cells known as memory T-cells. But scientists believed there was at least one more major reservoir of the virus in the body and Dr Collins' team thought just maybe that was bone marrow.

KATHLEEN COLLINS: Initially we were very surprised. Certainly it wasn't well understood that HIV had the capacity to affect these cells.

ASHLEY HALL: So is this the major reservoir that you are talking about, do you think?

KATHLEEN COLLINS: It could be. There is a lot of questions that remain to be answered.

ASHLEY HALL: And finding the answers won't be easy but Kathleen Collins says the search will be worthwhile.

KATHLEEN COLLINS: The drugs are really effective at reducing mortality. They've decreased it by about 90 per cent but only a small minority of people who need drugs worldwide are getting these drugs and if we could turn lifelong therapy into therapy for a couple of years even, we would be able to spread the resources out further and help more people who are infected.

ASHLEY HALL: It's likely to be a long time before this new research is translated into a cure for HIV.

KERSTEN KOELSCH: We've been working for almost a decade now in the search of hiding places for HIV and this is one piece in the puzzle but I think for patients that are already infected with HIV, it will not mean any significant change in the immediate or midterm future.

ASHLEY HALL: Dr Kersten Koelsch works with the National Centre for HIV Epidemiology and Clinical Research at the University of New South Wales.

KERSTEN KOELSCH: If you look at it a bit more closely, it is always the same type of cells that are infected with HIV and those are white blood cells which are a significant part of our immune system.

ASHLEY HALL: Is it possible to eradicate all white blood cells?

KERSTEN KOELSCH: No. It is definitely not possible to eradicate all white cells because they are an essential part of the human immune system but what we hope once we have identified the subsets, that we can design targeted therapy to specifically address, so to speak, those cells.

ASHLEY HALL: But exactly how long that will take, is anyone's guess.

ELEANOR HALL: Ashley Hall reporting.

March 8 2010

www.abc.net.au/worldtoday



Positive Action

Brett Hayhoe

As I travel around the world attending InterPride conferences the overwhelming feeling I get from mixing with my colleagues (from other Pride events) is that we all do it through a strong belief in that what we are doing makes a real difference.

Pride March Victoria 2010 was one of the biggest in its 16 year history. Many changes were instigated by the Board this year – all of which seemed to have worked. The earlier start time worked on several levels: it allowed our fabulous Rainbow Families the time to enjoy the festivities and get their children home at a reasonable hour for dinner, bath and bed time; it allowed

the more mature end of our community easier access to public transport without the over-crowding; and it allowed the media to cover the event and having ample time to get back to their studios and prepare a report for that evening's news bulletins. It also gave the organisation the ability to augment the activities on the day to accommodate the extra time. This was particularly highlighted by the popularity of the inaugural Community Village.

The Board of Pride March Victoria is extremely grateful to the incredible numbers of business and community groups who participate in the annual

March and welcome people from all over the State and the country. This includes the members and friends of PLWHA Victoria. In order to break down stereotypes and hopefully minimise stigma and discrimination, the inclusion of those living with HIV and their supporters shows the rest of our community and the general community at large that those living with HIV are not to be feared and are just as normal (a word I generally do not like using) as every other group in the great pot pourri of people in which we live worldwide.

The International InterPride Theme for 2010 is One Heart One World One Pride – and all Prides around the world (including ours), play a vital role by telling those with the political power to make change that it is not ok to treat us as second class citizens and that the atrocities targeted against our brothers and sisters will NOT be tolerated. Remember – the Pride movement is Global and YOU are part of it. Remember also that with visibility comes a great deal of power and ask yourself how quickly the human rights that we have achieved would disappear if our community was not visible in the eyes of the law makers. We MUST continue to be a visible community.



PLWHA Victoria team photo.



Brett Hayhoe (far right) leading the Pride March.



HEALTH PROMOTION EVENTS

O'WEEK - MONASH UNIVERSITY CLAYTON 23-25 FEBRUARY



CHILLOUT FESTIVAL - DAYLESFORD SUNDAY 8 MARCH



GET THE FACTS

Syphilis

Check out www.connectline.com.au



Syphilis is caused by a bacterium that infects the blood. It is transmitted through skin to skin contact with an infected area and is highly contagious when a sore or rash is present. It is also transmitted through unprotected oral, anal or vaginal sex.

Not all people have symptoms but symptoms include hard, painless sores that appear three to four weeks after infection (but can take up to three months to appear). These sores usually appear on the genitals but can also be in the mouth or anus. If left untreated and the sore heals, syphilis can still be transmitted.

There are different stages of syphilis and secondary syphilis symptoms include a flat, red skin rash on the back, chest, genitals, hands or feet. Syphilis, if left untreated, can cause serious problems with several organs, mainly the brain and heart.

Having syphilis during a pregnancy may result in abortion, stillbirth, premature delivery or neonatal death. Testing is through the examination and swab of the sore/ rash or a blood test to detect antibodies (usually present after three weeks but can take up to three months)

Syphilis is treated through antibiotics, usually penicillin (alternative treatments available if allergic to penicillin) and some people experience flu like symptoms for 24 hours after the treatment.

Increase in Transmission Rates

The number of notifications of infectious syphilis in Victoria is currently relatively small. However, syphilis occurs worldwide and has a high incidence in other parts of Australia. Other developed countries have experienced recent outbreaks. Imported infectious cases could result in syphilis re-emerging as a significant public health issue. It is recommended that you specifically request a syphilis blood test at your next sexual health check up as symptoms may not be present.

Syphilis and HIV

Syphilis can do more damage in a shorter amount of time when someone is co-infected with HIV, symptoms may be more severe and progression more rapid.

Treating syphilis may also take longer when someone has HIV.

A syphilis infection may also increase a person's viral load as any STI increases the number of white blood cells in the infected mucous area which HIV can attach to.

For the HIV negative partner, having syphilis increases the risk of being infected with HIV because syphilis sores create entry points for HIV.

If you have any questions about Syphilis or require any other sexual health or HIV information please contact:

Connect on 1800 038 125

INFORMATION • SUPPORT • REFERRAL

HIV & SEXUAL HEALTH

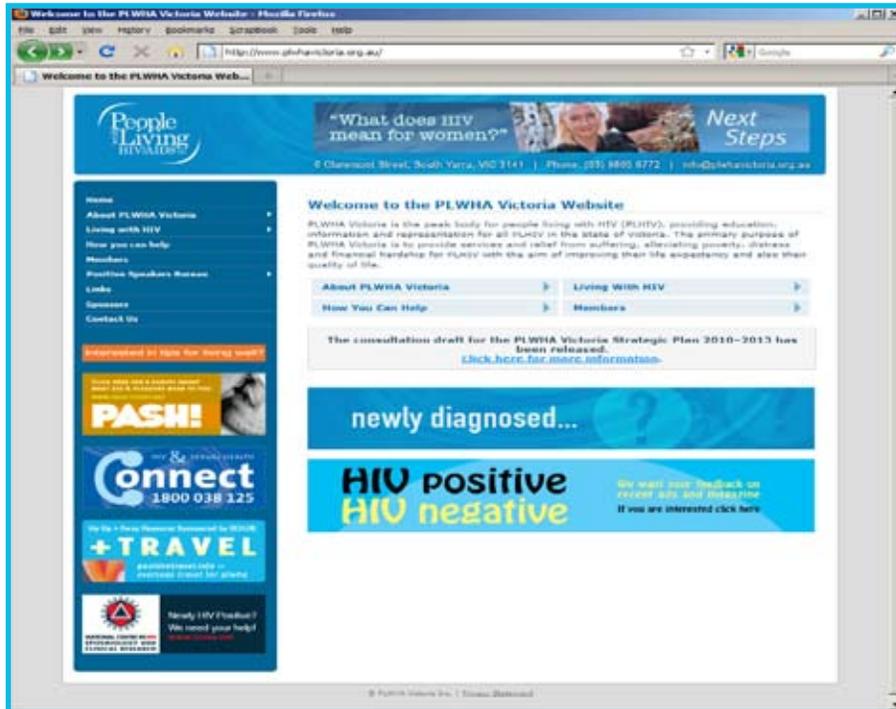
Connect

1800 038 125

www.connectline.com.au

PLWHA Victoria launches updated Website

www.plwhavictoria.org.au



PLWHA Victoria's new look home page.

While billions of people search the internet for information at the simple touch of a key, it can be said that sometimes this benefit can be its downside.

Cyberchondria is the recently used term to describe the anxiety produced by reading health information on the internet.

We all know what the internet is (the icon we click on from our desktop) but when asked to provide a definition our minds go blank and we turn to the trusty Google search for the answer.

Gone are the days of encyclopaedia's lining our family rooms that mum would make us dust every Sunday. These days you will be lucky to find random volumes at the local op shop or country market.

So what is the internet?

Google defines the internet as a "network of networks that consists of millions of private, public, academic, business, and government networks of local to global scope that are linked by a broad array of electronic and optical networking technologies".

What the? My head is hurting

The point is that the internet is a big part of our daily lives and as a not-for-profit organisation and the peak HIV organisation in the state, PLWHA Victoria needs to keep up with the commercial world or be left behind just like the old encyclopaedias.

The other point is that HIV information is forever changing and keeping up to date can be a mind field for any one who is newly diagnosed, surely leading to a case of Cyberchondria.

This is why PLWHA Victoria has taken up the challenge of updating our website. Our new site is easy to navigate and provides relevant information for PLHIV and their family and friends.

As valued members and associated members of PLWHA Victoria we ask you to visit our updated website and provide your feedback and comments.

Simply visit www.plwhavictoria.org.au and either fill in the online feedback form or email info@plwhavictoria.org.au.

Shannen Myers - Communications and Resource Officer

Save the Environment

If you wish to do your bit for the environment and receive Poslink via email, please send your name and email address to poslink@plwhavictoria.org.au

Poslink is also available online at www.plwhavictoria.org.au for download.

BANANAS HELP FIGHT AGAINST HIV

Scientists say a plant protein found in bananas could be a powerful weapon in the fight against HIV.

A research team at an American university says the lectin found in bananas proved as potent as two current anti-HIV drugs in laboratory tests.

The lectin effectively stops infections by outsmarting HIV and preventing it from becoming integrated in a target cell.

Scientists say new weapons in the fight against HIV are urgently needed, and these lectins are one of the most promising options.

The University of Michigan researchers believe that vaginal microbicides made with this plant protein could be a cheap and effective treatment, particularly in developing countries.

March 16 2010

www.bbc.com



EAT, DRINK AND BE POSITIVE

Happy Easter



It's that time of the year again Easter eggs are in the supermarkets. To be honest everywhere we look there are Easter eggs, services stations, local fruit shops, Grandma's kitchen table and even the odd one or two in the handbag.

For so many people, chocolate is a passion which experts have always said must be controlled, particularly if you are trying to lose or control your weight. With the Easter weekend ahead of us, chocolate lovers are going to be challenged with temptations, not only during the Easter break, but before and well after.

Chocolate has a long history as a favoured food of many cultures, including Aztec and Mayan. These days chocolate is considered a luxury food that should be eaten sparingly as it can contribute to migraines, acne and obesity.

New research, however, disputes these common beliefs and suggests that eating chocolate in moderation, as part of a nutritious well-balanced diet, may have health benefits. This new research indicates that there are components in cocoa beans (used to make chocolate) that may help prevent heart disease, cancer and other degenerative illnesses.

The magic word here is flavonoids. Flavonoids help lower blood pressure and keep your arteries from clogging – but only dark chocolate does the trick, not milk or white or strawberry cream filled or even those in the shape of a rabbit; we must choose those with a high cocoa percentage (indicated on the label).

Flavonoids were discovered by Nobel Prize winning biochemist Albert Szent-Gyorgo, who labeled them "Vitamin P".

He discovered that they enhanced the function of vitamin C, improving absorption and protecting it from oxidation.

Flavonoids work by prompting the body to produce enzymes which rid the body of nasties such as carcinogen, mutagens and other compounds which do not belong in a healthy human body. Another great thing about flavonoids is that you only need to have a small amount to kick-start the body's own defence system so, even if they are poorly absorbed, you will still get the benefit of having them in your diet.

If you eat a well balanced diet full of fruits and vegetables then chances are you get all the flavonoids you need in your diet. Most fruits and vegetables contain a variety of flavonoids.

Keeping in mind you only need a small amount of flavonoids to get the great benefits they offer, taking large amounts could cause adverse effects so you would never need to take flavonoids in supplement form. Some good sources of flavonoids are hops, beer, cocoa, red wine, soy, green tea, citrus fruits, cranberry, berries, parsley, legumes, onions and cocoa.

So this Easter ask your friends and family to give you dark chocolate eggs with a high cocoa percentage and get your dose of Flavonoids and have a Happy "Guilt Free" Easter.



Dark Chocolate Zucchini Cake

- 85 grams good-quality dark chocolate, coarsely chopped
- 1/4 cup canola oil
- 1 1/4 cups sifted all-purpose unbleached flour
- 1/4 cup unsweetened cocoa powder
- 1 teaspoon baking powder
- 1 teaspoon baking soda
- 1/2 teaspoon salt
- 1/2 stick (1/4 cup) butter, softened
- 3/4 cup organic sugar, or less, according to taste
- 2 eggs
- 1 teaspoon pure vanilla extract
- 1/4 cup buttermilk
- 1 1/2 cups grated zucchini or summer squash

1. Preheat oven to 350F. Grease a 9-inch cake pan and dust with some unsweetened cocoa powder.

2. Melt the chocolate along with the oil in a double boiler or in a saucepan over low heat, taking care not to scorch.

3. Sift together the flour, cocoa, baking powder, baking soda, and salt into a medium mixing bowl.

4. In a large mixing bowl, cream together the butter and sugar until light. Add the eggs one at a time, beating well after each addition, then beat in the vanilla. Add the flour mixture and buttermilk, beating until combined, then fold in the chocolate and oil mixture, and the zucchini.

5. Scrape the batter into the prepared pan and bake for 35-40 minutes, or until a tester inserted in the center comes out clean. Cool the cake in the pan for about 10 minutes on a wire rack, then invert it on the rack, remove the pan, and cool completely.

5. May be served plain, iced with your favorite icing, dusted with organic confectioners' sugar, or with fresh raspberries.

Grandma's Hot Cross Buns



Ingredients

- 4 cups wholemeal plain flour
- 2 x 7g sachets dried yeast
- 1/4 cup caster sugar
- 1 1/2 teaspoons mixed spice
- pinch of salt
- 1 1/2 cups currants
- 40g butter
- 300ml milk
- 2 eggs, lightly beaten
- Flour paste (flour and water)
- 1/2 cup plain flour
- 4 to 5 tablespoons water
- Glaze
- 1/3 cup water
- 2 tablespoons caster sugar

Method

1. Combine flour, yeast, sugar, mixed spice, salt and currants in a large bowl. Melt butter in a small saucepan over medium heat. Add milk. Heat for 1 minute, or until lukewarm. Add warm milk mixture and eggs to currant mixture. Use a flat-bladed knife to mix until dough almost comes together. Use clean hands to finish mixing to form a soft dough.

2. Turn dough out onto a floured surface. Knead for 10 minutes, or until dough is smooth. Place into a lightly oiled bowl. Cover with plastic wrap. Set aside in a warm, draught-free place for 1 to 1 1/2 hours, or until dough doubles in size.

3. Line a large baking tray with non-stick baking paper. Punch dough down to its original size. Knead on a lightly floured surface until smooth. Divide into 12 even portions. Shape each portion into a ball. Place balls onto lined tray, about 1cm apart. Cover with plastic wrap. Set aside in a warm, draught-free place for 30 minutes, or until buns double in size. Preheat oven to 190°C.

4. Make flour paste: Mix flour and water together in a small bowl until smooth, adding a little more water if paste is too thick. Spoon into a small snap-lock bag. Snip off 1 corner of bag. Pipe flour paste over tops of buns to form crosses. Bake for 20 to 25 minutes, or until buns are cooked through.

5. Make glaze: Place water and sugar into a small saucepan over low heat. Stir until sugar dissolves. Bring to the boil. Boil for 5 minutes. Brush warm glaze over warm hot cross buns. Serve warm or at room temperature.



Marc's Curried Mince

Marc from Bendigo has sent in his Curried Mince recipe which is a great meal for a lazy Sunday night.

- 2 tablespoons peanut oil
- 1 onion, finely chopped
- 500g beef mince
- 1/4 cup mild curry paste
- 2 teaspoons Worcestershire sauce
- 3 celery sticks, leaves removed, finely sliced
- 1/4 cabbage, shredded
- brown rice

Heat oil in a large non-stick saucepan over a medium-high heat. Add onion. Cook for 3 minutes or until soft. Add mince. Cook, stirring with a wooden spoon, for 5 minutes or until browned.

Add curry paste, Worcestershire sauce, salt and pepper. Stir well. Reduce heat to medium-low. Cook, uncovered, stirring occasionally, for 15 minutes or until liquid has evaporated.

Stir in celery and cabbage. Cook, uncovered, stirring, for 5 to 7 minutes or until cabbage just wilts. Serve with rice.

Both balti and korma curry pastes are mild and suitable for this recipe.

If you have a favourite healthy and delicious recipe that you would like to share and have published in Poslink please email:

poslink@plwhavictoria.org.au

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FEELING NOTHING NEVER FELT SO GOOD

Let's be honest – when it comes to technology, we in Australia are like little kids in a playground trying to impress older kids with tricks they perfected years ago; and now just sort of laugh at.

Our friends across the Pacific are those older kids, and occasionally (when they've stopped pointing and laughing) they take pity on us, pull us aside, and help us to update our act. It's not that we're backward (or terribly behind the times), it's just we're on an island, and even in this near-avatarage of ridiculous communication levels, we're stranded a long way from where the action is.

They conceptualise, develop, and pump out products faster than the consumer demand of our relatively small population can handle; meaning we often miss them zooming by, which is a damn shame, especially if you like bizarre unnecessary novelties with amusing instruction manuals.

Japan is one such country. They're forever looking for ways to improve things. Take something and make it smaller, better, faster and stronger. Technologies we have only recently adopted in Australia (videophones for example) have been mainstream in countries such as Japan for several years. Meaning that they've improved performance and stimulating features, whilst removing unnecessary clutter and reducing size.

Now before you panic and turn the page, please note – this is not a tech article – I'm simply pointing out that when it comes to technological advances that improve our enjoyment of life, countries like Japan are way ahead of the curve.

Which neatly brings me to the point of this rambling piece of prose, because the curve (and how we look after it) is precisely what this article is all about.

Yes gents, I'm talking about something near and dear to all us men. And a new product that'll help us get nearer and dearer to all those we have relations with. I'm talking about Sagami – The Worlds Thinnest Condom.

"dearest" condom... **real thinnest**

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These wonders of modern science are bringing people closer than they've ever been before, closer even than the brand claiming to be the thinnest, and reshaping the future of safe sex.

This is where all the technology comes into play (to help us play) by maximising life's pleasures, whilst minimising size and restrictions. Please don't get the wrong idea, I'm not talking about reducing ones manhood, far from it, I'm talking about reducing the distance between you and what feels good – in this case to a mere .02 mm. This is thanks to SAGAMI's use of polyurethane instead of latex, which also makes them three times stronger than standard latex condoms, allergy free, and a great provider of heat conductivity – meaning improved blood flow where you need it most... the earlobes.

The details of how SAGAMI produce such mind-blowingly thin condoms would prove confusing to anyone not working directly with the condom manufacturing industry, so here's the 101 version – they use the best machinery, the most advanced

technology, the finest quality produce (polyurethane), and the most stringent testing procedure, to produce the lightest, most pleasurable, and perhaps more importantly, safest condom available on the market.

It may not be the most exciting thing to read about, but then these things rarely are. Personally I've always found theory rather boring, it's the practical application that has always interested and excited me – and these certainly offer excitement when practically applied.

Trying to gain an appreciation of Sagami condoms by reading this article is kind of like trying to taste ice cream by listening to it. So all I can do is suggest you try them. And then, like me, say a quiet thank you to our friends from over the pacific for updating us (no pun intended), and giving us more feeling from feeling nothing.

www.002.com.au

Looking after your emotional wellbeing

Jon Colvin

I've always liked the saying that it's difficult to appreciate the sun if you've never experienced the rain.

Our ability to feel a range of emotions is a part of being human. Joy, fear, sadness, excitement, anxiety, happiness - our emotions influence the way we conduct our lives and can help motivate us to make changes or drive us to pursue our goals.

Our emotions can also disrupt our social and personal relationships and alter our ability to have a sense of control over our lives. Everyone feels sad or anxious from time to time particularly as a reaction to an event such as a relationship breakdown, job change or the loss of a friend or family member. Having an awareness of our emotional wellbeing is crucial to being able to look after ourselves. Recognising and being prepared to make changes or seek support is essential in maintaining good health.

Feeling sad or anxious decreases our motivation and often creates an inability to function socially. These feelings can make us struggle to perform at work and also creates problems with our friends, family and partners. Most importantly, they stop us having fun.

So when should we be concerned? Some indicators that might prompt us to ask for assistance are:

- Feeling sad most of the time, most days
- Losing interest in things you used to enjoy
- Feeling lethargic, tired or unmotivated
- Crying easily or often
- Feeling flat or not feeling any emotion ("feeling empty")
- Feeling restless and unable to sit still
- Worrying excessively
- Feeling helpless, lacking a sense of control over your life
- Suicidal thoughts or actions
- Rapid weight gain or loss
- Loss of sex drive
- Poor quality sleep or excessive sleep
- Trouble with concentration and memory

So how do we move forward when we notice we are feeling this way? Particularly while we are experiencing a sense of helplessness, that "there is nothing I can do to feel better" or "there is nothing I can do to fix my problems".

Some ideas are:

- There can be a great sense of satisfaction in conquering a problem using your own resources. Sourcing information from self help type books or from reliable internet sites can help you take control (there is an abundance of information available on the internet about anxiety and depression, some sites that may be useful are listed at the end of this article).
- Speaking about your emotions with someone you trust can help reduce the impact of negative emotions.
- Physical exercise - exercise decreases our level of stress hormones and increases endorphins, which are the body's natural feel good chemicals. When endorphins are released, your mood is naturally boosted. As well endorphins, exercise also releases adrenaline, serotonin, and dopamine, these chemicals work together to increase your sense of well being.
- Relaxation and breathing control through practices like meditation or yoga. Slowing down your breathing reduces symptoms of anxiety and panic attacks. Regularly practiced relaxation assists with disregarding or disengaging from fearful thoughts. Regularly practiced meditation also calms the mind and improves sleep.
- Reducing your intake of alcohol and other drugs.
- Professional Support - medical practitioners are often a good place to start for advice. A GP is also best placed to tell you whether a psychiatrist, psychologist or other professional is likely to be able to help. Therapists can help you find more effective ways of approaching problems in a safe and non-judgemental way. Professional counselling can help you learn to recognise fear or anxiety inducing thoughts, and then train your mind to challenge or disregard those thoughts, thus reducing their power.

Good health is easier
if you just

Change
one thing

- Medication - your GP can assess your need for medications and discuss what is available and the pros and cons of using them. Sometimes finding the best medication can be a difficult process, as not all medications suit everyone. Always discuss with your HIV specialist about any medications (prescribed or herbal) you are considering taking as they might affect your antiretrovirals.

The sooner you recognise negative emotions and start to deal with them the faster your outlook will improve. The longer you are feeling down, the harder it becomes to recover. It is important to not lose hope and be persistent. There is a huge amount of information and support available if you are willing to access it.

Useful Websites:

www.beyondblue.org.au

www.adavic.org

www.napwa.org.au contains a number of articles about emotional well being (use the search box and type in 'depression')

Counselling:

Medicare rebated counselling is available with a referral from your GP.

Counselling specifically for PLHIV is available from the VAC/GMHC Counselling Service (ph: 9865 6709) and on Fridays from Positive Counselling (ph: 03 9530 2311)

24hr Telephone Counselling is available from Lifeline (ph: 13 11 14)

Positive Living Centre:

Yoga, exercise classes, massage and naturopathy services are offered to members. (Ph: 03 9863 0444)

Getting the Stigma Out of Sex

David Menadue

If you have been diagnosed as HIV-positive in the last few years you most probably were initially shocked by the news: worried about the consequences for your health and uncertain about exactly what the diagnosis would mean for your life. Hopefully though you have been consoled by the fact that HIV can be treated reasonably successfully these days and that you are likely to live a reasonably normal life-span. No one can promise there won't be particular health impacts over that time, of course, but your quality of life will be much better than if you had been diagnosed say, fifteen or twenty years ago.

It is also true that attitudes to people with HIV have improved since the eighties and nineties when people like myself (diagnosed in 1984) had to live with some hysterical and ignorant responses towards people with HIV and AIDS. With calls in the media then for positive people to be quarantined (French Island in Westernport Bay was suggested by one church leader – a lovely wind-swept hole, it is, too) and regular blatant acts of discrimination, such as hospital workers refusing to serve positive patients, it was a time of hostility and fear if you lived with HIV.

Some of these negative attitudes towards HIV and people with HIV still prevail in society though, even though the climate of fear has generally subsided. It may be that the Grim Reaper HIV prevention ads, which so entered the psyche of Australian society even though they only ran on TV for several weeks, live on in some people's minds. Many people, including some politicians and church leaders, have not got themselves up to speed with the developments in the epidemic and we still hear ridiculous fears about HIV transmission when shock jock radio journalists mention HIV – such as in the immigration debate a couple of years ago when then Prime Minister Howard whipped up a media frenzy over the need to stop any HIV-positive migrants coming into the country.

Recent studies on stigma and discrimination

Last year two studies were done on stigma and discrimination towards HIV-positive people in Australia. One was done by consultants GfK bluemoon for the AFAO and NAPWA Education team (the group which produces most of the country's HIV health promotion materials) on the reactions within the gay community to HIV-positive gay men.(1) The other was a study done by consultant Ronald Woods and myself, interviewing HIV-positive people from outside the gay community to look at how they felt levels of stigma and discrimination towards them in 2009.(2)

Both studies showed that stigma and discrimination is still a major issue for many HIV-positive people, despite the fact that HIV has been with us for almost thirty years. The positive people interviewed from outside the gay community (including positive heterosexuals, ATSI, people from culturally and linguistically diverse backgrounds and people with haemophilia) probably experience a greater fear of discrimination and lack of acceptance than many of the positive gay men who were interviewed by GfK bluemoon – because, they said, the ignorance and misunderstandings about HIV were generally greater in mainstream society than within the gay community where HIV is discussed more openly and where HIV prevention messages have been much more visible.

Both groups however still feel a heightened sense of stigma about living with HIV. For most people this issue revolves around disclosing their status and the responses they receive when they do – or the fear they carry around with them that these responses will be negative, often based on prior experience.

Disclosing to Sex Partners

This disclosure, it seems, is most difficult when it is to a potential or current sexual partner. The potential for rejection

about something so intimate and so tied up with self-esteem and confidence makes this fear on the part of HIV-positive people, whether straight or gay, totally understandable.

To quote Wayne, a HIV-positive heterosexual man from Tasmania whom I interviewed:

“Disclosing to sex partners is the number one issue for heterosexual positive men. Many have not had sex or a relationship for years. Many of the guys survive by not disclosing to sex partners and hoping things won't get messy. These guys don't want to put themselves in situations where they have to admit a weakness or to face rejection”.

Diane, an HIV-positive woman from Western Australia said:

“I think I'd prefer to be in front of 2000 people speaking openly about HIV than I would having to tell a partner that I have HIV. It hasn't got easier over the years as its not generally discussed in the straight community”.

Some of the most disturbing accounts came from the positive gay men interviewed by GfK bluemoon. A number reported the difficulties they experience in online situations, for instance where the language used by others on gay chat sites, is sometimes highly stigmatising – with a common question asked of people being, “Are you clean?” Or people advertising themselves as “disease-free” as if by being HIV-positive you are somehow “disease-ridden”. These positive guys also referred to situations in gay bars where they realised details of their status were being spoken about behind their backs and that such information had sometimes been relayed to potential sex partners to warn them not to go home with someone because they were positive.

The GfK bluemoon interviews were done with HIV-negative guys in groups



on their own as well in groups with HIV-positive guys. In the groups with HIV-negative guys only, understanding of the lived experience of HIV in the post HAART era was small, particularly amongst younger guys or with people who had had little or no contact with positive guys. They were more likely to use highly stigmatising terms to identify positive people like “unclean” or “poison” and to characterise sexual interactions with pos guys to “loaded guns”.

Lessons from Pos-Neg Relationships

The one bright spot in the interviews with the positive and negative guys, it seems, was when pos or neg guys spoke about how they had been in a sexual relationship with someone of a different status for sometime and that it didn't worry them that much, if at all. Both positive and negative gay men in the groups expressed surprise that people were prepared to take on someone from another status (some had already met their partners and become involved before they became positive). This suggests that serodiscordant relationships (pos-neg) might be a useful educative tool to teach the gay community that such relationships can work well, without the unnecessary fear that some people think is involved.

Much of the observations above will be no news to positive people reading this, whether you are straight or gay. We have to live with disclosure whether to family, friends, doctors and health professionals

or sex partners. Those who have done it many times over the years may say it gets easier over the years although the truth for some people is they find the whole sexual negotiation business so hard, they give it up altogether. Others, including me, think that within certain circles (the over 40s or 50s age groups or the gay leather or bear scenes, for instance) there is a very open and honest culture of acceptance of HIV-positive people and that many HIV-negative guys don't have any problems having sex with HIV-positives and treating them like any other sex partner.

Interestingly, some positive women have told me that they have less problems finding HIV-negative male partners than their positive heterosexual guys seem too. We shouldn't rush to conclusions about who will or won't be willing to be our sexual partners, they say.

While some HIV-positive people solve their difficulties in this area finding other HIV-positive partners, the silence around disclosure can make finding these people difficult—and of course this leaves a much smaller cohort of potential sexual partners to rely on. It's hard enough finding a partner when you're fifty at the best of times, let alone finding a compatible positive one.

So can anything be done to take the stigma out of HIV and, in particular, the stigma out of sex? We all want to be loved and to give love – well maybe not all... we all want the physical contact, no matter what!

What Can be Done?

Ronald Woods and I feel that a mainstream campaign educating the community about what stigmatising behaviour towards HIV positive people looks like, what it leads to (the social isolation and the psychological effects of living with HIV can be a serious problem for some, largely because of this internalised stigma), and how life for a person with HIV has changed since the early scary days of AIDS would be an important step forward.

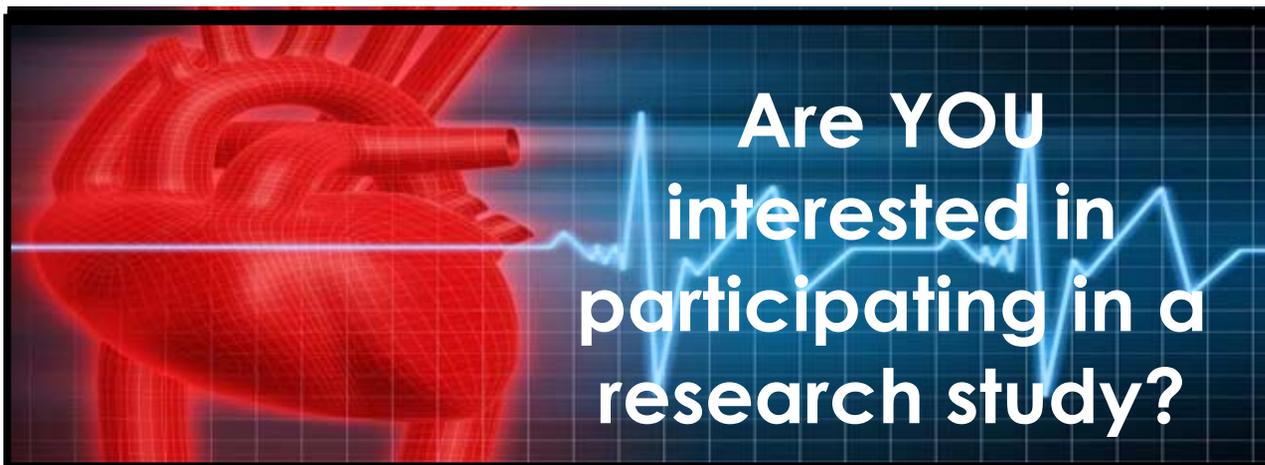
Likewise, on the recommendation of GfK bluemoon, the AFAO and NAPWA Education team are working with the Federal Government through the next HIV Strategy to try to tackle stigma and discrimination within the gay community as a priority. Efforts within the gay community need to be directed at ensuring that the prevention campaigns that feature in gay newspapers, on websites and in venues talk about the need to protect yourself against HIV – not people with HIV.

There are things that HIV agencies can do too to help HIV-positive gain confidence around disclosure, for instance. HIV peer support groups can really help people to learn from others about strategies for disclosure as well as helping people to learn to adjust to a positive diagnosis and look after their mental and physical wellbeing.

And HIV-positive people need to build up our personal resources to learn to be comfortable with being HIV-positive. For most people there will be some secrecy around who they tell about their status, but this secret need not be all-consuming. Telling trusted friends and family (when the time is right) is often a good way to validate the fact that you are liked for who you are, regardless. Who was the pop diva who said “learning to love yourself was the greatest love of all”? I think she has a point, you know.

1. V.Parr et al Formative Research for the National HIV Stigma and Discrimination Pre-Campaign Development, GfK bluemoon, August 2009

2. R.Woods and D.Menadue Stigma and Discrimination towards HIV-positive people in diverse communities in Australia, Report to NAPWA, October 2009



VOLUNTEERS REQUIRED...

The Prevalence of Metabolic Syndrome, Lipodystrophy and Cardiovascular Disease Risk.

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- ◆ If you have Metabolic Syndrome

If you are interested in finding out more about the study, please contact:

Julia Price: Dietitian, The Alfred Hospital, (03) 9076 3063

or email; j.price@alfred.org.au



For more information contact 03 9076 9678 or info@positivewomen.org.au



OFFICE NEWS

Positive Women Victoria are recruiting for a part-time Administrative Officer. We have received a number of good applications and will commence interviews in the next fortnight. We hope to announce the outcome soon. Recruitment of a new Administrative Officer means that Kellie will be moving into Health Promotion work, which will allow us to focus on more issues pertinent to women living with HIV.

HEALTH PROMOTION & ADVOCACY

Positive Women Victoria was recently asked by the Australian Federation of AIDS Organisations (AFAO) for our position statement on antenatal testing - where pregnant women are tested for HIV. AFAO are reviewing their current position, an overview of this can be viewed at the following website www.afao.org.au/view_articles.asp?pxa=ve&pxs=170&pxsc=173&pxsgc=&id=637. Positive Women Victoria also notes that new recommendations around HIV treatment and pregnancy have been released by the World Health Organisation. These guidelines are to be used by each country in creating policy as relevant to that country's demographics and resources. We note that there are changes with regards to when pregnant HIV-positive women should receive treatment and recommendations around treatment and breastfeeding. Antenatal testing, positive pregnancy and preventing mother to child transmission are issues Positive Women Victoria will be investigating as part of our Health Promotion work this year. Any review of guidelines, recommendations or policy has the potential to impact on HIV-positive women and we seek to keep the membership, the sector and the broader community informed. The experiences and stories of our members, HIV-positive women, are essential for us to advocate on behalf of HIV-positive women, we thank our members for their willingness to share and be part of this process.

POSITIVE WOMEN IN THE COMMUNITY

It has been a great month for the voices of positive women out in the community. Michelle was recently invited by Queensland Positive People, an HIV support agency, to speak at their very

first Women's Conference. Michelle gave an overview on the activities of Positive Women Victoria and received wonderful feedback from 30 HIV-positive Queensland women who were very impressed with our work in support and advocacy. A great article also featured in the February edition of CLEO where two young HIV-positive women spoke frankly about their experiences in diagnosis, living with HIV, relationships and other issues. A great read for any woman - HIV positive or negative.

MEMBER SUPPORT - POSITIVE STEPS

In 2009 Positive Women Victoria ran "Positive Steps", our first ever therapeutic support group. The group of women, facilitated by Michelle Wesley, our Support Coordinator and Trish Thompson, a counsellor from the Victorian Aids Council, met weekly on Thursday evenings for 10 weeks. The aims of the program are to provide opportunity for women who are positive to explore the meaning of HIV in their lives, improve mental health, increase networks for positive women and increase dissemination of info to women about HIV. Although facilitated, "Positive Steps" is participant driven. The program provides an opportunity to discuss the issues that may affect the participants, in a safe environment, with other women in similar situations who can provide emotional and peer support. Participants also identified a list of issues they wanted to cover in group discussion, for example anger, disclosure, and sex. Week by week we tackled these issues, sharing tears and much laughter along the way. Feedback from participants in the first "Positive Steps" group indicated the importance of peer support for HIV-positive women:

"It made me feel less alone. Positive women are a small minority; subsequently there is not a lot of support in the community".

"It is good to come together in a support group environment. It was empowering".

"Being able to really let my hair down with my emotions ... I was there for me, to get support for me....I was able to go and do this for me. Just for me...I mean it helped everybody in the group, but I was really able to help myself".

We are planning to hold Positive Steps again, initially as a shortened version over 2 Saturdays in April but we will run an evening group if women are interested. We will offer childcare if it helps women to participate. If women are interested in participating, please contact our office ASAP on (03) 9076 6918 or support@positivewomen.org.au

MEMBER SUPPORT - EVENTS

Positive Women Victoria's end of year celebrations, held in December were very well attended and enjoyed by all. Our women's dinner saw 13 members getting together for a lovely meal and some fantastic peer support. It is always good to catch-up with how people are going and the stories shared between women are always a great source of support. Our family lunch was very well attended with 17 women, partners and children joining us for lunch. It was great to see our members partners and children all meeting and getting to know each other and, in a way, providing each other with support! It is also wonderful to see so many positive women having children, it seems we do have a bit of a baby boom going on! The best part of the day was giving out the children's gifts, generously donated, and packaged and delivered to us by the Country Awareness Network. A great way to celebrate the end of year and Christmas.

A small but excited group of women attended the Positive Living Centre Women's Lunch. The women were introduced to the PLC and the services it can provide and were able to meet other HIV-positive women for peer support. A great day was had by all.

We are also in planning mode for our 2010 Positive Women's Retreat, as soon as we have confirmed dates and a venue, we will let members know. We hope that many HIV-positive women will be able to attend for a great weekend of peer support and new activities around healthy living with HIV.

If you require support, are interested in providing other positive women with support, need resources or are interested in attending our events, please contact us on support@positivewomen.org.au or phone 03 9076 6918.

Important Changes to the David Williams Fund

Program of the Victorian AIDS Council/Gay Men's Health Centre (VAC/GMHC)

Lynda Horn

If you are a member of the David Williams Fund or wanting to join the fund, we have a new requirement for the applications. These changes fall in line with all other charitable organisations.

- All registrations to the fund MUST be accompanied by a Centrelink statement.
- The first subsequent application or food voucher application for the year but also have a Centrelink statement attached.
- Clients of the fund who have more than \$5000 in a bank account (written on the Centrelink statement) may not be

eligible to access the fund, however if you have special circumstances, please contact the David Williams Fund coordinator to discuss the issue.

Centrelink statements can be obtained at Centrelink upon request or can be done during your appointment with the DWF coordinator

We have already discovered that many people have extra savings over \$5000 in their bank / savings / investments that makes them ineligible, or a few that are working full-time but still have a health care card which also makes them ineligible. DWF has limited funds and we

need to ensure that all monies spent go to those in financial hardship. Please note we do not count Superannuation as money in the bank.

The fund also understands that sometimes people are asset rich but income poor, so even if you own your own house, this does not affect applications. The fund is more concerned about those that have the funds in their bank but are asking the DWF to assist them.

For further information please contact Lynda Horn the David Williams Fund Coordinator on 03 9863 0444.

HARP
Partnerships in Health

**Pilot Project for People with HIV and
Chronic and Complex Care Needs**
December 2009

The Department of Health has funded four HARP HIV pilots operating until October 2010. The HARP Partnerships in Health pilot includes a HIV Care Coordinator, Annie Boulton, based at the Royal District Nursing Service Moreland Centre, North Coburg.

The HIV Care Coordinator will provide:

- care coordination for clients with HIV and complex and / or chronic care needs
- engagement of clients, advocacy, self management support and facilitation of access to HIV and mainstream services
- outreach

The HIV Care Coordinator will attend the weekly Melbourne Health Victorian Infectious Disease Services (VIDS) HIV Clinics, and will work closely with clinic staff and the RDNS HIV / AIDS program staff.

Client eligibility criteria:

- Is a patient of the Royal Melbourne Hospital or in the Royal Melbourne Hospital catchment area

AND

- Has complex medical needs that will significantly impact adversely on HIV disease progression and requires intensive care coordination

AND/OR

- Has HIV/AIDS which is likely to deteriorate significantly within a 12 month period due to complex psychosocial needs which impact on their capacity to engage with treatment, have active medical follow up or self-manage

AND/OR

- Has presented frequently, or is likely to present frequently to hospital due to medical or non-medical reasons.

Referral process:
Via the HIV Care Coordinator, Annie Boulton, Monday to Thursday, 8am to 4.30pm:

Mobile: 0420 304 896
Fax: 9354 5928





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Fairfield House
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Prahran VIC 3181
Tel (03) 9076 3792
Email
information@
straightarrows.org.au
www.straightarrows.org.au

Understanding Money Matters Workshops

- Achieve Your Financial Goals
- Manage Your Credit and Debt
- What is Bankruptcy
- Learn about Budgeting

The workshops are free of charge and are specifically run for PLHIV.



- ❖ Learn how to put your financial goals into place and stick to them.
- ❖ Learn how to negotiate with banks/utility companies and find out what you can do if you're not happy with their service.
- ❖ Learn how to stick to your budget.

Day and evening workshops are available on the first Tuesday of each month and workshops run for approximately 2 hours.

Please contact the **Positive Living Centre** on 03 9863 0444 or visit at 51 Commercial Rd, South Yarra to register.

Places are limited!

An initiative of the Victorian AIDS Council/Gay Mens Health Centre.

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Call **PLWHA Victoria** (03) 9865 6772 today
Facilitated by qualified QUIT educators

Melbourne Sexual Health Clinic - Update

Important information for our clients who regularly rely on collecting HIV medications without an original script.

As of the 1st of Jan 2010 Melbourne Sexual Health Pharmacy will not dispense HIV medications without the original script being presented at the time of collection.

Faxed copies of scripts no longer will be accepted from Medical Clinics unless the client presents with the matching original or waits until the post delivers it to the Pharmacy (dependant on Aust Post). Clients cannot have their renewed script faxed to M.S.H.C. Pharmacy anymore.

If you have concerns or questions please direct them to the M.S.H.C Pharmacy on: 03 9341 6204

Free Legal Wills



PLWHA Victoria offers members a limited free legal Will service via De Ayers.

- Understand your legal position
- Ensure your assets will go to the people you choose
- Give yourself peace of mind

For further information please call PLWHA Victoria on 03 9865 6772.

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





Acknowledgement

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



Volunteers

PLWHA Victoria is a great place to share your time and talents. We're looking for energetic people with specific skill sets and a passion for community.

Graphic Designers

We've got a variety of graphic design opportunities available — work on our magazine, design pamphlets and fact sheets, create promotional products. You name it, you design it... we'll love it! We'd love to take a look at your portfolio.

Writers

We're currently looking for people to write for Poslink Newsletter. There are a variety of opportunities available: creative non-fiction, fact sheets and pamphlets. Apply with two examples of your written work.



Call 03 9865 6772 or email info@plwhavictoria.org.au

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 Address _____

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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