

# Positively Talking

The Newsletter of Positive Life SA (formerly PLWHA-SA)  
The voice of HIV positive people in South Australia

Issue 4 November 2011



**International Year of Volunteers**  
*10th anniversary*  
*2011*

## Also In This Issue

- Shiatsu Now Available at PLSA
- HIV & Your Brain (Part II)
- Criminalisation of HIV: Some Good News
- Kristin's Monthlies



# Editor's Note



Tony Minge  
Executive Editor

Welcome readers to the final edition of the year of *Positively Talking*.

This year has been challenging, rewarding and exciting. At Positive Life SA (PLSA) we strongly believe in the power of community and working as a Positive, Powerful and Proactive team. Without the dedication of staff, board, volunteers and community we could never achieve our mission of Opportunity, Equity and Acceptance, as we focus on our advocacy role and improving healthy wellbeing.

Over the year we have strengthened social inclusion and participation for our members, and this has given us the opportunity to enhance and build more links. Planet Positive, Poz Day Out, Poz Café, the HIVE, the Complementary Therapies Clinic, Positive Speakers Bureau and the \$5 Friday Community Lunch program have been some of the outlets our members are able to enjoy.

I would like to thank all the Board, Staff and Volunteers who have contributed to this organisation over the past year.

I would also like to thank our sponsors, funding body and members- as well as organisations throughout the sector- for their continuing support.

I would like to make a special mention to Australian Executor Trustees Ltd for the generous donation of \$5000 for the HIVE. Positive Life SA is privileged to have been selected as a recipient of the AET Discretionary Charitable Trust program. This contribution will ensure our HIVE project continues to provide food assistance and improve the quality of life for people living with HIV.



Australian  
Executor Trustees

Throughout the 30 years of HIV in Australia, there have been many changes across the sector. At Positive Life SA we need to hear from the voices of our diverse positive and affected community to ensure we are aware of your needs and expectations of the body positive- "nothing for us without us".

Until the first issue in 2012, stay healthy, happy and safe. I would like to wish everyone a happy Christmas.

The newsletter of Positive Life South Australia Incorporated.

## Executive Editor

Tony Minge

## Design and Layout

David Kavanagh

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Any information about new therapies featured in *Positively Talking* should be discussed with your HIV/AIDS Medical Specialist/Doctor.

## Letters to the Editor

Letters to the Editor should be no more than 500 words.

Letters and articles will be printed at the discretion of the editor. Articles and letters do not necessarily represent the views of the organisation or publisher.

Any comments deemed to be defamatory, or harmful to somebody's good name, character, or reputation will either be edited or not published.

Articles can be e-mailed to [president@hivsa.org.au](mailto:president@hivsa.org.au) or posted to PO BOX 383 Marlestone 5033

## Contributors

Tony Minge, Buzz, Rob O'Brien, Mark Stephens, David Kavanagh, Suzi Quixley, Kristin Elliott, Katherine Leane, Katia Ait Si Selmi

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# 10th Anniversary of The International Year of Volunteers

This year marks the 10th anniversary of the International Year of the Volunteer (IYOV+10).

Many of our programs and services could not be run without the dedication of our wonderful volunteers. Volunteers run the HIVE (our food store), staff our Complementary Therapies Clinic, sit on our Board of Management, run our \$5 Friday Lunch Program and assist with event specific support.



Many organisations around the world are using this opportunity to celebrate and appreciate those who selflessly give their time and energy to many worthy causes.

Formal volunteering is an activity that takes place in not-for-profit organisations or projects and is undertaken:

- To be of benefit to the community, as well as the Volunteer themselves
- Of the Volunteer's own free will and without coercion
- For no financial payment

Over the last financial year 39 Volunteers donated a combined total of over 3,670 hours of their time. To put that into perspective, if PLSA had to hire staff to carry out these tasks, even at minimum wage, it would cost us \$57,000.



PLSA would like to say "Thank You" to everyone who has volunteered with us over the past ten years! You have helped shape and build our organisation into what it is today. All your efforts are truly appreciated and have not gone unnoticed.

# THANK YOU!

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# Shiatsu Now Available at PLSA

Buzz

Shiatsu Practitioner

*Positive Life SA is pleased to announce that we are now offering Shiatsu as part of our Complementary Therapies Clinic. Our new volunteer Buzz is a practitioner of both Shiatsu and Reiki so if you're interested in giving either of these two treatments a go, give the PLC a call on 8293 3700. Following is a write up from Buzz explaining what Shiatsu is.*

SHI means "finger" and ATSU means pressure, so Shiatsu is a healing/bodywork modality that involves the application of finger pressure, hands, forearms, knees, elbows and feet to create a state of harmony between the KYO and JITSU areas of the physical body and the energetic components such as the organ system meridian pairs, Lung & Large Intestine

(Metal), Heart & Small Intestine (Fire), Kidney & Bladder (Water), Stomach & Spleen (Earth), Liver & Gallbladder (Wood). It is based on Traditional Chinese Medicine Traditions and Lore extending back over 3000 years, including Yin Yang Theory, Five Element Theory and Japanese Meridian System by Master Masanaga. Shiatsu involves an initial diagnosis of current conditions of the 12 energy meridians and extra ordinary vessels and Tsubos (Acupuncture Points) by looking at the tongue and checking the Six Pulse points on both wrists, it may also involve a Check of Hara (Ampuku) for signs of Deficiency KYO conditions or JITSU Excess Qi/Ki.

Treatment is the physical rebalancing of KYO and JITSU conditions in the body and meridians via Tonification and Sedation techniques using Zen, Classical and Barefoot styles of Shiatsu treatment.

Some Tui Na (Push & Pull Chinese Massage) Technique's may be incorporated into treatment as well as some gentle stretching.

It can also include CUPPING and MOXABUSTION. This is up to the individual.

Treatments are done on a Traditional Japanese Treatment Futon (thinner than a bed futon ) with the client wearing loose fitting cotton or natural fibre clothing, sheets and head-cloths are used for each person.

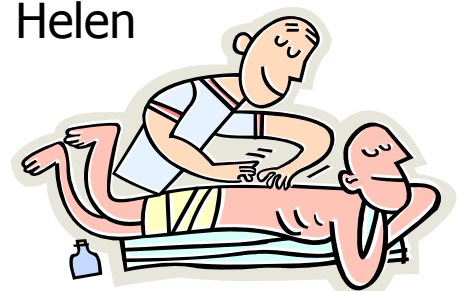
## Make a Clinic Booking Today!

Tuesdays: Swedish Massage (1hr) with Bronte  
1pm and 2.30pm

Thursdays: Relaxation Massage (1hr) with Helen  
10am, 11.15am, 12.45pm, 2pm

Fridays: Shiatsu (1.5hr) with Buzz  
9.30am and 11.30am

**Call Reception on 8293 3700**



# An Executive Perspective

Rob OBrien  
Executive Officer

Usually the end of a year provides time for reflection and assessment, but here at present there isn't time for anything so relaxed. I suppose that in itself is commentary enough on the year that has (nearly) been and gone.

After five years with us, our Reception and Information Officer, David Kavanagh, has left to take up 'eastern seaboard residency' – Sydney! We all wish David the very best for his new adventure and trust that his time with the positive community has provided him with valuable life lessons! I particularly would like to draw attention to David's fantastic redesign and installation of the new Positive Life SA website. This was a major task for the organisation and David has been responsible for its successful completion! David's last work day with us was 25 November; however he will be back to volunteer at

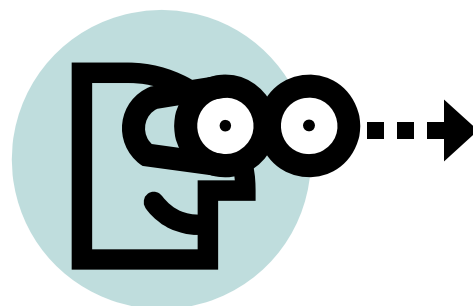


the Candlelight Memorial on 30 November.

2011 is the International Year of the Volunteer + 10 and all of us here at Positive Life SA would like to acknowledge the huge influence of volunteers (past and present) on the organisation. We truly would not exist if not for the efforts of volunteers past and many of our present services could not function successfully without current volunteers. Whether volunteers are Board members involved in the governance of the organisation or as a volunteer working in The HIVE, everyone's role is crucial to the success of Positive Life SA.

From the organisation to all past and current volunteers, *thank you* for your time, energy, commitment, support and ideas and working to make PLSA the best place for the positive community it can be.

As a more formal (and fun) acknowledgement of the International Year of the Volunteer + 10, we are holding an celebration event on 05 December for everyone who has volunteered at PLSA for 12 months or longer. This looks set to be a great night and a well deserved night of recognition for our volunteers.



Also happening before the end of the year is Planet Positive on 09 December at the Duke of Brunswick Hotel. If you haven't been before, please consider coming along. It's a great night out for positive people and their guests in a great space.

And... don't forget our annual end of year BBQ here at Glandore on 13 December from 18.00 onwards. Please RSVP for our catering purposes.

Our final Friday Lunch for 2011 is on 16 December with our (volunteer) team cooking up a delicious Christmas Lunch for only \$5. Be quick to book a seat so you don't miss out

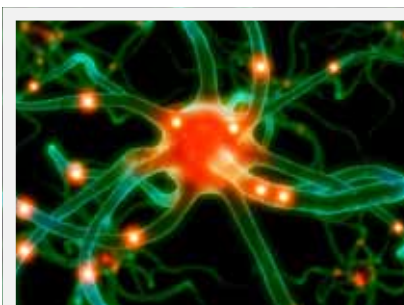
Please also note, we close for the year at midday on 21 December and reopen on 10 January 2012.

Finally (as I always end up saying) please visit, call, email or write: just don't be a stranger and don't be silent. My *perspective* is (even more so) on the future, and I (still) welcome your ideas, thoughts and suggestions about Positive Life SA and invite you along as we continue to move forward.

# HIV & Your Brain (Part II)

Mark Stephens  
Board Member

In the last issue of Positively Talking we introduced you to how the brain works, as explained at the Gilead Sciences sponsored talk "HIV & Your Brain," part of NAPWA's Treataware project. In this issue we have a look at HIV related brain disorders. For information on HIV and depression, see last issue's article by Derick Burns. (past issues of PT can be downloaded from our website [www.hivsa.org.au/pt/pt.html](http://www.hivsa.org.au/pt/pt.html))



## Peripheral Neuropathy

*Peripheral Neuropathy (PN)* is damage to the Peripheral Nervous System (PNS) that starts with the hands and feet and moves up along the limbs. Viral Load and CD4 count do not affect PN. The older a person is and the longer they have been living with HIV, the greater the chances of developing PN. Taller people have a greater disposition to PN.

*Symptoms* include burning and electrical pain, increased sensitivity, itching, numbness and tingling.

*Causes* of PN include heavy alcohol consumption and Kidney Disorders, Hepatitis C treatment, Diabetes (Protease Inhibitor boosted regimens are more often associated with diabetes), Herpes Zoster, Toxins, Cancer and cancer treatments as well as HIV. PN may also be genetic.

### Testing:

1. Neurological examination
2. Nerve Conduction Velocity (NCV) testing
3. Electromyography (EMG). There are 2 types of EMG. A surface EMG (SEMG) which is non-invasive and uses electrodes to measure electrical activity in the muscles and Intramuscular EMG (IEMG) which involves inserting needles into the muscle to measure the same results. An EMG is usually conducted in conjunction with a NCV and performed by a Neurologist
4. Nerve Biopsy (as a last resort)
5. Once PN is diagnosed tests are also required to determine the cause
  - i. Blood-sugars for diabetes are monitored as part of standard testing procedures for PLHIV
  - ii. CT (Computer-assisted Tomography) Scan – to identify brain tumours and ICP (non-invasive). More sensitive than an X-

Ray it also records detail of soft tissue

- iii. Lumbar Puncture (again as a last resort) is an invasive form of testing that can detect infections & diseases of the spine (Syphilis, Herpes, Tuberculosis, Meningitis, Polio) and may also be used to test levels of HIV present in the Cerebrospinal Fluid (CSF).

### Treatment:

HIV may not be the primary source of PN so treatment will depend on the causes.

Painkillers may relieve the pain associated with PN.

Reduction in alcohol intake and diagnosis and treatment of any other underlying conditions will help.

## HIV-Associated Neurological Disorders (HAND)

*Cognitive Impairment (CI):* Regardless of serostatus, all people show signs of some form of CI. HAND can be difficult to identify for a variety of reasons.

*Symptoms* most often relate to memory, concentration, coordination and the ability to communicate.

Magnetic Resonance Imaging (MRI) Scans use magnetic fields rather than X-rays and are more sensitive than CT Scans. MRI's have shown PLHIV use more

neurocognitive reserves to function on an equal par with their sero-negative equivalents leading to increased incidence of headaches and difficulties in concentration. Using these reserves also affect a PLHIV's ability to perform peripheral tasks.

*Causes:* In order for HAND to be diagnosed other causes of CI must be excluded. These include:

1. Opportunistic Infections (OIs)
2. Drug Dependencies (excluding anti-depressants and methadone)
3. Depression
4. Anxiety & Stress
5. The natural ageing process
6. Treatment side-effects: HAND is often pronounced amongst PLHIV commencing treatment and the symptoms may subside. HAND is most often associated with Integrase Inhibitors and nNRTI's.

An undetectable viral load and good CD4 count are reliable indicators that OIs are not the cause of CI.

HAND may also be diagnosed by comparing a patient's symptoms with the natural CI observed in someone of similar age, gender and health that is sero-negative.

Patients complaining of neurocognitive dysfunction may be at greater risk of developing HAND.

Patients who do not complain of any symptoms may also have asymptomatic (ANI) or mild neurocognitive dysfunction (MND). It is believed, that as a result of this, HAND is under-reported in PLHIV.

*HIV-Associated Dementia (HAD):* In the era of HAART the incidence of HAD has decreased while the incidence of HAND has increased. The effectiveness of treatments has had a major impact on HAD. The increased incidence of HAND is attributed to the accelerated ageing of the brain for PLHIV and the fact that PLHIV are living longer as a result of treatments.

HAD is clinically defined as a severe acquired abnormality in 2 of 4 areas:

1. Abstraction
2. Attention
3. Learning/Memory
4. Processing speed

causing considerable interference with day-to-day functioning.

Patients with ANI and MND will also have identifiable impairment in at least 2 areas of neurocognitive function but will have minimal to no impact on their daily functioning.



*Diagnosis of HAD.* HAD may be distinguished from the natural ageing process in these 4 key areas:

1. Memory Loss – healthy individuals will be able to cite examples where they lost or forgotten something
2. Navigation – a person with Dementia will get lost in familiar places

3. Socialisation – a healthy individual will be sociable while a person with Dementia will act inappropriately in social situations and become withdrawn and
4. Attention – a healthy individual will be able to hold a conversation whereas a person with Dementia will lack the concentration to be able to do so

*Testing:*

1. Measurement of brain activity utilising a functional MRI (fMRI), Positron Emission Tomography (PET) or Electroencephalography (EEG). These are helpful in diagnosis of Epilepsy, Alzheimer's, Parkinson's and Dementia
2. CT Scans, which check for tumours
3. Neurocognitive examinations which are similar to neurological examinations but test more specifically for mental acuity than for nerve reflexes. This type of testing is expensive
4. Mini mental State Examination (MMSE) which is quicker and cheaper will determine the presence of neurocognitive dysfunction but does not account for factors associated with HIV as part of the assessment
5. Lumbar Punctures (invasive) will determine if infections and diseases are the source of neurocognitive dysfunction

*Treatment:*

1. A change in ARV therapy may assist
2. Lifestyle changes may reduce symptoms – diet, exercise, rest, routine

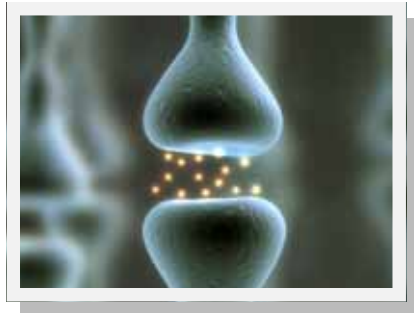
3. Eliminate or reduce drug and alcohol consumption
4. Address vitamin deficiencies (vitamin B12 deficiencies have been associated with Dementia)
5. Counselling

### Conclusions

Overall the workshop was informative, well-organised and presented and the information was easily digestible. While HAART can reduce the incidence and severity of HAND it is inconclusive as to whether the reasons behind this are a result of lowered levels of virus in the blood, reducing the amount of virus transported and stored in the CNS or whether certain medications do actually penetrate the Blood-Brain Barrier.

Studies have demonstrated reduced levels of virus in the CNS but are inconclusive with respect to penetration by ARV.

Studies conducted on potential HAND-based therapies have demonstrated



all commonly prescribed ARV medications to be relatively effective. Those drugs that do not perform as well are usually the medications that S100 prescribers do not commonly use in therapy today because of higher

toxicities for the patient and reduced effectiveness in absorption and incorporation in the blood system (eg Delavirdine and Indinavir).

My criticisms involved gaps in information provision and the detail of information given and includes the following:

Myopathy and Myelopathy were mentioned by presenters but there was a failure to go into any great detail about their relationship to HIV and the Brain.

Lack of detailed and critical examination of HAND-based ARV's and the studies and reports available to date.

A list of services, clinics and hospitals performing CNS-based diagnostics State-by-State would have also been useful.

# 2011 Candlelight Memorial

To remember those that have passed through HIV related illness

## Honour Every Death Value Every Life

30 November 5pm  
16 Malwa Street, Glandore  
Official proceedings to begin at 6pm  
Light supper provided



We are currently seeking volunteers interested in helping out and/or playing a part in the official proceedings. If you are interested please contact PLSA Reception on 8293 3700 or email [reception@hivsa.org.au](mailto:reception@hivsa.org.au)

# HIVE Buzz

David Kavanagh  
Reception & Information Officer

A lot has been happening over the last few months in the HIVE. Thanks to a grant secured by Katia from Community Centres SA we are currently running a fresh fruit and vegetable program called "Fresh, Fruity, Happy... Healthy." This program allows you to access extra fruit and vegetables on top of your existing HIVE points and will run until 16 December. Those members that have accessed the HIVE in the last 4 weeks have been able to get 2 bags of fruit and 5 bags of vegetables during that period. Each bag contains several serves of fruit and vegetables (with a label to tell you how many) and we're encouraging people to make sure they try and get 2 serves of fruit and 5 serves of vegetables each day.

We've now entered the second half of the program so those members who have already accessed their quota

of fruit and vegetables can access some more. If you haven't come into the HIVE in the last month make sure you pop in before Xmas and take advantage of this great initiative.

As part of a rethink of how we run the HIVE we've shifted our shopping day from Tuesdays to Mondays. This allows us to properly stock the HIVE on a day when the PLC is closed, as well as ensure our volunteers are able to assist you better when you come into shop. This also means that the HIVE is now open 10am-3pm Tuesday to Friday.

The recipe for this HIVE Buzz is a quick and easy salad. All the ingredients are available in the HIVE and you can add extra vegetables to suit your taste.

## Ingredients

½ Wombok (Chinese Cabbage)  
1 Red Onion (or 3 Shallots)  
Can of Tuna  
Four Bean Mix  
Lemon  
Soy Sauce

## Directions

Chop your wombok and onion into thin slices (halve the onion before chopping). Drain your tuna and four bean mix (rinse the beans), combine with the chopped vegetables and toss. In a cup add equal portions of soy and freshly squeezed lemon juice and whisk with a fork. Drizzle over the salad and toss through.

Variations to this recipe could include other chopped vegetables or adding spices like ground coriander seeds, pepper or Chinese 5 Spice to the dressing.

Positive Life SA would like to acknowledge the support of:

- **Community Business Bureau:** who have provided funding for the HIVE through their Community Development Grants
- **ACSA:** who have provided funds from the AIDS Trust of Australia
- **Australian Executer Trustees:** for their continued generous financial support of the HIVE

## HIVE Opening Hours

Tuesday–Friday  
10am–3pm

Please note it is not possible to access the HIVE outside of these hours.

# Criminalisation of HIV: Some Good News!



Positive Life SA now has a formal Position Statement on criminalisation of HIV. This means that we can engage in public debate on this issue, confident that we have a well-researched, consistent position.

The Statement is the culmination of work by many people over the past 9 months. It all started in February, when community members attended a forum with Sally Cameron from Queensland. (Sally has done lots of research and writing about the impact of criminalisation of HIV throughout Australia.) As people shared their experiences and concerns about criminalisation, it became clear that this is an important issue for our community which has had a very real impact on positive people. So, Sally came back in June and did a series of workshops with community members, Board and staff, to look at the issues in more depth. Since then, the Board has been working to develop a statement that does justice to everyone's ideas. Here's the result of all their work ...

## **Criminalisation of HIV: Positive Life SA Position Statement 2011**

*Positive Life SA strives to improve the quality of life for all HIV positive people through its core principles of Opportunity, Equity and Acceptance.*

- Criminal prosecutions fail to reflect the reality of Australia's HIV epidemic. HIV transmission is not unusual. There have been more than 30,000 diagnoses of HIV infection in Australia, the vast majority resulting from sexual contact. The harms of HIV infection have changed significantly over the last decade as a result of advances in anti-retroviral treatments.
- HIV is a virus and only one of many communicable diseases. The more than 21,000 people living with HIV in Australia are diverse and are entitled to opportunity, equity and acceptance. HIV does not define us.

*Positive Life SA believes that HIV-based stigma and discrimination is exacerbated by criminal prosecutions and provides a platform for the criminalisation of people living with HIV.*

- People living with HIV continue to experience HIV-related stigma and discrimination which erode people's rights and dignity. Stigma and discrimination have real impacts on people's quality of life.
- Stigma and discrimination also undermine HIV prevention strategies. They work against individuals disclosing their HIV status, practicing safe sex and accessing health care.
- Stigma and discrimination are exacerbated by media reporting of criminal trials. That reporting shapes community understanding of HIV, with inadequate knowledge of HIV directly impacting attitudes and, consequently, the expression and experience of HIV-related stigma and discrimination. In turn, the sensationalising of HIV triggers prosecutions for HIV exposure and transmission.

*Positive Life SA does not support the causing of deliberate harm between people.*

- No Australian HIV prosecution to date has found a person guilty of deliberately harming another. Instead, prosecutions concern HIV positive individuals who

have had unprotected sex. Individuals have been found 'not guilty' of crimes when HIV has been transmitted. Others have been found guilty despite HIV not being transmitted, including in South Australia, where individuals have been imprisoned. Criminal law is an inappropriate and ineffective tool for considering HIV transmission, including questions of ethical and moral conduct.

- HIV infection is a serious matter but the criminal courts are not the appropriate locale to interrogate non-deliberate transmission of HIV. Instead, individuals' experience of HIV infection should be addressed through the range of existing HIV community and health sector mechanisms which are better able to support individuals and address problematic behaviour.

*Positive Life SA supports the UNAIDS Policy Brief on the Criminalisation of HIV Transmission and Exposure, the NAPWA Declaration of Rights for People Living with HIV, and Australia's National HIV Strategy 2010-2013.*

- UNAIDS urges governments to limit criminalisation to cases of intentional transmission, ie. where a person knows his or her HIV positive status, acts with the intention to transmit HIV, and does in fact transmit it. Australian prosecutions do not adhere to that

recommendation. The State's response to HIV transmission and transmission risk must be located in a human rights informed health response, as informed by the NAPWA Declaration of Rights and Australia's National HIV Strategy.

*Positive Life SA is committed to an inclusive and respectful public health response through evidence-informed HIV prevention and treatment, and care and support of HIV positive people including:*

*HIV positive peer support*

*Targeted HIV education*

*HIV prevention messages of mutual responsibility*

- Australia's public health response is internationally esteemed as a result of its success in limiting HIV transmission.

Fundamental to that response is the idea that responsibility for sexual health is shared. Media from criminal prosecutions directly undermines that message by laying blame on one party only. Further, much of the media generated has portrayed those accused as 'villains', which overshadows the core prevention message that any sexual partner could have HIV or be infected with any of the many sexually transmissible infections.

- The public health response also includes formal mechanisms to address instances of individuals putting others at risk of

HIV infection, including public health laws and formal management guidelines.

- Criminal prosecutions are of no discernible benefit to Australia's HIV response. Financial and human resources spent on policing and criminal trials should be invested in reinvigorating HIV prevention, awareness, treatment, care and support.

### Guiding Documents

Declaration of Rights of People Living with HIV/AIDS, National Association of People Living With HIV/AIDS 2005 at <http://napwa.org.au/2005/11/18/declaration-of-rights-for-people-living-with-hiv-aids>

Jakarta Declaration on Leading Health Promotion into the 21st Century (1997) at [www.who.int/hpr/NPH/docs/jakarta\\_declaration\\_en.pdf](http://www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf)

Self Assessment Checklist: Meaningful Involvement of People Living with HIV and affected communities (MIPA) Global Network of People Living with HIV/AIDS (GNP+) and the Asia Pacific Network of People Living with HIV/AIDS (APN+) at [www.ippf.org/en/Resources/Guides-toolkits/Self-Assessment+Checklist+Meaningful+Involvement+of+People+Living+with+HIV+and+Affected+Communities.htm](http://www.ippf.org/en/Resources/Guides-toolkits/Self-Assessment+Checklist+Meaningful+Involvement+of+People+Living+with+HIV+and+Affected+Communities.htm)

Ottawa Charter, WHO/HPR/HEP/95.1, First International Conference on Health Promotion Ottawa, 21 November 1986 at [www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)

Positive Life SA Constitution 2010 at [www.hivsa.org.au/who/constitution.html](http://www.hivsa.org.au/who/constitution.html)

The Greater Involvement of People Living with HIV (GIPA), UNAIDS Policy Brief 2007 at [http://data.unaids.org/pub/Report/2007/jc1299-policybrief-gipa\\_en.pdf](http://data.unaids.org/pub/Report/2007/jc1299-policybrief-gipa_en.pdf)

# Kristin's Monthlies: United we Stand

Kristin Elliot

Hey Readers, it is the very pointy end of what has been a very busy year. It is timely to both take stock and to promote the endeavours and achievements of Positive Life SA.

I have been very vocal about the issues I have felt passionately about, i.e. the loss of services, funds and the general hardship facing poz people. I feel it is time to focus on the uplifting elements that are on offer, if only we stretch out our hands.

We here at the PLC have spent many hours planning a very special Candlelight Memorial. I am quietly confident that the community will find the event safe, respectful and honourable. Yes, the process has changed, but the essence remains the same. That is, to honour every death and celebrate every life.

The PLC has a core group of volunteers, whom without their tireless efforts, the centre wouldn't offer many services. It is important to remember that the HIVE, the massages, the board, are all staffed by volunteers. This being said, it is the 10th anniversary of the International Year of the Volunteer, so in recognition of our volunteers a special night of food, drinks and socializing

has been organised. I personally am grateful and slightly abashed at this sort of recognition, but it is so important for morale and a feeling of belonging.



It is that time of year too, when we dust off our 'glad rags' and take to the streets for Pride March. Positive Life SA has had a tradition of walking in the march, but sadly this has waned in the last couple of years, due only to the upheaval we had to navigate through as an organisation. Remember folks, we have 12 sets of beautifully, handmade Bee Wings, that are worn just like fairy wings, that look spectacular. Steve Dewhirst was chief wing maker and achieved a stunning result. It's a chance to make a dramatic and artistic statement at Pride March about the HIVE.

We are holding our AGM at the end of November and there are several positions available on the Board so take a positive risk and nominate either yourself or someone you feel would bring a breathe of fresh air to the Board. I am up for re-election and would be humbled if I could represent positive women again.

This brings me finally to what we, as a community, can look forward to in 2012. Katia has been tireless in her efforts to implement some fantastic and creative opportunities. We can look forward to Art Classes (involving a variety of art forms) as well as Creative Writing (incorporating autobiography, poetry and short story). I have been a part of an art group at the PLC in the past and it enabled me to put 2 artworks in 2 exhibitions, astounding! So keep your eyes open for the start dates and expressions of interest, I will be!

I hope that we as a community can grow strong TOGETHER again and start 2012 with hearts full of hope, heads full of dreams and hands willing to reach out to each other. I always like to end in my usual way, to remind both myself and you, the reader, that we alone must do it but we don't have to do it alone.

# Healthy Budget Meals with Tony

Tony Minge

## Chicken and White Wine Casserole

### Ingredients

750 g chicken thighs, skin removed  
1 medium onion, chopped  
1 clove garlic, crushed  
1 & 1/2 cups white wine  
1 X 875g can peeled tomatoes  
2 potatoes, peeled and diced  
2 carrots, sliced  
300 g mushrooms, sliced  
1/2 cup red lentils  
1 cup reduced fat natural yoghurt  
2 tablespoons cornflour  
2 tablespoons chopped fresh parsley  
Canola or olive oil

### Method

- Spray a large non-stick saucepan with oil and heat. Brown the chicken on both sides.
- Add the onion, garlic and wine and cook for 1 to 2 minutes.
- Add the tomatoes, potato, carrot, mushrooms and lentils and simmer covered for 35 minutes or until chicken is cooked through and lentils are tender.
- Combine yoghurt, cornflour and parsley and add to the pan. Reheat without boiling. Serve with a green salad and crusty bread.



## Banana & Chocolate Muffins

### Ingredients

3 large ripe bananas  
1 & 1/2 cups self-raising flour  
3 tablespoons cocoa powder  
1 teaspoon baking powder  
2 teaspoons mixed spice  
1/2 cup raw sugar  
1/4 cup low-fat natural yoghurt  
3 eggs, beaten  
2 teaspoons olive oil, for greasing baking tins

### Method

- Preheat oven to 180C. Remove the skins from bananas and then puree in a food processor or you can just mash with a fork.
- Place all other ingredients in a mixing bowl, add banana and stir with wooden spoon.
- Place 1-2 tablespoons of the mixture into greased muffin tins and then bake for 10 minutes or until muffins are cooked when tested with a skewer.

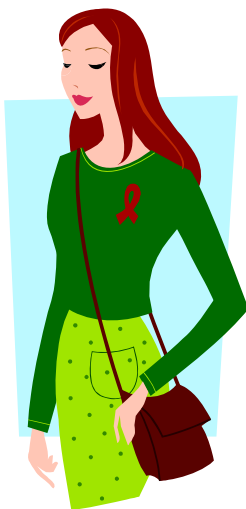


# The Women's Project

Katherine Leane  
HIV Women's Peer Support Worker



Welcome to that busy and hectic time of the year across the HIV sector and yes, I am referring to AIDS Awareness Week (AAW), which is held each year in the lead up to World AIDS Day (WAD) on December 1st. There is an extensive sector calendar available listing all the events and activities surrounding this year's theme for 2011 "HIV is Still Here". For those of us living with, affected by or working in the sector, the impact of HIV is present in our lives every single day but AAW is the time we focus on highlighting HIV prevention and awareness education in the mainstream arena. As long as the numbers of new infections rise globally, nationally or locally we all have partnership work to do.



The Women's Peer Support Group was held on November 1st at Positive Life SA (PLSA) and that opportunity to relax,

chat and share our experiences remains a valued opportunity. The final support group for 2011 will be held on Tuesday 6th December and to celebrate we have a special day planned involving MAC cosmetics, delicious food and fabulous company. We will contact you with final details closer to the day or you can call us on 8239 9600.

On Wednesday November 9th I attended the launch and product night of Seeds of Affinity at the Bowden Brompton Community Centre. Pam is on the committee of Seeds of Affinity Pathways for Women Incorporated and it was an event where over 100 people attended. This amazing group of women represents the interests of women with lived prison experience who together produce a range of cosmetic products to fund the service. Together they challenge the stigmatisation faced by women leaving prison and provide friendship and a sense of purpose for a group so often forgotten, or ignored, by society. I was moved to hear the powerful personal stories of women who had found a sense of self worth and pride in belonging out in a society that is often so judgmental. Here is a link for a recently aired 60 minutes story about a group of HIV positive

women; it was well presented and clearly reflected the diversity across the lives of positive woman in Australia <http://sixtyminutes.ninemsn.com.au/article.aspx?id=8366724>

As part of the NAPWA National Network of Women Living with HIV, our network became members of the Australian Women's Health Network (AWHN) in 2010. As members of that group we receive woman specific information and newsletters on a regular basis. In late October we received a briefing paper on the "Sterilisation of Women and Girls with Disabilities" and if interested in reading more you can go to [www.stoptortureinhealthcare.org](http://www.stoptortureinhealthcare.org). This is a FYI and does not necessarily reflect the individual opinions of women on the national network or workers at the Women's Project or PLSA.

Pam and I both look forward to seeing you all at many of the upcoming events during AAW and especially our event in partnership with PEACE, a multicultural service (of Relationships Australia), on Thursday December 1st to celebrate and honour women on World AIDS Day.

# Accreditation Process Update

Katia Ait Si Selmi  
Executive Assistant

Easier said than done...

Well, after over a year of working on our Accreditation Process we have to admit that task is very daunting and perhaps more involved than even we first thought. So that we can make the 'best show possible' we have decided to defer our external review until May 2013. This will allow us to deal with all tasks in a timely and organised fashion rather than rushing things for the sake of finishing, no matter how well or bad they may turn out.

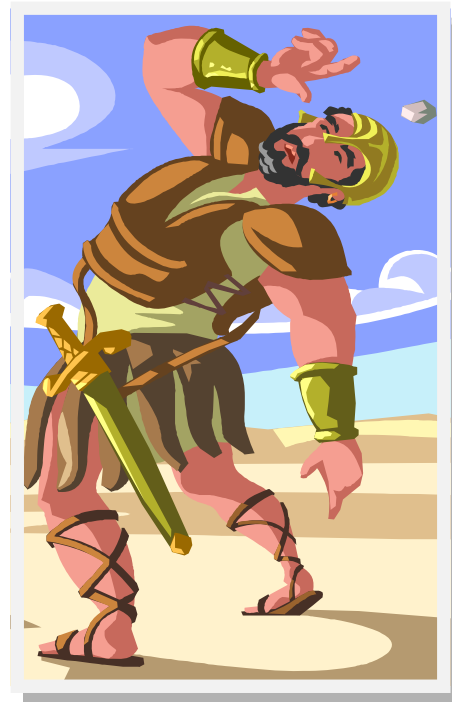
As you may have gathered from my previous updates, this is proving to be a 'David



and Goliath' challenge. We have a wonderful group of people on the committee - dedicated volunteers and staff - who work together on a regular basis to bring the organisation into a new era.

A major piece of work towards accreditation is the full development and implementation of the organisation's Policies and Procedures Framework which will create and sustain an open and honest environment for people to freely express their views, address issues that concern all positive people and lobby for the rights of those who are stigmatised by the general public.

Of course we don't need to reinvent the wheel. PLSA has been very successful during its 16 years of history and achieved many milestones and become a major player within the HIV/ HCV community sector from very humble beginnings.



Our accreditation tasks push us to document our history and in order to learn and guide us into a future built on mutual trust and respect, for everyone from everyone.

We are looking forward to renewed energy for 2012 for our accreditation process. If anyone is interested in joining our committee, please contact me and we can discuss.

Meantime, enjoy the festive season and see you all in 2012



**Check out what's on at the**  
**Glandore Community Centre**

Yoga classes on Monday afternoons & Tuesday mornings Arts, Craft & Produce Market every 3rd Saturday of the month various arts groups throughout the week and more!

Go to [www.marion.sa.gov.au/site/page.cfm?u=312](http://www.marion.sa.gov.au/site/page.cfm?u=312) to find out more

or call 8371 1139 or email [admin@marion.sa.gov.au](mailto:admin@marion.sa.gov.au)

**City of Marion** 25 Naldera St, Glandore (across the park from the PLC)

# PLANET POSITIVE



a private social event for people living with HIV and their friends to mix and mingle with other positive people in a safe and relaxed environment.

**When:** Friday 09 December 6-9pm  
**Where:** The Duke of Brunswick Hotel  
207 Gilbert Street, Adelaide  
**RSVP:** [reception@hivsa.org.au](mailto:reception@hivsa.org.au)  
or (08) 8293 3700



**ACSA**

## Poz-on-Poz

A Social group for gay positive men and their supporters



**New People Welcome**

Contact Reception for more information on 8293 3700 or [reception@hivsa.org.au](mailto:reception@hivsa.org.au)



Want to get *Positively Talking* as soon as it's finished?

Want to help us save money and save the environment?

Join the PT email list today!

Email [reception@hivsa.org.au](mailto:reception@hivsa.org.au) with the subject "P.T. via email please"

# Medical Updates



## Researchers find new HIV strain in Singapore

<http://news.asiaone.com/News/Latest%2BNews/Health/Story/A1Story20111105-308932.html>

05 Nov 2011

SINGAPORE - Researchers at Tan Tock Seng Hospital (TTSH) have found a new strain of the Human Immunodeficiency Virus (HIV) in Singapore, local newspapers reported.

Named CRF51\_01B, it is believed to be more aggressive and is a recombination of two existing strains.

Recombination occurs when a person with one HIV strain is infected with another, resulting in the viruses evolving to form a new strain, with parts of the original two, The Straits Times (ST) reported.

CRF51\_01B is a recombinant form of two existing strains which have been documented here, the CRF01\_AE and subtype B.

There are currently 50 known recombined strains of HIV in the world, and this new one found by the hospital's Department of Infectious Diseases is believed to be the 51st.

Studies have yet to confirm if the new strain is indeed more aggressive, but it is suggested that patients with CRF51-01B could become ill sooner or develop more serious diseases.

CRF51\_01B was found in 13 (11.9 per cent) out of 109 HIV patient samples collected between February 2008 and August 2009, in a study led by Dr Oon Tek Ng.

## Vaccine could reduce HIV to 'minor infection'

<http://www.dailypioneer.com/vivacity/18353-healthpill.html>

06 Nov 2011

Spanish researchers have found that 22 of 24 healthy people (92 per cent) developed an immune response to HIV after being given their MVA-B vaccine. Professor Mariano Esteban, head researcher on the project at the National Biotech Centre in Madrid, said of the jab, "It is like showing a picture of the HIV so that it is able to recognise it if it sees it again in the future." The injection contains four HIV genes which stimulate T and B lymphocytes, which are types of white blood cells.

Prof Esteban explained, "Our body is full of lymphocytes, each of them programmed to fight against a different pathogen. Training is needed when it involves a pathogen, like the HIV one, which cannot be naturally defeated."

B cells produce antibodies which attack viruses before they infect cells, while T cells detect and destroy infected cells. The study showed that almost three-quarters of participants had developed HIV-specific antibodies 11

months after vaccination. Over a third developed one type of T cell that fights HIV, called CD4+, while over two-thirds developed another, called CD8+.

Overall, 92 per cent developed some sort of immune response. However, that is not the same thing as being protected from HIV infection: The response could be inadequate to provide protection. The researcher was optimistic, saying, "MVA-B vaccine has proven to be as powerful as any other vaccine currently being studied, or even more. If this genetic cocktail passes Phase II and Phase III future clinic trials, and makes it into production, in the future HIV could be compared to herpes virus nowadays."

## HIV study identifies key cellular defence mechanism

<http://www.manchester.ac.uk/aboutus/news/display/?id=7628>

07 Nov 2011

Scientists have moved a step closer to understanding how one of our body's own proteins helps stop the human immunodeficiency virus (HIV-1) in its tracks.

The study, carried out by researchers at The University

of Manchester and the Medical Research Council's National Institute for Medical Research and published in *Nature*, provides a blueprint for the design of new drugs to treat HIV infection, say the researchers.

Scientists in the United States and France recently discovered that a protein named SAMHD1 was able to prevent HIV replicating in a group of white blood cells called myeloid cells.

Now, crucially, the teams from Manchester and the MRC have shown how SAMHD1 prevents the virus from replicating itself within these cells, opening up the possibility of creating drugs that imitate this biological process to prevent HIV replicating in the sentinel cells of the immune system.

"HIV is one of the most common chronic infectious diseases on the planet, so understanding its biology is critical to the development of novel antiviral compounds," said Dr Michelle Webb, who led the study in Manchester's School of Biomedicine.

"SAMHD1 has been shown to prevent the HIV virus replicating in certain cells but precisely how it does this wasn't known. Our research has found that SAMHD1 is able to degrade deoxynucleotides, which are the building blocks required for replication of the virus.



"If we can stop the virus from replicating within these cells we can prevent it from spreading to other cells and halt the progress of the infection."

Co-author Dr Ian Taylor, from the MRC's National Institute for Medical Research, added: "We now wish to define more precisely, at a molecular level, how SAMHD1 functions. This will pave the way for new therapeutic approaches to HIV-1 and even vaccine development."

The study was funded by the Medical Research Council, the European Union Seventh Framework Programme and the European Leukodystrophy Association.

### **Vertex announces positive interim data from INCIVEK Phase 2 combination trial on HIV, HCV**

<http://www.news-medical.net/news/20111107/Vertex-announces-positive-interim-data-from-INCIVEK-Phase-2-combination-trial-on-HIV-HCV.aspx>

07 Nov 2011

Vertex Pharmaceuticals Incorporated (Nasdaq: VRTX) today announced positive interim results from an ongoing Phase 2 study designed to evaluate the safety and tolerability of INCIVEK™ (telaprevir) tablets in combination with pegylated-interferon and ribavirin in people who are co-infected with chronic genotype 1 hepatitis C (HCV) and human immunodeficiency virus (HIV). Data showed 74 percent (28/38) of patients who were treated with INCIVEK (in-SEE-

veck) combination therapy had undetectable hepatitis C virus (HCV RNA) at Week 24 of treatment compared to 55 percent (12/22) who were treated with pegylated-interferon and ribavirin alone. Changes in CD4 counts were similar between the treatment groups and no HIV viral load breakthroughs were observed in either treatment group during the study. Adverse events that occurred more frequently ( $\geq 10$  percent difference) in the INCIVEK arms compared to placebo were abdominal pain, vomiting, nausea, fever, dizziness, depression and itchiness. No severe rashes were reported through 24 weeks. Interim results from this study are being presented at The Liver Meeting®, the 62nd Annual Meeting of the American Association for the Study of Liver Diseases (AASLD), November 4-8, 2011 in San Francisco.

"Treating hepatitis C in people who also have HIV is particularly challenging as only about 30 percent of people clear the virus after undergoing nearly a year of treatment with currently available medicines," said Robert Kauffman, M.D., Ph.D., Senior Vice President and Chief Medical Officer at Vertex. "As we prepare for our new Phase 3 study to evaluate INCIVEK combination therapy in a much larger group of people who are co-infected, data from this study give us hope that in the future we'll be able to help more co-infected patients clear the virus."



# This Positive Life

## Arts and Literature Program



Starting in February 2012 - Register your interest now!!

PLSA is pleased to be able to offer 2 Expressive Arts courses:

- Poetry and Short Story writing - 8 week course starting Thursday 16 Feb 2012 (1 session per week at 2.5hrs each)
- Painting and Drawing - 12 week course starting Tuesday 14 Feb 2012 (1 session per week at 3hrs each)

Places are strictly limited and will be filled on a first come first serve basis.

If you would like to get involved please call or email us on 8293 3700 or [reception@hivsa.org.au](mailto:reception@hivsa.org.au)

## Dates for Your Diary



### November

**Wednesday 30th** 6.00pm-8.00pm  
Candlelight Memorial  
Grounds of the PLC

**Tuesday 13th** 6.00pm-8.00pm  
End Of Year Celebration  
Grounds of the PLC

### December

**Thursday 1st**  
World AIDS Day

**Tuesday 6th**  
Mental Health Professional Network  
(contact Katia for details)

**Friday 9th** 6.00pm-9.00pm  
Planet Positive  
207 Gilbert St, Adelaide

**Friday 16th** 12pm-1.30pm  
Last \$5 Friday for the year

**Wednesday 21st** 12pm  
PLC Closed for Summer Break

### January

**Tuesday 10th** 9am  
PLC reopens for 2012

Positive Life SA Phone/E-mail/Services	
Positive Living Centre	Ph: (08) 8293 3700 Free Call: 1300 854 887 Fax: (08) 8293 3900 Tues-Fri 9am-5pm
President: Tony Minge	president@hivsa.org.au
Vice President: Katherine Leane	vicepresident@hivsa.org.au
Ordinary Board Members	David Larrett, Kristin Elliott, Mark Stephens, Kym Eve, Derick Burns, Steven Dewhirst
Executive Officer: Rob O'Brien	executiveofficer@hivsa.org.au 0423 594 490
Executive Assistant: Katia Ait Si Selmi	executiveassistant@hivsa.org.au
Health Promotion Officer: Suzi Quixley	healthpromotion1@hivsa.org.au
Health Promotion Officer: Georges Oteng	healthpromotion2@hivsa.org.au
Administrative Officer: Michelle Depauw	admin@hivsa.org.au
Reception & Information Officer: David Kavanagh	reception@hivsa.org.au
Positively Talking Executive Editor: Tony Minge	president@hivsa.org.au
The HIVE	The HIVE is a volunteer run food co-op for HIV positive people on low income. Tues-Fri 10am-3pm
Complementary Therapies	Therapies available include Massage and Reflexology
PLC Facilities For client use	Reading Library Printing/photocopying (small fee) Computer Access Billiard Table Coffee and Tea facilities Family/TV room Tool Library Clean Needle Program
Treatments Information	Treatments information can be accessed at the PLC, with the latest information and clarification on medical treatments, complementary therapies and vitamin co-op.

HIV Sector Phone Numbers	
PEACE A Multicultural Program of RASA	(08) 8245 8100
Special Needs Clinic Adelaide Dental Hospital	(08) 8222 8270
Royal Adelaide Hospital HIV Liaison Officer Michael Curry	(08) 8222 5816
Royal District Nursing Services HIV/AIDS Services	1300 364 264
17 O'Brien Street General Practice Adelaide	(08) 8231 4026
Cheltenham Place Respite/Intermediate Care Facility A Program of Centacare	(08) 8272 8799
Women's Health Statewide and the HIV Women's Project	Ph: (08) 8239 9600 Fax: (08) 8239 9696
Hepatitis C Council of South Australia	Ph: (08) 8362 8443 Fax: (08) 8362 8559
Clinic 275 275 Nth Tce, Adelaide	Ph: (08) 8222 5075 Fax: (08) 8232 3504
ShineSA (Sexual Health Information Networking and Education)	Ph: (08) 8300 5300 Fax: (08) 8364 2389
MOSAIC Services @ Relationships Australia Counselling and Support Services	Ph: (08) 8223 4566 Fax: (08) 8232 2898
Flinders HIV Liaison Nurses Vicki Waddell & Robyn Gilligan	Ph: 8204 4292 (direct) Ph: 8204 5511

AIDS Council of South Australia	
Reception	(08) 8334 1611 Free Call: 1800 888 559.
Gay Men's Health Phone:	(08) 8334 1606
Man2Man Information Line ~ Sexuality, Health, Info & Support	City Callers: (08) 8334 1617 Country Callers: 1800 671 582
SAVIVE (South Australian Voice for IV Education) Keswick Clean Needle Program	(08) 8334 1690
SA SIN (South Australian Sex Industry Network)	(08) 8351 7626