

poslink

The Newsletter of **Living Positive Victoria**

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living positive victoria
PEOPLE LIVING WITH HIV/AIDS VICTORIA



HIV Services Christmas & New Year Opening Hours

Living Positive Victoria **03 9863 8733**

Closes: 5.00pm
Friday 21 December 2012
Opens: 9.00am
Monday 7 January 2013

Straight Arrows **03 9863 9414**

Closes: 5.00pm
Thursday 20 December 2012
Opens: 9.00am
Tuesday 8 January 2013

Positive Women Victoria **03 9863 8747**

Closes: 5.00pm
Friday 21 December 2012
Opens: 9.00am
Tuesday 15 January 2013

Positive Living Centre **03 9863 0444**

Closes: 4.00pm
Friday 21 December 2012
Opens: 10.00am
Wednesday 2 January 2013

Multicultural Health & Support Service **03 9418 9929**

Closes: 5.00pm
Monday 24 December 2012
Opens: 9.00am
Wednesday 2 January 2013

HIV & Sexual Health Connect Line **1800 038 125**

Closes: 6.00pm
Friday 21 December 2012
Opens: 10.00am
Monday 7 January 2013

Victorian AIDS Council/Gay Men's Health Centre **03 9865 6700**

Closes: 2.00pm
Monday 24 December 2012
Opens: 9.00am
Wednesday 2 January 2013

Hepatitis Victoria **03 9380 4644**

Infoline 1800 703 003
Closes: 5.00pm
Monday 24 December 2012
Opens: 9.00am
Wednesday 2 January 2013

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Avi Miller
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The Positive Speakers Bureau is sponsored by unrestricted educational grants from:

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Vale Simon Dresens

Valued volunteer of Living Positive Victoria.
We extend our deepest sympathy
to Simon's family and friends.

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Note

from the

President

Sam Venning



Pictured: Sam Venning Photo: Andrew Henshaw

ENUF Campaign

“Throw the shackles off my feet so I can dance”

“This is exactly how I’ve felt over the past few months since telling family and friends about my HIV-positive status and getting their understanding and support. It took me nearly six years to tell my mother. Part of the reason was I didn’t want to cause distress and I didn’t want her to worry (Mum’s response was “Worrying is part of my job description”). Regular blood work, keeping physically and emotionally well, and explaining the benefits and limited side-effects of treatments largely addressed my mother’s concerns. I’m sure I could have told family members of all this sooner. Why did it take me so long to tell family? Perhaps I feared their reaction? Perhaps it was HIV stigma. I’m lucky and grateful that my family has been understanding and supportive. Not everyone living with HIV is so fortunate and HIV stigma is sometimes very real. With the support of friends, applying a few helpful strategies to challenge stigma and build resilience I feel stronger, healthier and happier. It takes practice, patience and perseverance but I’m getting better at challenging HIV stigma. We can all take steps to confront and end HIV stigma.”

This story above is my submission to the latest campaign from Living Positive Victoria. The ENUF campaign aims to resist HIV stigma and promote resilience. ENUF is the brand, the catch phrase and the call to action. The “ENUF” call cries out to acknowledge HIV stigma which has a significant impact on the health of people living with HIV and those at risk of becoming HIV-positive. HIV stigma causes some people to avoid thinking about HIV to such an extent they don’t protect themselves from becoming HIV-positive.

The campaign has received significant coverage in community media in online and printed community newspapers, Joy 94.9 and at various community organisation and events. The enuf.org.au website has received over two dozen stories of stigma, discrimination and resilience. With several high-profile individuals leading the call to dispel stigmatisation of PLHIV you can expect to see ENUF out there for many more months to come. I encourage everyone to visit enuf.org.au and sign-up to show your support. Consider adding your voice to the campaign by submitting your story of stigma and/or resilience.

Over the past two years the National Association of People Living with HIV (NAPWHA), in collaboration with the National Centre in HIV Social Research, has been conducting research into the experiences and effects of stigma on the lives of people living with HIV. What the study revealed is both encouraging and challenging. The many signs of resilience among people with HIV is encouraging. Despite this major life challenge, most are getting on with leading fulfilling lives and bounce back from setbacks when they arise. Some of the challenges include ongoing stigma in many areas of life that we usually turn to for support; our sexual partners and our communities. The media was also singled out as an ongoing source of stigma. The full report is available on the NAPWHA website and was officially launched by NAPWHA in October.

NAPWA adds an “H”

For sometime now, many organisations have been referring to ourselves as ‘people living with HIV’ or ‘people with HIV’ and encouraging others to do the same. All the time, however, the name of our national peak body has remained the National Association of People Living with HIV/AIDS (NAPWA). Recently the national organisation representing and advocating for people living with HIV has changed both their name and initialism. It’s not a big change, but we think it’s significant. Dropping the ‘AIDS’ from the name is not meant to disregard those who have lived through an AIDS-defining condition. Nor is it meant to forget the many friends we have lost to AIDS over the past 30 years. The new name simply recognises that in Australia, today, with treatment the way it is, AIDS is an all but distant memory.

We are looking forward to a busy few months as summer descends and we hope to see as many of our members and supporters at upcoming community events such as Midsumma Carnival, Pride March and ChillOut.

Fresh Look:

Building
Recognition &
Engagement
Ian Muchamore



The visual brand of any not-for-profit organisation is an essential element in publicly expressing what the organisation does and what it stands for. Since the organisation was founded in 1988, *People Living with HIV/AIDS Victoria* has maintained the same name and logo. The visual identity we have used to communicate with members, supporters and partners has not undergone significant revision since that time.

However, living with HIV has a different meaning in 2012 than it did in 1988, and several of our partner agencies in other states have acknowledged the need for a name change such as Positive Life in NSW, ACT and South Australia.

A review of the previous PLWHA Victoria brand highlighted several good reasons why it was time to update our brand and visual identity. The long acronym PLWHA Victoria has low recognition with some partners and the wider community. Use of the full organisational name, *People Living with HIV/AIDS Victoria*, might be more functional but used alone, this fails to capture our mission and values. For some members, clients, supporters and potential members, the inclusion of HIV or AIDS, and the associated stigmatisation, could be a barrier to their engagement and involvement.

In May 2012, the Board of PLWHA Victoria proposed that the business name of organisation remain *People Living with HIV/AIDS Victoria Incorporated* but that a new logo and visual brand should be developed which integrated the business name, a more expressive tag-line and a contemporary visual logo.

Members were consulted and engaged as the proposal was translated into reality. An online community survey found that nearly 75% of respondents (from a total sample size of 161) believed that the current logo was out dated and needed to change.

The survey also asked people to rank the four potential tag lines below:

- Positive People Victoria
- Living Positive Victoria
- Victorian Positive People
- Positive Life Victoria

The tag line *Living Positive Victoria* was ranked the most popular.

Following the survey, a working group of Board members and staff was established to commission the new logo and visual brand. Through the website 99designs.com.au, a design brief was provided to graphic designers from around the world and they were invited to submit design concepts. From 21 submissions one design stood out as a clear front-runner. Developing the new design cost less than \$500.

The preferred design was then focus tested face-to-face with members to determine its resonance, meaning and applicability. Key feedback included:

- Those members participating in the focus testing were enthusiastic that a contemporary new logo was worthwhile in better communicating our organisational vision.
- The tag line *Living Positive Victoria* in the logo was considered easy to read, inviting and to directly express the nature of the organisation.
- The proposed new logo graphic was considered modern, vibrant, playful, friendly and more engaging than the existing logo.

The logo was officially launched at the Annual General Meeting in October 2012.

If you would like to provide feedback or comment on the new logo please contact Brent Allan, Executive Officer on 03 9863 8733 or send an email to info@livingpositivevictoria.org.au



New name, new Media Release board

Living Positive Victoria is delighted to announce that in conjunction with their recently announced new brand, the organisation has a new Board of Directors.

“Our revitalisation continues as the voice of all HIV positive people in Victoria and as the re-elected President of Living Positive Victoria I am thrilled to announce our new Board of Directors” says the President Sam Venning.

The Board of Directors of Living Positive Victoria are:

Sam Venning - President

Dean Turner - Vice President

Avi Miller - Secretary

Neil Shepherd - Treasurer

Shane Boyd

Greg Mutter

John Donnon

Ian Muchamore

Richard Keane

Ryan Sherbrooke

“We are excited of the year ahead, of the momentum that continues to build through our talented staff and volunteers and the communities that support our organisation” says Venning, “We continue to work towards our vision that all people with HIV live in dignity and are able to lead valued and meaningful lives as full participants in society.”

Diversity Statement

The Board, staff and volunteers of Living Positive Victoria are committed to equal opportunities and welcome the participation from appropriately qualified people from all sections of the community on its Board of Directors and among staff and volunteers.

We attach importance to the diversities of gender identification, age, sexuality, socio-economic background and those from culturally and linguistically diverse backgrounds and importantly the diversity of lived experiences of PLHIV on the Board of Directors and among staff and volunteers.

We are committed to the greater involvement of people living with HIV and welcome meaningful participation from HIV affected communities on our governance, staffing, volunteers and community structures.

We invite any member from the PLHIV community to nominate for a Director role on the Board. Please contact Avi Miller on 03 9863 8733 or email info@livingpositivevictoria.org.au



Resist HIV stigma
and promote resilience
www.enuf.org.au

Pushing the Body:

Marianne Peisel talks with James May about living with HIV

Marianne Peisl is a highly inspired athlete and she has also been HIV-positive for 24 years. She recently competed at the 'World Natural Bodybuilding Federation' Victorian Championships where she placed second in Novice and third in Grand Masters. She also competed in the 'Australian Natural Bodybuilding' Victorian Championships where she placed first with the Best Posing Routine. Marianne was unique as an HIV-positive competitor and at 49, most of the contenders were half her age. The competition was also held very close to the anniversary of Marianne's diagnosis 23 years ago which made it all the more significant.

Marianne has been enthusiastic about the gym and fitness for a long time. She took up power lifting 14 years ago to maintain her body's muscle mass and to prevent muscle wasting – in case the virus ever took hold. Training for competitions also gave her a distraction from HIV, she says. "It wasn't until later that I realised I had a talent for it. Training for competitions kept me motivated. I did quite well so I kept going." Marianne's personal trainer also educated himself about the virus and has been with her every step of the way. "I credit him very much for me still being here today," she says.

Marianne's return to the bodybuilding stage this year has been a huge triumph in many ways. Nine years ago she decided to give bodybuilding a go for the first time. She was worried about the effect it might have on her immune system because she had very low T-Cells and wasn't using antiretroviral medication at the time. "I was only using natural therapies back then. I'm a great believer in them and I still use them a lot, as well as HIV medication these days." It was the year of her 40th birthday when Marianne was last in training for a bodybuilding competition. "I was very stressed with the training regime, thinking about life after forty and the missed opportunities of living with HIV," she says. "I was also working full-time and running myself into the ground." Although her health was quite poor, Marianne was determined to compete. "I felt like it would be giving in to the virus if I didn't see the competition through – it meant the world to me."



Marianne developed PCP (Pneumocystis Juvenii Pneumonia) and was admitted to hospital but she still managed to discharge herself and compete at the event, despite the odds.

After a long recovery, Marianne took up power lifting again but she still dreamed of doing another bodybuilding competition. "I thought I'd never do bodybuilding again but I had learnt what to do pre and post-comp from my first experience. I don't want to be wrapped in cotton wool. I need a challenge – it makes me tick. I'm always active and determined to push the boundaries. It's how I enjoy life." Marianne spoke to her doctor and trainer prior to the 2012 bodybuilding championships and they both encouraged her to give it another shot. "My doctor actually said – you need to do this – it keeps you alive." Marianne threw herself into training for the past year and she has absolutely enjoyed it this time. "I needed to prove that we can achieve things, as people living with HIV. We're not invalids. We should be listened to and encouraged."



If you're living
with HIV,
start a treatment
conversation
with your doctor

napwa.org.au

napwa national association of
people living with HIV/AIDS

There was a packed house at Latrobe University when I attended the event in October. Friends and family and bodybuilding enthusiasts were cheering on their favourite athletes. The music pumped and cameras flashed as super-buff, super-bronzed men and women strutted their stuff. Marianne got some of the biggest cheers when she rocked up on stage.

The competition was fierce but Marianne impressed with her routine. She had the best outfit, the best hair-do and the best soundtrack. The most daunting aspect of the competition was standing in front of the judges, Marianne says. "I'm not a natural dancer or poser and that was a big challenge. I worked my butt off to do well and thanks to some help from my drag queen friends I won the best pose."

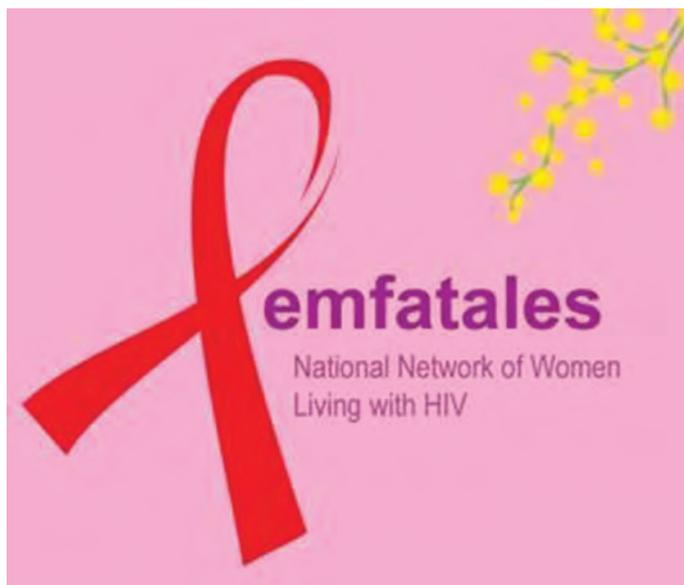
Marianne explains that she is always confronting the idea that people with the virus should not be seen and should stay in the background. "The fear of rejection is stuck in our heads. It makes us put up barriers and retreat. I wanted to break this wall down by doing the competition. I wanted to say this is who I am and I'm also HIV-positive." The organiser of one event also asked if Marianne would do an interview for the internal bodybuilding magazine, as a woman living with HIV. 'It was very impulsive,' she says. "I got called back on stage, I didn't know anyone. I didn't know how long I had to talk but I wanted to challenge the stigma and show that you never know who might be positive. It can happen to anyone so don't discriminate." Marianne has a great deal of experience speaking publicly about her HIV status and she has been asked to do more interviews on sports' radio as World AIDS Day approaches.

Marianne wants to prove that living with HIV won't hold her back – she can compete and compete well and do it again and again. "My quality of life is important," she says. "It's my body, my life, my choice – I call it my creed." Marianne says that it's been a big part of her journey as an HIV-positive woman to stand up for what she believes in. "If I die doing something I enjoy then so be it. I've learnt that I'm a worthy person and I have a lot to offer." Although she is always active and focused, Marianne says it can still be hard to keep the virus out of her mind. "It's like a monkey on your back," she says. "The media from the past has programmed us to believe that we should be ashamed." Marianne says there should be more media to educate HIV-negative people that they can have a healthy, happy relationship with someone who is HIV-positive. "There's not enough education, particularly in the heterosexual community," she says.

Challenging her mental and physical strength is a major drive behind Marianne's fitness routine. "I would not have discovered this strength if I wasn't HIV-positive. I'm more resilient and I have a stronger will to live." Although Marianne has her moments of tears and frustration, she says that training makes her focus on positive goals and never give up. "I push through the pain even when it hurts. It always goes away and I move on to something bigger and better." Marianne says that living with HIV means it can take twice as long to work at things as other bodybuilders but she does it anyway. "Being HIV-positive is hard work but I do it with a smile on my face – and I enjoy it."

Femfatales silent voices no more

Katherine Leane



information. Instead we were told to keep it a secret owing to the AIDS related stigma that saw public discrimination and prejudice being directed at people living with HIV/AIDS along with any groups they associated with named and referred to as “Poofters, Whores and Junkies”. Thankfully, in 2012 hurtful attitudes which judge one's identity or treat anyone differently we name as “bullying” and it is not tolerated within our fundamental human rights framework.

In the early days HIV related stigma and discrimination were associated with behaviour that was considered as socially unacceptable such as sex work or drug use. Unfortunately we still experience forms of discrimination across all walks of life and as reported in *Futures 6*, specifically in the areas

Over the last 15 years I have worked and volunteered across the HIV sector in the following roles and continue to do so. I work as the woman's peer support worker at the HIV Woman's Program at Women's Health Statewide (SA), I am a positive speaker with the Positive Speaker's Bureau of Positive Life South Australia (PLSA), the Chair of the NAPWHA National Network of Women Living with HIV and Vice President of PLSA.

I was initially diagnosed with HIV in 1987 and given the six months to two years death sentence, which was standard practice pre-ART treatments. This was the same year the Grim Reaper campaign aired on prime time television. It definitely created attention as all of Australia heard about AIDS but unfortunately it fuelled fear and stigma based messages with limited HIV awareness education or facts. Ignorance dominated social attitudes along with the belief that toilet seats, swimming pools, kissing, public telephones and mosquitoes were potential risks.

When first diagnosed the medical specialists strongly recommended not to disclose this personal health

of accommodation, health services, insurance and the workplace. Consequently many PLHIV make an informed decision to protect their privacy and keep their HIV status confidential.

Findings from the recent NAPWHA community report (2012) “The HIV Stigma Audit” refers to higher levels of “felt” stigma than “enacted” stigma. As a mother and woman living with HIV in my life I have travelled that emotional rollercoaster as I struggled with people's fear around protecting themselves and natural curiosity about how did I contract HIV or as the media thrive on, was I an undeserving victim? How I contracted HIV should not matter and I question why it makes any difference to the type of care and treatment that I receive?

What I learnt about the impact of stigma is that it can silence your voice and make you invisible. Disclosure of your HIV status is complex so be mindful that once you take that step for whatever reason you cannot take back that information. Consider all options carefully about if and when to disclose your HIV status. Thinking about HIV testing as a routine part of

health care may help in addressing stigma. Be proactive in practicing safer sex and informed about the laws regarding disclosure to a sexual partner in your State or Territory and if travelling how those laws can vary.

In order to improve my general sense of a positive health and wellbeing outlook, I have had to focus on improving and prioritising my selfcare. Living with HIV is only a part of the woman I am but it is not all of me as I am more than a walking virus. Apart from the HIV medications that have prolonged my life, they have also changed my physical appearance which affected my confidence and self esteem. The modern treatments are now less toxic, less complicated with fewer side effects, and while I have diabetes and signs of accelerated ageing as a result of my HIV and lifestyle, I learnt to stop blaming. Living with HIV is complex, can be a struggle and some days are easier than others. Like any challenge in this high stress, active life, HIV has impacted on my mental health and emotional wellbeing but I had to keep learning again and again about resilience and to focus on the positives and trust my instincts. I need to highlight the value of peer support from other people living with HIV and their generosity in sharing gave me the

courage to take a stand and speak out. None of this came easy and being fiercely independent I needed to be open to asking and accepting of support from my family, friends, HIV community organisations, medical and health services.

While living alongside HIV is a life challenge, it is only a part of my identity and there is so much more to who I am and what my life is about.

Katherine Leane is the Chair of NAPWHA National Network of Woman Living with HIV.

hiv
positive
Women

Have your voice heard in the community - be part of a team that offers fantastic peer support

Living Positive Victoria's recently adopted diversity statement focuses upon the involvement of all PLHIV in the HIV response. Becoming a positive speaker will provide both personal and professional skills that will translate across your whole of life and in turn help all of us challenge the stigma facing people living with HIV in the community. The Positive Speakers Bureau is seeking to recruit additional female speakers to ensure we equally reflect the experience of women living with HIV.

We are calling for expressions of interest from HIV positive female speakers to enhance our program capacity and to ensure that a diversity of positive experiences are represented in the community.

Contact the Positive Speakers Coordinator on 9863 8733 or speakers.bureau@livingpositivevictoria.org.au

Journey of resettlement for PLHIV CALD background

Maureen Plain

In general the resettlement journey is a challenging and emotional experience for people from culturally and linguistically diverse (CALD) communities. For those people who are also living with HIV, resettlement brings another layer of life challenges and complexities. The lives and experiences for these individuals compared to the overall PLHIV community in Australia can be very different which led us to our research project exploring what these differences are and how they impact on the lives of PLHIV from CALD communities.

The HIV CALD service is an integral part of Alfred Health's – Victorian HIV Service, which has been providing support to people living with HIV from CALD background since 2003. It does this in a culturally respectful way by linking people with co workers who are from the same or similar cultural backgrounds and share their preferred language. Their pathways to Australia are varied, including humanitarian reasons as refugees or asylum seekers, family reunion, marriage, work or study. So too, are their cultural backgrounds, languages, religious beliefs, educational levels and family background.

All of these aspects provide many challenges for individuals in a new country such as Australia particularly learning English, finding work, attempting to develop new friendships, dealing with trauma linked to why people needed to leave their home country, as well as adjusting to a new culture. In addition to adjusting to all these situations for some new arrivals they are also adjusting to a new HIV diagnosis.

Many people are diagnosed during the process of applying or obtaining residency in Australia for others it has occurred as a result of an illness associated with advanced HIV or whilst being screened during pregnancy in Australia.

Facing all these issues at once can become overwhelming for people, which is where the HIV CALD Service at the Alfred has aimed to provide support.

The poster is titled "RESEARCH PROJECT Share your journey of HIV and resettlement". It features a central image of many hands of different colors and skin tones reaching towards the center. Text on the poster includes: "welcome" followed by "ยินดีต้อนรับ", "chào mừng", "Soo dhowow", "Nginyanemukela!", "sohm swaakohm", "baga nagaan dhufte", "karibu", "ကျွန်ုပ်တို့အတွက်", "أهلاً وسهلاً", "The Alfred", "MONASH University", "Project no: 469/11", and "For further information please contact: Maureen Plain Ph: 9076 3942 HIV CALD Service, The Alfred".

Many of the issues associated with living with HIV are similar to other people in Australia living with HIV however being from a different culture can add additional complexities. Stigma and discrimination exist, with many people from CALD communities extremely fearful of people from their own community finding out; some of these fears are based on the experiences and responses in their country of origin. Also their cultural community in Melbourne is often very small and they fear being ostracised from this community who for some are a significant support factor in their life. These factors impact on some people's readiness to engage interpreters when they visit health professionals as some may know the interpreter in the community and/or fear their confidentiality will be breached. They can also be reluctant to engage with their community and as result their support network maybe limited.

Accessing health services and finding their way through the health service system can also be very daunting for new arrivals in Australia particularly when it is crucial to access to treatment and ongoing care.

For many of these people the resettling process has been overwhelming. For some who have immigrated to Australia their past traumas related to fleeing war torn countries, oppressive governments, violence and sexual abuse, a diagnosis of HIV adds another layer

to these episodes of trauma and stress. As well, for some it includes adjusting to a diagnosis of HIV after a HIV illness or hospitalisation or finding they need to start treatment immediately. For those coming from developing countries (such as parts of Africa and Asia) their experiences and knowledge of HIV treatment outcomes, life expectancy and transmission can be very different to what people in Australia know about HIV. With fear of stigma and discrimination being a constant issue for many from CALD communities the outcome can be that individuals are often very isolated.

Over the years, there have been many 'good news' stories for people supported by the HIV CALD Service as they start their new life in Australia, including improved health, better engagement with health services, and reporting feeling less isolated around their HIV, engaging in study or work and for a number of women giving birth to healthy babies.

While the HIV CALD Service has assisted many people over this period of time, research and stories

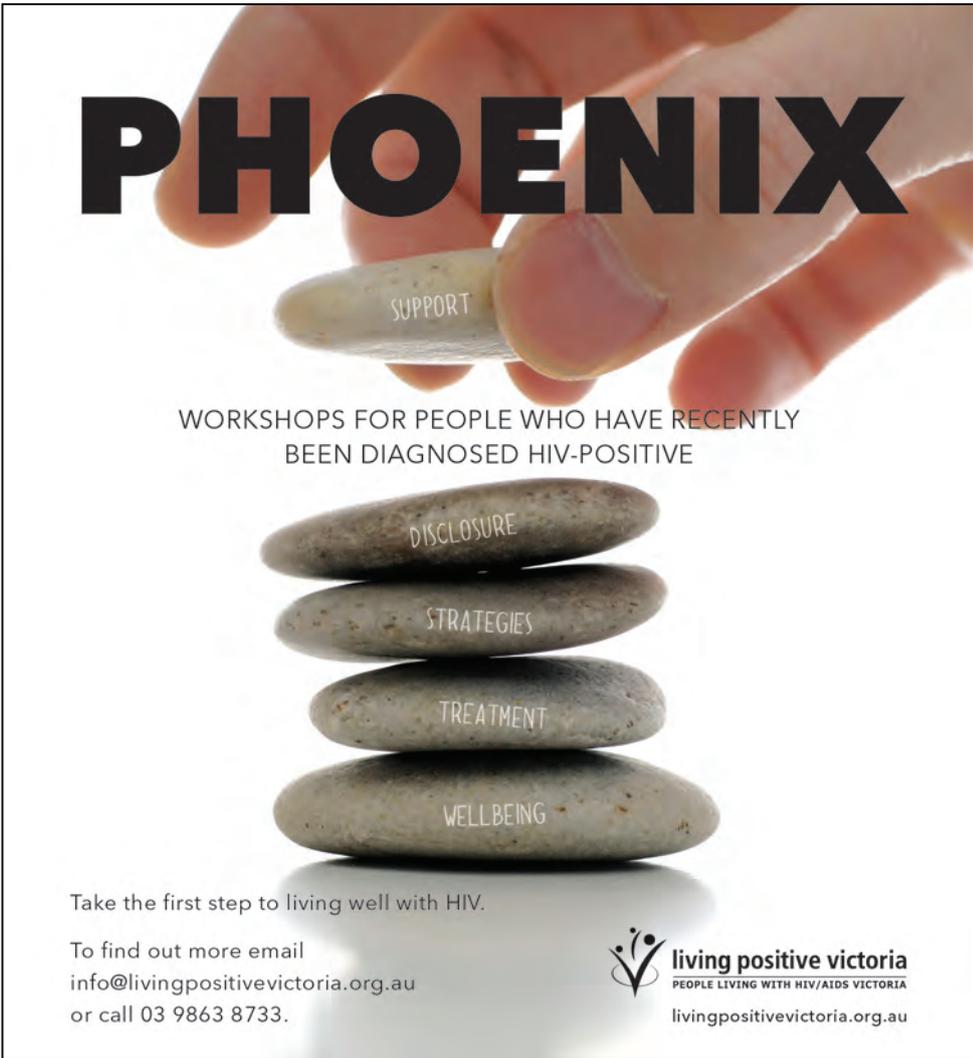
of their challenges has been minimal, not only in Australia but also internationally.

Given the experiences and knowledge gained through the HIV CALD Service, supported by Alfred Health – Infectious Disease Unit in partnership with researchers at Monash University are now undertaking the research project entitled –

“The journey of resettlement for people living with HIV from CALD backgrounds”.

This research will be conducted by Maureen Plain (Co ordinator HIV CALD Service) and Dr Deborah Zion (Faculty of Medicine, Nursing and Health Service, Monash University) and will explore the issues and challenges that may exist for these individuals as well as highlight the here and now. The interviews involved in the research will ensure confidentiality and will be undertaken in a sensitive manner.

For further information of the research or to discuss participation in the research please contact Maureen Plain 03 9706 3942.



PHOENIX

WORKSHOPS FOR PEOPLE WHO HAVE RECENTLY BEEN DIAGNOSED HIV-POSITIVE

Take the first step to living well with HIV.

To find out more email info@livingpositivevictoria.org.au or call 03 9863 8733.



living positive victoria
PEOPLE LIVING WITH HIV/AIDS VICTORIA
livingpositivevictoria.org.au

The second National Forum on HIV and African Australian Communities took place in Melbourne from 27–29 September 2012, at the Ibis Hotel.

The forum was organised by the Australian Federation of AIDS Organisations (AFAO), and funded by the Federal Department of Health and Ageing, the Victorian Department of Health, and Gilead Sciences, with additional support from the Multicultural Health and Support Service (MHSS), the Victorian AIDS Council and the South Australian AIDS Council.

The 2012 forum built on the success of the first HIV and African Communities Forum, held in Sydney from 3–4 February 2011, following extensive consultation by AFAO with African community associations, researchers, health services and health promotion agencies around Australia, undertaken by AFAO Project Officer Jill Sergeant. The 2011 forum presented an opportunity for African Australian communities to discuss issues related to HIV that had been recognised, but inadequately addressed, by members of African communities, researchers, policy-makers and by providers of health and other services. These issues included: over-representation of African-born Australian residents among diagnosed cases of HIV; late diagnosis and difficulties accessing treatment and support after diagnosis; the intense stigma within African Australian communities, directed against people living with HIV; and the stigma associated with HIV in Australian society, directed against African Australian communities.

Several recommendations emerged from the 2011 forum: one of these was that a second national forum should be held the following year, to review progress and develop strategies for the positive engagement of African communities in the Australian response to HIV.

The 2012 forum was organised by a national reference group that included AFAO staff, members of African community organisations, multicultural health services, and state AIDS councils, most of whom had organised or participated in the 2011 forum. The reference group developed a program based on the outcomes and recommendations of the 2011 forum

and extended invitations to participants. The aims of the forum were to engage a broad range of African community leaders and other stakeholders; to provide an opportunity for participants to network, and to share experiences and resources with peers from other states and territories; to support to emerging state-based African community networks addressing HIV-related issues; and to develop a framework for the mobilisation of a national African Australian community response to HIV.

Participants arrived from every state and territory except the Northern Territory. African Australian participants included community leaders, Christian and Muslim religious leaders, young people and a number of men and women living with HIV. Other participants included providers of HIV support services and health promotion to African communities, AIDS councils, positive organisations and researchers currently undertaking studies of HIV in African communities.

Victorian participants included members of the Sudanese, Sierra Leonean, Eritrean, Ethiopian, Somali and Zimbabwean communities and several members of the African Think Tank; these were joined by representatives of several organisations such as Spectrum Migrant Resource Centre, the Australian Muslim Women's Centre for Human Rights, the Multicultural Centre for Women's Health, health services such as the Alfred CALD Service, MHSS, PLWHA Victoria, Positive Women, Straight Arrows and the Victorian AIDS Council.

The forum was ably facilitated by Maria Dimopoulos (MyriaD Consulting) and opened with a Welcome to Country by Nellie Flagg (Boon Wurrung Foundation), followed by an introduction by Rob Lake, Executive Director of AFAO. Following this, Sem Mabuwa and Chris Lemoh reported on the 2012 19th International AIDS Conference in Washington DC, focusing in particular on the activities of the African Black Diaspora Global Network on HIV/AIDS, which emerged in 2006 from the 16th International AIDS Conference in Toronto, adopting a rights-based approach to strengthen the global response to HIV/AIDS and the associated stigma and discrimination affecting African migrant and Black communities

throughout the diaspora. The remainder of the day was devoted to reflections on progress made since the previous forum in 2011, ending with an energetic performance by “Zero Degrees”, a group of young African Australian hip hop performers who use dance and music to raise awareness of HIV and other health issues of importance to Victoria’s African communities. Participants then had the opportunity to meet and talk in the more informal setting of Harambe Ethiopian Restaurant in Footscray.

The second day included updates and commentary on HIV epidemiology and surveillance, provided by AFAO and the Burnet Institute; a comprehensive overview of new developments in HIV treatment and diagnosis, provided by Sean Slavin of the National Association of People Living With HIV (NAPWA); an illuminating discussion of pregnancy, mother-to-child transmission and childbearing after HIV diagnosis by Dr Anne Mijch; a lively panel discussion of issues related to gender inequality and intergenerational communication; and a number of powerful personal stories and valuable reflections offered by African Australians living with HIV, who were able to engage in open dialogue with leaders and other members of African communities, as well as representatives of organisations providing HIV services and support. Following this, participants were able to share and discuss HIV prevention and awareness initiatives under way in African communities around the country. Finally, participants proceeded to the Positive Living Centre in Prahran for a dinner, enjoying a guided tour of the activities and facilities of the Centre.

The third day began with a facilitated discussion reflecting on the nature, roots, settings and impact of HIV-related stigma and discrimination in relation to African Australian communities. Following this, a panel discussed the roles of communities, religious leaders, service providers and people living with HIV in addressing HIV-related stigma, HIV prevention and other issues affecting African communities in Australia, particularly those living with HIV.

The forum ended with an open discussion aiming to achieve a consensus on which to base a national African community response to HIV. There was overwhelming support for the idea of forming a national network of African community-based groups to address HIV within the context of general health and wellbeing, recognising that reduction of HIV-related stigma within African communities would be crucial to the success of any initiatives to prevent HIV and ensure access to treatment and support after diagnosis. There was general agreement that African communities would need to become active in partnership with other stakeholders such as service providers, policy-makers and positive peer organisations, working within the framework of the National HIV Strategy;

in particular African communities would need to provide opportunities for African Australians living with HIV to articulate their concerns and speak on their own behalf.

The main achievement of the 2012 forum, in this writer’s opinion, was the public commitment of African community leaders and religious leaders to accept responsibility for their role in providing a safe, supportive environment for people living with HIV, and their undertaking to work towards the mobilisation of African communities to take an active role in the partnership underpinning the response to HIV in Australia. Another achievement was the creation of a space in which service providers, positive organisations and policy makers were able to witness and participate in the discussions of HIV and related issues on an even footing with members of African communities, engaging in a genuine dialogue, gaining insights, and reflecting on how their own perspectives and practices might affect their accessibility and value to members of African communities affected by HIV.

The challenge now is to maintain the momentum generated by this meeting, as a small number of passionate, but busy people strive to develop the existing state networks, establish productive relationships with other stakeholders and forge stronger links between states. Despite the magnitude of the task and the paucity of resources, it seems likely that we will have enough good will and commitment to develop at least the beginning of a national African community advocacy network by the time the 20th International AIDS Conference arrives in Melbourne in 2014.

Dr Chris Lemoh is an infectious diseases physician, currently working at Southern Health. He is undertaking research on HIV in Victoria’s African communities and was a member of the Board of Directors of the Australian Federation of AIDS

My Treatment Story: Jason and Bruce tell their story

David Menadue

Jason's Story: "One Lucky Guy"

Jason tells of his experience of taking treatments twice. In the early 2000s, he was on an observational study to see if people decided to take treatments when offered, straight after seroconversion, or if they waited until later. It was a ground-breaking study to offer treatments so early then (his CD4s were above 500) but he started on a regimen and stayed on it for a year before stopping it because of a side effect from a drug.

Remarkably Jason's CD counts and viral load stayed quite manageable, without treatments, until nine years later when he started them again, and stayed on them.

(Please note: this study has closed although current participants are still being observed for it.)

I feel lucky. An unusual thing to say about having HIV, but, I do. It's true.

I read articles and see programs about the state of HIV treatment and care in other countries and I always come back to the same thing. I'm one lucky guy.

When I was first diagnosed and thinking about medication, I was like many people, "Oh god, I'll do anything to get rid of this thing, a deal with the devil? Where do I sign?" At the same time I was terrified though, of side effects, about looking like an AIDS ghost. That sounds awful I know, but we sadly live in a community that judges. Queens can be fierce. I knew I could live with this virus, but I had no idea what drugs were available or what their side effects actually were, I was scared as hell.

Fortunately, I was diagnosed quite soon after being exposed, my (wonderful) doctor told me about this study I could join. Basically it took advantage of the fact that the virus hadn't got a good hold of me yet. Drugs would help my body mount a defence, and then I'd stop the drugs after 6 months and let my body carry on with the job at hand. So I got on board.

Going on medication certainly helped to calm the panicky voices in my head. I felt like I was taking positive steps to control this monster virus, but at the same time it would be only a short term commitment. Surely any side effects over such a short period wouldn't be too great, right?

My biggest fear at the time was people finding out. That nasty fucker, the stigma attached to HIV. I found myself in a sweat going to the (already out of the way) pharmacy to collect my meds, hiding my stash in the most obscure places and madly scratching my name or identifying details off the empty pill bottles before I threw them away. I started having loads of vitamin pills in my bathroom so people who saw me taking pills would assume that it was vitamins. Just a bit paranoid, maybe?

The first week I was ridiculous. With every itch and every pimple or bump I thought, "Oh no! it's a bad reaction to the meds!" Every time I farted, I thought, "Oh no! I'm getting chronic diarrhoea from the meds!"

Outside of my fertile imagination, there were no such problems. The meds worked a treat! In no time I had an undetectable viral load and healthy T-cells. Two pills in the morning and two at night. I had a fancy new phone that I was addicted to, so it made sense that I'd set reminders morning and night. Simple, and so effective.

Cut to six months later and my doctor reminds me, it's time to stop the meds... WHOA NELLY! Um, I'd become quite comfortable with this medication thing and especially with this virus being under control. I even put vitamins in with my meds in their daily pill box, to blur it in my mind a little. I could almost forget I had it.

Eventually after many discussions with my doctor, I was on board once again. This time, to stop the meds. Encouraged by the fact that I had only tried one regimen, so should my body not be able to look after itself, there were plenty others I could try ... Here

goes nothing ... and whaddaya know? Good as gold ... Healthy as ever and undetectable without drugs for years and years. See what I mean? Lucky.

So now cut to nearly nine years after that and I'd become a little lazy with my testing one year, and not only left it eight months between tests, but left it five months after that before going back for my results. Oops. (The good part in that story was that I was still otherwise in great health with no real need for doctor's visits.) Anyway, thankfully I went back to see my doctor and was seriously shocked when I found out that my T-cells were below 500. You know, that marker where the doctors start recommending meds. Not far below, but below, and that viral load was dancing around making itself very detectable indeed.

Holy shit, it was panic stations in my heart and head all over again. My kind and gentle doctor, "Have you considered maybe it's time to start meds?"

My head, "Ugh! - But wait! - What happened here? - I've been Superman all these years, fighting this bitch off, all by myself, why the hell have I started failing now? Shit,shit,shit this is the END of me. I may as well just die now..." So, I was maybe 'a little' upset.

My outside voice, "Why yes of course doctor, I think that's the sensible thing to do."

So I started meds. Again. The same regime, but now they're a slow release pill so it's just two in the morning. None at night...too easy. Within just weeks, that bitch was back in its box, undetectable, and my T-cells were well over 700 again. I was blown away when my doctor gave me the news. In tears, even.

I still battle sometimes with the daily reminder that I have HIV. Especially when that reminder goes off while I'm making love with my beautiful and supportive HIV-negative husband. But overall, I still feel so thankful and lucky that I've got this thing sorted. That our government still heavily subsidises the pills I need, that I have access to amazing dedicated HIV specialists who want to take the time to make sure I'm living the best life I possibly can with HIV. That there are researchers everywhere working tirelessly on a cure. Fingers crossed, eh?

My advice to people unsure about medication is this. I'd be careful internet surfing for information as that can be terrifying. Instead, ask an awful lot of questions, ask your friends, who are on meds, or a peer support group, ask your doctors. If you don't like your doctor, find one you like, that relationship is so important. And then, after you've asked lots of questions, sift through your answers with someone you trust, a friend or your doctor and work out your options, there are plenty of them. It's your body and your health, it's your life.

Bruce's Story: "Misdiagnosis and an AIDS illness but finally, I'm sorted"

Bruce received some poor treatment from a range of medical professionals during a time when he became sick but didn't realise he had HIV. After his diagnosis, which occurred during a scary time overseas, he eventually he got his HIV and other things in his life back under control.

Bruce was very disciplined about having safe sex in his early years as a gay man. He hadn't tested for a period of five years while he was living a transient working life. This included a time remotely where he thinks he may have seroconverted.

Because I'd had so little unprotected sex I felt I was safe. I had lots of weird things happen to my health while moving around the continent, which in hindsight should have been fairly obvious indicators. A lack of continuity in medical care meant that no doctor thought to test for HIV as a possible contributing factor as none of them had seen the whole picture unfold.

The idea of testing was suggested to me by a GP in Melbourne when I returned but I was scared of the confidentiality implications of doing so. I worried that companies could access my medical data and it might affect my chances of employment or life insurance. I knew about anonymous testing and intended to go for a test before travelling overseas. However, prior to doing this a doctor at the travel clinic told me she couldn't give me a live yellow fever vaccine if I had HIV. I said I was pretty sure I wasn't positive so, with my departure date imminent she gave me a vaccine without testing—because she had done this, I thought I must be OK.

I developed bursitis, a swollen elbow which another doctor gave me antibiotics. After getting a rash across my forehead the doctor mistakenly thought it was an allergic reaction to the antibiotic so put me on immune suppressor drugs to stop my body resisting it.

I went travelling overseas the next week and almost immediately developed an itchy chest cough which, after examining chest X-Rays, local doctors diagnosed as bronchitis. I continued with my remote adventure travel for a couple of months battling the bronchitis with over-the-counter antibiotics and misdiagnoses by other doctors. Eventually I was unable to continue anymore and ended up in the emergency room in a critical condition. There they asked me for permission to test for HIV which I gave.

I received the news that I was HIV-positive while trying to understand a doctor's shift-handover in a foreign language. The really bad news was that I had PCP, an AIDS-defining illness. With language barriers causing difficulties during my days spent in hospital I investigated my situation online - which can be terrifying if you unwittingly read out-of-date articles published in the late eighties or early nineties. I was reassured in broken English by a fantastic nurse - it's amazing how much you can learn when you need to, through sketches and actions, if words can't be understood.

I needed to go home and start medications once allowed out of hospital and fit to fly - a situation made more difficult by my holiday insurance company abandoning me due to the nature of the illness. I made the very long journey alone and still very weak but luckily had friends who I could stay with in Australia while I began to sort out the mess I realised my life had become.

I was immediately put on Atripla for my HIV by an Australian doctor. When I returned to him a couple of times with a deepening depression and developing an uncharacteristic angry disposition, he didn't think to take me off that antiretroviral containing Efavirenz which can have a depressive side effect for some people. After my persistent refusal to take anti-depressants out of fear, he recommended I go on St John's Wort, which I knew from my now better informed approach to internet research should not be used with Atripla. A mistaken double dose after panicking that I'd missed a tablet the morning after a boozy night made me realise how strong these drugs are - a trip it certainly was - in a very bad way! My doctor subsequently put me on an individual care plan which, with the assistance of a couple of great nurses at the practice, helped me prioritize my health goals and start to examine my lifestyle choices from a better perspective and face my long and unhealthy relationship with alcohol. A weekend 'Phoenix' workshop for gay and bisexual men newly diagnosed with HIV was also helpful for connecting with other positive people facing similar life changes.

"I decided to leave Melbourne after a very negative experience while investigating lumps in my lymph nodes in an under-staffed hospital. Once in Sydney I was lucky enough to be put in touch with a wonderful doctor at St Vincent's Hospital who reassured me that it was just my immune system kicking back into gear. She helped me get my HIV and depression under control by changing my medications; this lifted my mood within a few days without adversely affecting my now normal CD4 and undetectable viral load. She also put me in touch with counsellors at St Vincent's and supported my choice of excellent GPs at East Sydney Doctors. I returned to work and stopped years of daily alcohol abuse after attending a few AA meetings; one of the best things I have ever achieved.

I concentrate on adventure sports these days and practise Bikram Yoga which is awesome for both physical and mental health. I also eat really well following nutritional advice from my dietician.

Bruce's advice to newly diagnosed people is to "doctor shop". Make sure you get a doctor who you can trust and communicate with about HIV," he said. "Do your research about when to treat and talk to more than one or two doctors about this. I think it is better to treat early and avoid long term damage to your body."

Unfortunately I learnt the hard way and developed an AIDS defining illness before I got my virus under control. It's a couple of years on and meds have been OK so far. I don't drink any more so I have never forgotten a dose in a drunken stupor - which is great, as adherence is so important - and I am getting to know and like the real sober me. Had I known earlier that I was positive I would have treated it sooner, but perhaps I would have let the knowledge of the diagnosis restrict my lifestyle decisions out of fear.

I have had some amazing experiences over the last few years even though I was so ill. I would not have seen half the things I have because I would have allowed the fear of HIV to prevent me from pushing myself through the strenuous adventure activities I pursued and achieved both here and overseas - a thought that often helps me visualize through the odd challenging yogic posture these days! I appreciate how lucky I am to have access to medications which most people in the world with this virus do not have and so feel obliged to look after my body as best I can and look forward to my next big adventure wherever it takes me.

If you would like to share your treatment story, please send it to poslink@livingpositivevictoria.org.au

FLIP fund:

Finance, Learning Independence Program

Living Positive Victoria is launching a new program, the Finance, Learning Independence Program (FLIP), which will provide financial assistance to any member of Living Positive Victoria who is seeking assistance with returning to work or study in order to attain financial independence. This program will replace the current Emergency and Distress Fund as of 1 January 2013.

“PLHIV are living longer and increasingly healthier lives,” says Sam Venning President of *Living Positive Victoria*, “This trend is being shown in the social research across Australia and we believe that it is important to support PLHIV to attain the best health, social and economic status as possible. FLIP is about getting to the root of independence and building up instead of bandaids solutions.”

In recognising that some PLHIV may not have the option to fully realise financial independence, the program also offers limited financial assistance to any member of *Living Positive Victoria* who finds themselves faced with situations of extreme financial duress, such as an eviction notice for rental arrears. In these instances, an application can be made on an emergency granting basis after ensuring all other avenues have been addressed.

The FLIP fund will be taking applications for financial assistance twice a year in January and in June. The applications will all be judged upon merit and within

the budget allocations by a panel of peers which will include Board Directors, staff and community members. For further information about criteria of eligibility to access the program, please go to livingpositivevictoria.org.au or contact Guy Hussey on 03 9863 8733 from 7 January 2013.



The advertisement is enclosed in a blue border. On the left, a large blue speech bubble contains the text "GONE THE CHEEKY ROUTE?" in a bold, blue, stylized font. To the right of the speech bubble, the text "INFORMATION • SUPPORT • REFERRAL" is written in a small, blue, uppercase font. Below this, the word "Connect" is written in a large, blue, stylized font. To the right of "Connect", the words "HIV & SEXUAL HEALTH" are written in a small, blue, uppercase font. At the bottom right, the following text is listed in a small, blue, uppercase font: "Mon-Fri 10am to 6pm (excl Public Holidays)", "PHONE: 1800 038 125", "TTY: 1800 555 677", and "INTERPRETER: 13 14 50".

We can help if you think you are being **DISCRIMINATED** against

If you think you are being discriminated against but aren't sure what to do, call us at the Victorian Equal Opportunity and Human Rights Commission. Whether it is your age, disability, race, sex, status as a carer or parent, or other personal characteristic, discrimination is against the law.

We run an informal resolution service that is fair, free, and flexible - we can help.

Know your rights

humanrightscommission.vic.gov.au | (03) 9032 3583

1300 292 153



Victorian Equal Opportunity
& Human Rights Commission

Positive Women Victoria

Supporting women living with HIV/AIDS in Victoria

Positive Women Victoria would like to wish all Poslink readers a safe and Happy Christmas. Can you believe it's Christmas already? Where has the year gone? This year Positive Women Victoria have maintained contact with over 200 members. There have been a number of well-attended member dinners and events throughout 2012. Most recently, Positive Women Victoria held it's annual "Well-being Weekend" for members in the bushy, peaceful surrounds of Red Hill. Over the weekend members participated in group workshops and activities, including laughter yoga, which was hilarious. The highlight of the weekend, as always, is women living with HIV supporting women living with HIV.

We look forward to a bright and busy 2013 which will see us continue our ongoing peer support work as well as develop new health promotion

initiatives for women. We will also continue to be involved with organising women for the International AIDS Conference to be held in Melbourne in 2014.

The Positive Women Victoria office will close from Friday 21 December 2012 and will reopen on Tuesday 8 January 2013 on minimal staffing. Peer Support will recommence on Tuesday 15 January 2013.

Contact Details:

Phone: 03 9863 8747

Email: info@positivewomen.org.au

Website: www.positivewomen.org.au

HIV & Hep C

Let's TALK stigma

Garry Sattell

The fear and stigma that surrounds hepatitis C is contributing to the sexual transmission of the virus among HIV positive men who have sex with men.

As many readers will know, hepatitis C has become a significant health issue for people living with HIV. An estimated 13% of people with HIV in Australia also have hep C, which is commonly referred to as coinfection.

For many people, dealing with the stigma of HIV is compounded by the added stigma of hepatitis C. This is becoming more apparent among HIV positive men engaging in sexual activities with a high risk of hepatitis C transmission who are reluctant to disclose or discuss their hepatitis C infection.

Sexual activities linked with the sexual transmission of hepatitis C are fisting, group sex and unprotected anal sex. If injecting drugs or a caverject are also in the mix, then the risk is higher again.

A study in 2008 of the emotional experience of the stigma of hepatitis C among PLHIV gay men, indicated that of the six men interviewed in the study, all had risk factors for sexual transmission of hepatitis including, fisting, unprotected anal intercourse and group sex. These activities often occurred within the context of private sex parties where recreational drugs were consumed. Serosorting has also been reported by many individuals.

Feeling stigmatised because of hepatitis C is common amongst HIV positive men with coinfection.

The fear factor of hepatitis C can manifest itself in many ways:

- Fear of getting infected
- Fear of passing the infection to someone else
- Fear that hepatitis C will complicate existing HIV infection
- Fear of the impact of hepatitis C on lifestyle activities such as drug and alcohol use
- Fear of hepatitis C treatment
- Fear of rejection (particularly sexual rejection)
- Fear of death.

Diagnosis with hepatitis C is often associated with shame and guilt, adding to its stigma. Some people talk of this aspect (how it makes a person feel) as being worse than the disease itself.

A diagnosis of hepatitis C can also be perceived as excluding men from the 'cameraderie' of just being HIV positive, with some men being impacted by stigma to the extent of not discussing or disclosing hepatitis C with their sexual partners.

As we've seen with HIV, the stigma of a transmissible disease can silence discussion or disclosure and we believe this is prevalent amongst HIV positive men with a high risk of sexual exposure to hepatitis C.

Hepatitis C has been called the silent epidemic for many reasons; it's relatively slow progression (in most people), the fact that it's underrepresented in the press, very little in the way community education programs and in the silence generated by the fear of being stigmatised. The fear of sexual rejection leads to shame and more fear. It's easy to understand why there is such a silence and non-disclosure around hepatitis C.

This silence creates transmission risks in situations where HIV positive men have serosorted to engage in unprotected sexual practices.

You can start to break down the silence surrounding hepatitis C by becoming informed about the virus, how it is transmitted and how you can avoid transmission. Here are some questions that you may need answers to;

- *Am I at risk of contracting hepatitis C?*
- *How can I protect myself from hepatitis C?*
- *Can I have hepatitis C and not know it?*
- *If I have hepatitis C what can I do about it?*
- *How can I avoid transmitting hepatitis C?*
- *How will contracting hepatitis C impact on my HIV*

To start the conversation and to start to break down the silence surrounding hepatitis, talk to a trained hepatitis educator on the Hepatitis Infoline 1800 703 003

Garry Sattell is the Community Participation Coordinator at Hepatitis Victoria.

Reference:

G. Owen. An 'elephant in the room'? Stigma and hepatitis transmission among HIV-positive 'serosorting' gay men. *Culture, Health and Sexuality* 10: 601 – 610, 2008.

Positive Attitude: *your invite to* **Christmas Day Lunch**

Positive Attitude extends an invitation to those affected by HIV/AIDS and the LGBT community to a traditional three course Christmas Day lunch.

Tuesday 25 December at 12.00pm

Venue: Old Fitzroy Oval, St. George Road, Fitzroy (next to the grandstand)
Tram 112 from Collins along Brunswick Street to Tram stop 20.

Small charge of **ONLY \$12.00** (Complimentary Champagne on arrival or BYO)

RSVP 20th December 2012

Contact Yvonne on 03 9471 0033 or Stephen on 0413 337 805

Please bring a small gift of approximately \$5.00 value to set under the tree for the Kris Kringle. Dogs on a leash are more than welcome.

HepC infoline: Call to talk to an Educator about hepatitis C.

Information: We can answer questions and mail information to you.

Support: We can provide support for a range of issues and concerns.

Referrals: We can refer you to other organisations and services.

hepC infoline
1800 703 003



Suite 5
200 Sydney Road
Brunswick Victoria 3058

HEPATITISVICTORIA

Bring on summer:

Join Living Positive Victoria at these up and coming events

Midumma

January 13 2013

midsumma.org.au

Visit the Living Positive Victoria stall as we promote the work of the organisation at Midsumma Carnival. Share your story of HIV stigma and support the ENUF Campaign enuf.org.au and receive a free pair of sunglasses for summer.

Pride March Victoria

February 3 2013

pridemarch.com.au

Living Positive Victoria regularly takes part in Melbourne's Annual Pride March. With a crowd of enthusiastic friends and supporters,

the Living Positive Victoria's entry is a crowd favourite! This year we will be marching under the ENUF banner to challenge HIV stigma and promote resilience. Please bring your friends and family to join us.

ChillOut Festival

March 8-11 2013

chilloutfestival.com.au

ChillOut celebrates diversity and creates a wonderful environment for families and friends to relax in the unique setting of Daylesford. When you next visit ChillOut, make sure you stroll by the Living Positive Victoria stall on Carnival Day and pick up a show bag.

Volunteers needed: if you are interested in volunteering with Living Positive Victoria for any of our summer events, please contact 03 9863 8733 or email info@livingpositivevictoria.org.au

CHANGING ROOTS?
TAKE A TAXI-KAB!

START THE SURVEY

The TAXI-KAB Study

www.taxi-kab-study.net.au

The TAXI-KAB (Thinking About Exposure to Infection – Knowledge, Attitudes, and Beliefs) Study is a study for gay and bisexual men in Australia concerning their Knowledge, Attitudes, and Beliefs (KAB) about HIV and the measures we take to avoid it. We aim to find out what gay and bisexual men are doing, thinking, and how they understand HIV right now, at a very dynamic time in the history of this disease. We want to know how YOU feel and what YOU do when (and if) you think about HIV, sex and what your feelings are about how these things work for you.

MEMBERSHIP AND SUBSCRIPTION FORM



living positive victoria

PEOPLE LIVING WITH HIV/AIDS VICTORIA

Living Positive Victoria Membership

Membership of Living Positive Victoria is **FREE** and is open to any person in VIC/TAS living with or affected by HIV.

Members receive a free subscription to Poslink, an Annual Report and occasional mail/email updates.

For more information, visit livingpositivevictoria.org.au

Full member (I am a VIC/TAS resident living with HIV)
As a person living with HIV, you are entitled to full voting rights. You must tick the Privacy Information Statement at the bottom of this page.

Associate member (I am not living with HIV eg; a partner, family member, carer, healthcare worker).

Affiliate member (I am authorised to represent the organisation/business applying for membership).

Note: Applications for membership must be approved by the Living Positive Victoria Board of Directors. Full members may be asked to provide verification of HIV status. The Rules of the Organisation are available online at livingpositivevictoria.org.au or can be requested by contacting 03 9863 8733.

Privacy Information Statement

Living Positive Victoria collects your personal information in accordance with our Privacy Policy (livingpositivevictoria.org.au/about/privacy).

Your details are strictly confidential and only used to add you to our membership database. We will send you information about Living Positive Victoria, our newsletter and email updates.

We store your personal information in hardcopy and or electronically. Access to your information is strictly limited to Living Positive Victoria and will not be shared with any other organisation or individual.

You can access and correct your personal/health information by contacting us on 03 9863 8733 or info@livingpositivevictoria.org.au

I have read the Privacy Information Statement and consent to my information being collected and stored by Living Positive Victoria.

Please return the completed form to:

Living Positive Victoria

Reply Paid 87634

Southbank VIC 3006

No stamp necessary.

Please tick and complete the following:

New Membership

Update contact details

Name

Address

State

Postcode

Contact Number

Email

Date of Birth

Gender

Signature

Date

General Correspondence

I/we wish to receive correspondence from Living Positive Victoria about the latest HIV news, information, events and campaigns.

Post/Mail

Email

Do not wish to receive

Poslink Newsletter

Members can receive Poslink, we produce four copies of Poslink each calendar year.

I/ we would like to receive Poslink via:

Post/Mail

Email

Do not wish to receive

Living Positive Victoria (People Living with HIV/AIDS Victoria)

ABN 67 049438341

Suite 1, 111 Coventry Street, Southbank VIC 3006

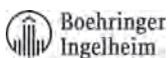
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E: info@livingpositivevictoria.org.au



Acknowledgement

Living Positive Victoria would like to thank our sponsors for providing unrestricted educational grants to fund the printing and distribution of Poslink Newsletter.



WorkingOUT

If you are living with HIV and looking for work, we can assist you through our Government funded employment service.

Contact SensWide Employment for a confidential chat or for more information about receiving support.

SensWide Employment

Phone: (03) 8620 5177

TTY: (03) 9614 3062

Email: info@senswide.com.au

Web: www.senswide.com.au



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@livingpositivevictoria.org.au

Poslink is also available online to download at:

livingpositivevictoria.org.au



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