

The International AIDS Candlelight Memorial

international leaders to improve policies that affect the conditions of affected communities

children, strengthening public health systems, and vaccine development.



Photo: Zainaldin D. Limpao Osop

The International AIDS Candlelight Memorial, a program of the Global Health Council, is among the world's oldest movements by civil society for HIV/AIDS remembrance, awareness and community action. Started in 1983, the historic Candlelight Memorial takes place every third Sunday in May and is led by some 1,200 volunteer Candlelight Coordinators in 119 countries who host vigils for their communities.

The Candlelight Memorial is also more than just a memorial. It is an opportunity to educate about AIDS, advocate for policy change, foster partnerships and community dialogue, and improve skills for community mobilization. With 33 million people estimated to be infected worldwide, the Candlelight serves as an important uniting intervention among civil society and their governments, breaking down social barriers, and giving hope to future generations.

The Candlelight Memorial program encourages governments and

Candlelight Advocacy Platform

The Candlelight Memorial is committed to ending HIV/AIDS by raising awareness and advocating for the advancement of effective policies at all levels. The program has identified the following key issue areas as its platform around which it cultivates community advocacy through its events and activities:

Reducing Stigma & Discrimination

Communities around the world affected by the HIV/AIDS pandemic, particularly people living with the disease and other marginalized groups, often face debilitating social stigma and discrimination simply because of their association with the virus. The Candlelight Memorial urges leaders to fight discrimination through protecting the rights of affected groups and individuals, and fostering an inclusive human environment of both support and opportunity.

Ensuring Access to Treatment, Prevention & Care

Poor or marginalized communities have little access to basic AIDS services. The Candlelight Memorial urges leaders to ensure communities equal access to treatment (such as testing and anti-retroviral therapy); evidence-based prevention (such as education and condoms); and care and support (such as counseling and hospice). This requires meeting the needs of orphans and vulnerable

Increasing Resources for HIV/AIDS, Malaria, Tuberculosis and Other Related Issues

The needs of communities affected by HIV/AIDS by far outpace the current resources allocated to meet them. The Candlelight Memorial urges leaders to fulfill their commitments to adequately address the scope and depth of AIDS, including other burdens accompanying or enhancing its spread such as TB, malaria, sexually-transmitted diseases and opportunistic infections, and other contributing social and economic challenges.

Promoting Greater Involvement by Affected Communities

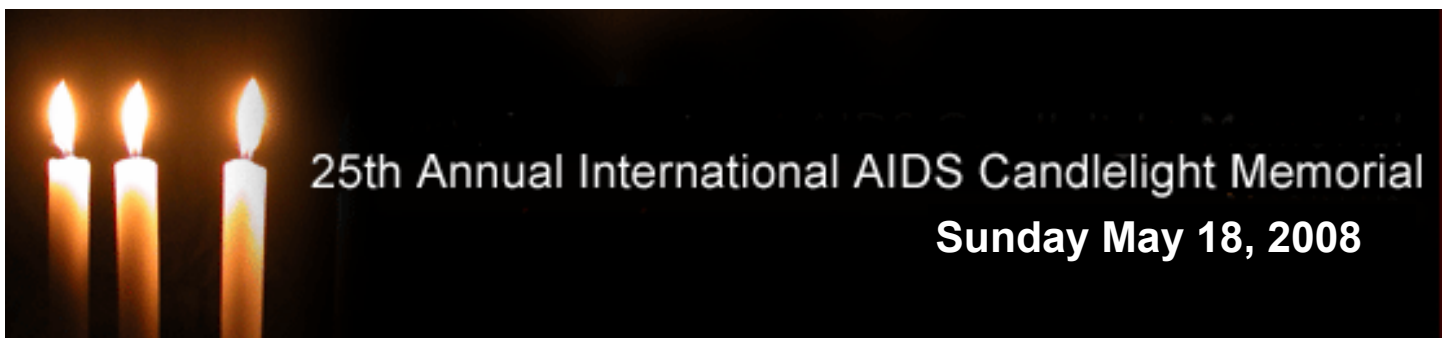
Affected communities by HIV/AIDS are often neglected in the decision-making processes that aim to assist them in the first place. The Candlelight Memorial urges leaders to incorporate the voice of affected communities in the formulation of policy, as well as in the design and implementation of programs. Their experience and opinions are essential to the global dialogue about the disease. This includes promoting the empowerment of women and youth.

References

08. STOP.AIDS: A Plan to Stop Global AIDS. 2008. Global Network of People Living with HIV/AIDS. 2002. The Global Advocacy Agenda: GNP+ Policy Platform

Sourced from the candle light memorial website

<http://www.candlelightmemorial.org/>



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As you are all aware, POSITIVELY is a monthly publication for people living with HIV/AIDS in the ACT and surrounding districts. Currently we are looking for people to assist us with the publication e.g. writing groups. No experience is necessary as we will provide training in all aspects of publishing from writing articles through to the printing stage. If you can spare a couple of hours from time to time please drop into the office for a chat or give Marcus a call. Positively is a monthly publication produced within the ACT with funding from the ACT Dept of Health. Submissions for the next edition are due on **Wednesday 25 April 2008**. Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.

Positive Support Services in the ACT and surrounding areas

People Living With HIV/AIDS ACT

Provides support for HIV+ people in the ACT through a newsletter and links with other PLWHA organisations throughout Australia. We also provide individual support with advocacy and representation on health and other issues, and referral to other agencies. Phone 6257 4985

Positive Support Network

HIV+ people get together to offer support and share information. PSN is mostly a social occasion where people can share the experience of being HIV+ over a free meal, without the formality of a structured meeting. Dinner on alternate Tuesdays. Ph 6257 4985.

Positive Women's Group

The Positive Women's Group meets for social activities throughout the year. For information on the group's gatherings contact Marcus, Nada or Stephanie on 6257 2855 or 6257 4985

Trevor Daley Fund

The Fund provides assistance for people with HIV/AIDS who are experiencing financial hardship, for the part payment of bills, a treatments allowance and some other costs. Applications can be made to the TDF Committee by any service provider. For more information call the TDF on 6257 2855.

Counselling

Stephanie Buckle is the AIDS Action Council counsellor. Free consultation available to all HIV+ people, their partners, carers or significant others. Phone 6257 2855 to make an appointment.

Jane Keany is the counsellor for the ACT Division of General Practice HIV/AIDS Program, and offers subsidised counselling services for people infected with or affected by HIV, their significant others and people at risk of HIV infection. Jane is available at the Interchange General Practice. Phone 6257 3004 or 0402 222 408 to make an appointment

Health Maintenance and Treatments Officer

All enquires to Marcus

Phone 6257 2855

Massage

Massages are available each Wednesday between 12.45pm and 4.15pm
Treatments are of ½ hour duration.
Appointments can be made by contacting the PLWHA ACT Office on 6257 4985.

Nutrition

Consultation with a dietician from The Canberra Hospital is available free at the Canberra Sexual Health Centre.
Appointments necessary. Phone Canberra Sexual Health on 6244 2184.

An HIV specialist nutritionist from Melbourne will be visiting quarterly. For further info contact Marcus on 6257 4985

Canberra Sexual Health Centre

Co-located with The Canberra Hospital. Free service available (no Medicare card is required) for testing and treatment of STIs, HIV clinic and counselling for issues such as safe sex, relationships and sexual functioning problems. Walk-in consultations available for urgent matters. Call on 6244 2184 to make an appointment.

Library

PLWHA and the AAC have an extensive range of books and videos for your enjoyment.

Educational books on HIV issues, cooking, Sci-Fi and general reading material just to name a few of the areas covered. If you would like to borrow any of them please see Lynn or Mandi at the AAC reception desk who will sign them out to you and explain the borrowing conditions. We also have a number of new books in the library this month.

Greater Southern Area Sexual Health and Hep C Service

Sexual Health Counsellor/Educators

Angela Trevaskis

Queanbeyan, Braidwood, Yarrowlumla Shire

Ph- 02-6298 9233 Mobile 0428 972 414

Aboriginal Sexual Health HIV/AIDS worker

Sharyn Medway

Ph 02-4827 3913 Mobile 0429 985 606

Sexual Health Nurses

Christine Taylor -

South Coast, Batemans Bay - Eden

Ph- 02-4476 2344 Mobile 0427 219 874

Shannon Woodward, Lee Constable

Queanbeyan-Goulburn Region

Ph- 02-6298 9213 mobile 042 789 3247

Margaret Trail

Albury 02 6058 1839

Robyn Ridley & Sally Anne Brennan

Wagga Wagga 02 6938 6492

Sally Daveron

Griffith 02 6966 9930

Clinical Nurse Consultant

Alison Kincaid Albury 02 6058 1831

Sexual Health Physician

Dr Katherine Turner

Ph 6298 9213

HIV/AIDS Related Programs Manager

Michael Bolton

Ph: 02 6923 5774

The Fine Print

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Diabetes and HIV

By Jason Appleby & Megan Gayford

Diabetes is now the fastest growing chronic health condition in the developed world and affects over one million Australians.[1] People living with HIV are more likely to develop diabetes than their HIV negative peers, particularly as antiretroviral treatment increases life expectancy.

What is Diabetes?

Diabetes mellitus is a metabolic disorder marked by high levels of blood glucose (hyperglycaemia) caused by either a deficiency of the hormone insulin or a decreased ability of the body to use insulin properly. There are three main types of diabetes mellitus:

* Type 1: accounts for approximately 13% of all people with diabetes in Australia.. Type 1 diabetes is caused by an auto-immune destruction of the pancreatic cells that produce insulin. The insulin must be replaced for survival. Type 1 usually develops in childhood or adolescence.[2][3]

* Type 2: accounts for more than 85% of people with diabetes in Australia[4] and is characterised by inadequate levels of insulin, or the body's inability to use insulin (insulin resistance). It is not an autoimmune disorder and can often, but not always, be prevented by lifestyle modification. Risk of developing Type 2 diabetes is increased by family history of diabetes, being overweight, a sedentary lifestyle,[5] smoking and a poor diet.

* Gestational: occurs during pregnancy in about 3-8% of women not previously diagnosed with diabetes. Gestational diabetes usually resolves after delivery when the physiological stress of pregnancy subsides, however women who have had gestational diabetes are at increased risk of developing Type 2 diabetes.[6]

Type 2 diabetes

Type 2 diabetes is characterised by a gradual decline in the effect and level of insulin in the body. Insulin is a hormone produced by the pancreas which helps to regulate the amount of glucose in the blood. In a healthy person, insulin is released into the bloodstream when blood sugar levels are elevated, and the insulin promotes the uptake of glucose into various tissues.

In type 2 diabetes, the effect of insulin on the cells which would normally take up glucose is reduced. This is called insulin resistance. Increasing insulin resistance means that more insulin needs to be produced to maintain blood glucose levels within the normal range (hyperinsulinemia).

Eventually, the increase in insulin resistance results in elevated blood glucose levels. High blood sugars may not cause any symptoms, but will damage the body if left untreated. When physical symptoms do present, they include:[7]

- * Fatigue
- * Poor wound healing.
- * Recurrent infections – particularly fungal infections such as yeast infections, swimmers ear or groin rash
- * Polyuria – frequent urination
- * Polydipsia – constant thirst
- * Blurred vision
- * Leg cramps

Diabetes and HIV

The metabolic complications of HIV and antiretroviral medication have been studied extensively, focussing mainly on wasting syndrome/lipodystrophy and other lipid abnormalities. Less attention has been directed toward glucose homeostasis (the ability of the body to maintain a normal blood sugar level), but there have been some important discoveries:

Hyperglycaemia (high blood sugar), insulin resistance and diabetes in HIV patients are becoming more common as use of antiretrovirals increases (particularly protease inhibitors). One study (based on evidence collected from a large, multicentre study) concluded that HIV+ men with HAART exposure have an increased prevalence and incidence of pre-diabetes and diabetes mellitus. Exposure to a HAART regimen—including PIs, d4T, or efavirenz—was associated with an apparent increased risk of hyperglycemia.[8] There is evidence that in PLHIV, insulin resistance is caused by certain drugs, particularly Indinavir.[9]

Prevention of Type 2 Diabetes

The key to prevention is early detection of pre-diabetes, which is the stage when blood glucose levels are higher than normal but not high enough for a diagnosis

of type 2 diabetes. Regular monitoring of blood sugar levels are encouraged in PLHIV. Early detection of elevated blood sugar levels allows an opportunity to intervene with diet and lifestyle modifications and minimise potential damage to the body.

It is estimated that about two million Australians have pre-diabetes which, if left untreated, may develop into type 2 diabetes within five to ten years.[10]

The good news is that by becoming more active and adopting healthy eating habits, the risk of developing type 2 diabetes can be reduced by almost 60 per cent. The prevalence of type 2 diabetes has trebled in the past 20 years with much of the increase being attributed to the rise in obesity. With 80 to 90 per cent of people diagnosed with type 2 diabetes being overweight or obese, the time to act is before pre-diabetes progresses to diabetes.[11]

Management of Type 2 Diabetes

Type 2 diabetes is managed by lifestyle intervention. As the disease progresses, drug therapies may be required. The principles of lifestyle intervention are also relevant to the prevention of diabetes.

Exercise

Exercise is a cornerstone in the management of diabetes. Exercise directly improves insulin sensitivity, and reduces blood sugars, while helping to maintain a healthy weight.

The positive effects of exercise on insulin sensitivity are not limited to the time spent exercising but are extended for up to 24 hours after.[12] The current Australian guidelines recommend 30 minutes of exercise, 5 or more days per week.[13] Cardiovascular exercise (where the heart rate is increased by walking, jogging, dancing, bike riding, climbing stairs for example) is particularly beneficial in the treatment of diabetes as it promotes both insulin sensitivity and weight loss.

Diet

Healthy eating for people with diabetes is the same as that recommended for the general population. There is no need to prepare separate meals or buy special foods. Carbohydrate foods directly

nfluence blood sugar levels, so it is important for people living with diabetes to consider the amount and type of carbohydrate food they eat throughout the day. Carbohydrate foods include breads, cereals, rice, noodles, potatoes, fruit, dairy, legumes and sugary foods (biscuits/confectionary/soft drink).

To assist in blood sugar control it is recommended to space meals evenly throughout the day with a similar amount of carbohydrate eaten at each meal.

Carbohydrate foods that are digested slowly provide the best blood sugar control. These are called low glycemic index (GI) foods. For more information about GI, see www.glycemicindex.com. A dietitian can assist in planning meals for people with diabetes.

Food choices for people with diabetes should generally be:

- * Low in saturated fats, which are commonly found in meat, highly processed convenience foods and high fat dairy products including cheese and cream and;
- * High in unsaturated fats such as nuts, fish, avocados, canola, olive and sunflower oils;
- * High in fibre from wholegrain foods, fruit and vegetables; and
- * Low in added sugars such as processed baked goods and soft drinks.

It is recommended that positive people who have diabetes consult a HIV specialist dietitian to ensure all dietary requirements are met.

Jason Appleby is a Policy Analyst at AFAO, and Megan Gayford is a dietitian at the Albion St Centre.

Drug Treatment

Drug treatment for diabetes aims to control blood glucose levels.

The first line of therapy is a type of drug called sulphonylureas. These are a class of antihyperglycemic medication which stimulate the pancreas to produce more insulin. Unfortunately these drugs tend to cause moderate weight gain (up to 5 kg) and may cause blood sugar levels to fall too low (hypoglycaemia).

Metformin is a drug used as an alternative to sulphonylureas, and it acts on the liver to reduce the production of glucose. Unlike the sulphonylureas, metformin tends to reduce weight and is commonly used in obese patients, but it is not suitable for people with antiretroviral associated fat loss (lipoatrophy). Metformin can reduce triglyceride and LDL cholesterol levels (both of which are often elevated in people with high glucose levels on antiretroviral therapy). Metformin may also increase the risk of lactic acidosis in people taking nucleoside reverse transcriptase inhibitor (NRTI) antiretroviral drugs.

The third class of drug used are the glitazones (thiazolidinediones) which lower blood glucose by improving cell response to insulin. Glitazones are associated with weight gain, but this effect may be advantageous to some people with HIV as glitazones have been shown to reduce visceral fat deposits and increase levels of subcutaneous fat. However, there is conflicting evidence about this effect on fat distribution in HIV-related lipodystrophy.

Jason Appleby

References:

- [1] Diabetes Atlas Third Edition, 2006, International Diabetes Foundation
- [2] Frayn K Metabolic regulation A human perspective 2nd Ed, Blackwell publishing 2003.
- [3] Diabetes Australia (www.diabetesaustralia.com.au) 2008
- [4] Australian Diabetes, Obesity and Lifestyle Report 2005, Diabetes Australia
- [5] Frayn, 2003
- [6] Diabetes Australia, 2008
- [7] Diabetes Australia, 2008
- [8] Brown et al, Prevalence and Incidence of Pre-diabetes and Diabetes (DM) in the Multicenter AIDS Cohort Study, CROI 2004.
- [9] Koster JC, Remedi M, Qiu H, Nichols CG, Hruz PW. Indinavir acutely inhibits glucose-induced insulin release from pancreatic [beta]-cells through block of glucose uptake. Antiviral Ther. 2002;7:L4. Abstract 6
- [10] Diabetes Australia, 2008
- [11] Diabetes Australia, 2008
- [12] Frayn, 2003.
- [13] Diabetes Australia, 2008

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JUST WALK IT

Just Walk It is a free walking program which aims to increase participation in regular physical activity. Walking groups are led by volunteer leaders offering a local, enjoyable, social and supportive physical activity option for people who wish to walk in their local area with friends, family or colleagues.

JUST WALK IT

What do I gain from joining a walking group?



The Heart Foundation recommends that you do at least 30 minutes of moderate-intensity physical activity, such as brisk walking, on most or all days of the week.

Regular walking can reduce the risk of developing heart disease and stroke, help you to feel more energetic, reduce stress, improve posture and mood, maintain bone density and improve joint mobility and stability. People of all ages can improve their health and well-being by becoming active.

Where can I join a group?

To find a group near you, contact Heartline on 1300 362 787 (cost of a local call) or Just Walk It on 02-6269 2635. How do I start a group in my local area or workplace?

If there is no group near you and you would like to start one, contact Just Walk It on 02-6269 2635 or email us for a coordinator's kit and information to help you start your group



HIV Australia Volume 6 Number 2
Living long term with HIV
Copies available from PLWHA
ACT

Office Update

March has been a busy month at PLWHA. On Wednesday 12th March we held our first Sexual Health Clinic here at Westlund House. The Clinic was well attended by many clients and if the need is there we will consider holding future Clinics. On 4th March Jenny MacDonald held another of her popular Dietician Clinics at PLWHA which was also well attended. Jenny will be returning to Canberra for another Dietician Clinic on Tuesday 10th June, so if you require a booking to see Jenny please contact PLWHA for an appointment as places are limited.

On the 26th March PLWHA attended a special access viewing at the National Gallery of Australia for the 'Turner to Monet the Triumph of Landscape'. which was also very well attended.

I also would like to remind everyone that on the 10th June our PSN Dinner will be a Chinese Dinner (location to be advised) so please let myself or Marcus know if you will be attending. After the Chinese dinner, PSN we will be held every month until August so please check your newsletter for dates.

Mick D

DIETICIAN'S CLINIC

Jenny MacDonald

will conduct a Dietician's Clinic
at the

AIDS ACTION COUNCIL

Westlund House

on

TUESDAY 10 June

Please call Mick or Marcus on
62574985 for further information
and to make an appointment
Please bring your latest blood test
results to the clinic.



Invitation

Current volunteers and individuals interested in becoming a volunteer of the AIDS Action Council are invited to our

April Volunteer Meeting and Orientation Evening

Special guest presentation:

'The Changing Face of Volunteering'

Lorraine Higgins

Chief Executive Officer, Volunteering ACT

Meet our new and current volunteers, find out about developments at the AIDS Action Council, our volunteer needs, and plans for volunteer events.

6.00pm - 7.30pm Wednesday 16th April 2008

Westlund House

Supper provided

Please RSVP for catering purposes:

Julie Chalmers, Community Engagement Co-ordinator

02 6257 2855 or julie.chalmers@aidsaction.org.au



AIDS Action Council of the ACT
P 02 6257 2855 | F 02 6257 4838
aidsaction.org.au

Nurse Philip

How can I boost my energy?

Fatigue for me is defined as tiredness that doesn't go away with a good night sleep and a little afternoon rest. I especially notice this when climbing stairs and carrying groceries to the car and mowing a small back yard.

Fatigue is a feature of many people's lives (both HIV positive and HIV negative), and getting to the bottom of it can take some time. Identifying patterns of fatigue can be an important step in trying to get to the cause. Often a trial and error approach is required to get to sort it out.

If the cause is a significant health concern (for example, anaemia, pneumonia, depression or hormone problems), effective treatment of the underlying cause should help. Starting medications, particularly antivirals (or even changing to a different combination) can alter the way you feel. Usually, fatigue relating to a medication change will settle down in a matter of days or weeks. If your doctor, pharmacist or other health professionals indicate that fatigue is a likely side effect, ask them how long it usually takes to resolve. Toughing it out is likely to be the best approach here. If you feel that it is taking too long to settle down or is too severe, discuss this with your doctor; there may be other treatment or management options available.

Usually, however, the cause is not easy to identify. Having HIV itself (particularly if the viral load is high) can be exhausting. Often, effective antiviral therapy can help increase energy levels by suppressing the viral load.

Getting enough good quality sleep is essential. Experiment with a restoring nap in the afternoon if your routine can accommodate it. Sleep that is interrupted, for example by vivid dreams, persistent thoughts, environmental factors (such as noise or light) or temporary obstruction of the airways (sleep apnoea) can leave you feeling washed out the following day. Smoking before bedtime may result in interrupted sleep as the nicotine in tobacco acts as a stimulant. In addition, smoking makes it harder for oxygen to get into your bloodstream and around your body; this reduces your physical efficiency and may also be a factor that contributes to your fatigue. Addressing these problems and establishing good sleep habits can make a major difference to your energy levels.

And then there's exercise. It sounds like fatigue becomes a particular issue for you with certain types of physical activity. Fortunately, if there are no complicating health problems, it is usually possible to increase tolerance to physical activity with a gradually increasing program of exercise. Other benefits may include fat loss (or better fat distribution in lipodystrophy), improved strength and increased muscle tone. An exercise routine requires regular application- that is, do several sessions over the course of a week, rather than holding off until the lawn next needs mowing.

Outdoor exercise, in particular can help by boosting Vitamin D levels, particularly if you tend to spend your daylight hours indoors. A deficiency of this vitamin can result in aches, pains and tiredness. It is important to get daily exposure of at least 10 minutes of sun on our arms and legs mid morning or afternoon (not at peak sun times). So, if you haven't had your levels checked already, ask your doctor to look

into it when you have your next blood tests.

You may be able to improve your fitness levels by doing something that poses a slight physical challenge every day or two. This may simply be a daily walk, with the added discipline of going slightly further, faster or up a steeper hill each time. Exercising with a partner or group may help as the progress may sometimes seem slow; their feedback and motivation may provide the encouragement to keep you going. Other forms of exercise include cycling, swimming, team sports and use of a gym. If you have any concerns about starting an exercise program, chat about this to your doctor.

Good nutrition is essential. Even a standard balanced diet may miss out on some of the extra nutrients (such as iron, folate and Vitamin B₁₂) that an HIV positive person may need. A visit to an HIV-aware dietitian (and following their recommendations) might help you feel more active.

Drugs (including alcohol) are also factors that can affect energy levels. Even drugs that should give you a temporary boost may ultimately leave you feeling washed out, possibly days after you took them. Some people find that although having alcohol in the evening initially helps them get to sleep, it can actually lead to wakefulness later in the night.

If your attempts to identify and deal with the cause of your fatigue don't give you any satisfactory results, you might need to modify your day-to-day activities. This might involve breaking tasks into more manageable fragments (perhaps taking more time to complete them) or using equipment to make things easier (such as using a trolley to help move your groceries). You may also need to request the support of friends or volunteers to provide some help for the more challenging tasks. Contact PLWHA if you need any more help with this sort of thing.

Think there's a right time for someone to say they're HIV?

Think again.

For more information on HIV disclosure and contact details for your local AIDS Council / PLWHA organisation, visit www.thinkagain.com.au



Brenda's Blenda

I'm in the kitchen with Anthony while he's putting together the cooking for PSN (Positive Support Network), a lovely dinner. Anthony is a volunteer with the AAC and for many years has volunteered with his cooking skills in the kitchen. Here is his recipe for Spanish Rice.

Spanish Rice

Ingredients:

2 cups short grain rice (can use medium or long grain)
1 large brown onion, chopped
3 cloves garlic, minced
2 Tbsp olive oil
2 chorizo sausage, sliced (around 1 cm thick)
3 rashers bacon, diced
500g chicken thigh fillets, cubed OR
750 g chicken pieces
2 Tbsp tomato paste
1 cup frozen peas
2 ½ cups chicken stock (can be made with stock powder)
¼ cup dry vermouth or white wine (optional)
Salt and pepper

Method:

Heat olive oil in a heavy pan (non-stick is preferable) with a lid. Fry the chorizo sausages briefly until lightly browned. Remove chorizo from pan.

Add bacon, fry for about a minute, and then add onion and garlic. Fry until onion becomes translucent, and then add rice. Stir until the rice grains become fully coated with the oil. Add the vermouth or wine if using, and stir for about a minute.

Add the chicken, and stir for about a minute. Add the frozen peas, stir again, and then add the chicken stock and tomato paste. Stir until the tomato paste is mixed through. Bring to a boil, then lower the heat to a slow simmer, and cover with the lid.

Simmer for about 20 minutes, then check to see if the rice is cooked (no crunchy bits!). If the rice is getting too dry, add about ½ cup of hot water and mix thoroughly. When rice is cooked, add the chorizo sausage and mix through. Leave on low heat for another 5 minutes until the chorizo is heated through. Season with salt and pepper, and serve in bowls with a nice dry white wine (or your beverage of choice).

Serves 4-6; recipe can be halved. The dish can be kept in the fridge for around a day, or can be frozen.

Enjoy

Love Brenda



DENTAL HEALTH PROGRAM

We would just like to remind all people living with HIV/AIDS (PLWHA) about the Dental Health Program that has been set up in partnership with ACT Dental Health which aims to improve the dental health of PLWHA. The HIV/AIDS Special Needs Dental Health Program provides priority services for those on low incomes and on Centrelink benefits. All eligible clients of the AAC will be referred to ACT Dental Health and placed on a waiting list to receive treatment as soon as possible. The advantage of this program is that you will receive priority over those on the normal waiting list.

In addition, AAC clients who are also on Methadone or Buprenorphine treatment are entitled to one free examination, scale and clean each year.

While other services will still attract a fee, adult restorative services are capped at \$250.00 per year while child and youth services are capped at \$40.00. The Trevor Daly Fund may be able to assist eligible clients with fee payment. Enquiries should be made to the manager of the Community Support Services Unit (CSSU) for eligibility.

For more Information on any aspect of the Special Needs Dental Health Program please contact Nada at AAC or Marcus at PLWHA. An information pamphlet has also been produced and is now available.

Please note that the current cost of an emergency visit is \$31.00 as at the 1.04.2007

http://straight_talk.phpnet.us/ **STRAIGHT_TALK Chat Room For HIV+ Heterosexuals In Australia**
Friday Nights 9.00 to 12.00 EST
Log On And Make Contact

Profile on a new AIDS Action Council Staff member

Hi my name is Julie (or Jules) whatever you prefer. I would like to introduce myself as the new Community Engagement Co-ordinator with the AIDS Action Council.

A little about my background and employment within the HIV/AIDS sector. I started working at ACON within the Northern Rivers (Lismore office). First as a volunteer at the front of house, attending to the telephones, mailouts, and the Needle and Syringe Program. I was then asked to work as a volunteer for the Lesbian Health Project Worker, of which I gladly accepted. After several months the worker left and I was offered the position on a part time basis. My role was to organize community events focusing on lesbian health. Many months into the role I was then offered (one day a week) the position as the HIV Care and Support Worker, later leading to a full time basis, thus surrendering my role as the Lesbian Health Project Worker.

Within my new role here at the AIDS Action Council I am passionate about engaging the LGBTI and PLWHA community in organizing events and would welcome input and feedback.

If you see my door open please feel free to drop in, say hi and have a cuppa



Positive Living NAPWA's free newsmagazine for people living with HIV/AIDS in Australia. Published since 1989, *PL* is Australia's only national publication for positive people

Subscriptions

Free subscriptions are available to HIV-positive people living in Australia who prefer to receive Positive Living by mail. To subscribe visit www.napwa.org.au or call 1800 259 666. Copies are also available from the PLWHA ACT office



COMING EVENTS

Wednesday 9.04.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Tuesday 15.04.2008

PSN Dinner Westlund House 6-8pm

Wednesday 16.04.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

AAC Volunteer Meeting 6pm

Westlund House

Wednesday 23.04.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Tuesday 29.04.2008

PSN Dinner Westlund House 6-8pm

Wednesday 30.04.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 7.05.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

National Volunteer week

12 to 18 May 2008

Tuesday 13.05.2008

PSN Dinner Westlund House 6-8pm

Wednesday 14.05.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Sunday May 18, 2008

25th Annual International AIDS Candlelight Memorial

Wednesday 21.05.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Tuesday 27.05.2008

PSN Dinner Westlund House 6-8pm

Wednesday 28.05.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Wednesday 4.06.2008

Massage Clinic, PSN Lunch & Op-shop
12.45 - 4.15pm

Tuesday 10.06.2008

Dietician Clinic

PSN Big Dinner

Positive Support Network Chinese Big Dinner

10.06.08 @ 6pm

RSVP's are essential for this event as it is held off site to
Westlund House

Please contact Mick on 02 6257 4985

for further details

