

NAPWA Special General Meeting

As the PLWHA ACT state representative for NAPWA, I attended the NAPWA Special General Meeting which was held in Sydney on the 3rd and 4th April. Kenn Basham who is a NAPWA Board member also attended the meeting. Over the two days there were a lot of items covered, so I shall mention just a few of the main areas of discussion.

The 2009-2012 Strategic Directions document was finalised and released.

NAPWA President, Robert Mitchell reported that NAPWA was working with the federal government on issues pertaining to criminalisation and same sex relationships.

Katherine Leane reported on women's issues and stated that the women's group has had a boost in membership. Other items that were concerning the group were reproduction and disclosure issues and the availability of female condoms.

John Rule from the Treatments Portfolio spoke about cardiovascular disease becoming a problem for those living with HIV and finding an alternative drug to replace Ritonavir as a booster. John also said that there was no news at this stage on the facial filler Sculptra becoming available on the Pharmaceutical Benefits Scheme (PBS).

Sally Cameron also spoke on her Criminalization Monograph. Sally was to present the Monograph at the SGM but reported that it will not be complete until later in the year.

Bev Lange from the Bobby Goldsmith Foundation (BGF) reported that the BGF was doing a review of services and have had 260 new clients this year alone, bringing their overall client numbers to around 1200. Bev also mentioned that the BGF was considering opening a branch in the Northern Rivers area due to the large number of clients in that area.

Special Guest Speaker Kay Hull, MP. also addressed the meeting. Kay has been a member of parliament for around 12 years both in government and opposition and is currently the Member for the Riverina (NP). During that time, she has been and remains involved with PLWHA issues in various ways such as parliamentary advisory groups and committees.

Paul Kidd spoke on the updated NAPWA website that he has been working on; some things covered on the new website are living with HIV, treatments and defeating HIV. Paul said that the new website should be up and running in about 6 to 8 weeks.

This meeting was the first of a new format where the second day was set aside as a members discussion day. One important item that was covered was succession planning strategies; it

has become clear that all jurisdictions experienced the same problems finding members to get more involved with NAPWA and PLWHA groups. Discussion also covered the situation whereby the state/territory organisations are now becoming more involved with broader areas of health promotion.

On the Friday evening, NAPWA celebrated their 20th Anniversary with a reception at the Sebel Hotel Crown Room. In attendance there were many new and old faces of those who have been involved with NAPWA over the years. One of the highlights of the evening was the launch of a DVD, Commemoration of 20 years of NAPWA, which can be viewed on the NAPWA website.

Guest speakers at the reception included Senator Louise Pratt (ALP) representing the Federal Minister for Health and Ageing, Nicola Roxon and Justice Michael Kirby who read out the messages of congratulations received from members and organisations that were unable to attend. One of the most moving speeches of the evening was from David Menadue and Kenn Basham who spoke on Reflections over time.

If any members would like further information on any of the areas covered at the SGM, please don't hesitate to contact me.

Mick D.



The Candlelight Memorial 17.05.2009

Interfaith Service All Saints at Ainslie at 5pm and the memorial at the Museum will be held at 7pm. (Further details will be sent out separately)

The International AIDS Candlelight Memorial: a program of the Global Health Council, is one of the oldest and largest grassroots mobilisation campaigns for HIV/AIDS awareness in the world. Started in 1983, the Candlelight Memorial takes place every third Sunday in May and is led by a coalition of some 1,200 community organisations in 115 countries hosting local

memorials that honour the lost and raise social consciousness about the disease. The Candlelight is also much more than just a memorial. It provides opportunities for leadership development, policy advocacy, partnerships, and improvement of community mobilisation skills. With 33 million people living with HIV today, the Candlelight continues to serve as an important intervention for global solidarity, breaking down barriers, and giving hope to new generations.

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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 10 June**. 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. Ph 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 or if you would like to suggest some activities 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 Information

All enquires to Marcus

Phone 6257 2855

Treataware www.treataware.net

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 or Mick 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 Trill

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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Beyond the Razor Wire, my second trip to Papua New Guinea.

This is just a short report on my latest trip to PNG. It was my 2nd, and both of them have been on behalf of the National Association Of People With HIV/AIDS (NAPWA). NAPWA has one overseas program, which is in Port Moresby, working with a group called Igat Hope (pidgin translation would be something like We Have Hope). They are a Peer Based group of HIV+ve people who first started as a support and service provision organisation for Port Moresby residents. They are now undergoing the long, slow and difficult process of becoming the national peak body for advocacy and lobbying on behalf of the HIV+ve people throughout PNG. Somewhat like PLWHA ACT turning into NAPWA, with only overseas aid money and volunteers available.

This is happening because after several years there are now other Peer Based groups of Positive people becoming active in other areas of the country. Tru Warriors in the Western Highlands and the Milne Bay group (from the north-east coastal area) are just two. It has become obvious that a united voice on HIV/AIDS issues is needed nationally and Igat Hope, as the longest standing and most resourced group is filling this role.



Both of my trips to PNG have been involved with the training and resourcing of the Board members and staff, as well as being available as an 'advisor/consultant' because of my long experience in Australia. Concepts around Governance issues, the Board's Rights and Responsibilities, etc, are not well known by the people who are doing this work within PNG. Advocacy and lobbying are also new areas to most of them. I have to sometimes remind myself that not all of the Board members are literate and most are not at all used to working in the 'Western Mode'. This can make it hard to work with the expectations of overseas funding agencies. It felt a great honour to be invited back for a return trip, and be thought of as having useful contributions to make.

This trip, which I made with John Trigg from APN+ (Asia/Pacific Network of Positive People) involved a 3 day live in training workshop, that was run by a local leadership development program, outside of Moresby itself. It was great to see some greenery and something other than the streets and razor wire of town. Conditions were to say the least 'basic' (and it wasn't just the "ex-pats" that thought so). But it was great for deepening and developing the friendships that had started during last year's trip.

In many ways, how it is in PNG now remind me very much of how it was here in Australia 20 years ago. People (in the vast majority) just don't have access to medications. There is no way of monitoring your health and

like it did here. Many of the lessons we learnt around advocacy and lobbying in this type, of area can be adapted and made relevant. This is why I feel that I can be useful in PNG.

I find that this sort of circumstance leads to friendships and relationships developing very strongly and quickly, this "pressure cooker" feeling. Some special people have become good friends, even extending to inclusion into their "wontok", another speaker of the home dialect, family. For me it is a very special thing to be included in this way. One of the things I still can't reconcile is how a society that is so violent and dysfunctional in so many ways, is made up of such lovely individual people. It's a reflection of what despair can make you feel

towards people you don't know I suppose. But people like Annie (the office support person), Don (the only gay man on the Board and one of the few in Igat Hope), Carol (my wontok from Goroka in the Eastern Highlands), Lydia and Bonnie (brave women who are openly +ve in their home provinces) and so many others have made me feel more than welcome and at home. Sitting around on the verandah at night talking and laughing for hours, friendships blossom. Don and some of the boys

most don't get any access to treatment until opportunistic infections occur. There is no ability to care for HIV+ve people in adequate Health Care facilities. Accurate public knowledge of HIV is not high, stigma and discrimination are a great danger and there are no laws, or proposals for such, regarding anti-discrimination. Many things are the same, just 20 years later.

This 'pressure cooker' atmosphere is interesting to re-experience after so much time. There is no time to waste. People's family and friends are sick and dying. They have no alternative and are no longer able to wait for something to happen. This is what is driving the formation of the Peer Based groups across the country, just

took me up to the 'local'. A tin shed inside a high fence with a couple of plank benches and two home made pool tables under some corrugated iron. A beer and a smoke at the end of the day was great, but it was interesting to be what appeared to be a strange sight. Being a different colour to usual, and going to places that don't see many outsiders, was an experience I hadn't had before. But amongst my friends there was no feeling of separation. It seems true that in these circumstances, there is just the one big HIV+ve Family.

The workshop/training was a great success. When we got back to Port Moresby I made a visit to the office itself. This was another opportunity to escape from the Holiday Inn (which

Nurse Philip

SWALLOWING NOT SPITTING.

When brushing my teeth, I have been of the belief that holding the toothpaste in my mouth for several minutes afterwards is a good idea because, (a) it is a good mouth sterilant and (b) the fluoride has more time to absorb into the teeth and gums and therefore has more benefit. Is this view misplaced, or does it have any value? Personally I have been HIV for 27 years and still have all my teeth (touch wood) with only minor gum problems & thus am relatively confident that this procedure has been helpful to me and so may have value to others.

It's great to hear that you have been working to keep your mouth healthy. There are a number of components of good oral care and it sounds like you may be paying attention to most of them.

Unfortunately, many people with HIV have significant problems with oral health. Reduced saliva production (a result of HIV infection) and infections resulting from impaired immune function (such as oral thrush and gingivitis) can have a dramatic impact. Smoking exacerbates these problems and makes them more difficult to manage.

As you have indicated, fluoride plays an important part in protecting our teeth. It penetrates the tooth enamel and combines chemically with some of the enamel minerals to make it even stronger. It may also interfere with the damaging effects of plaque bacteria, by reducing their ability to stick to the teeth. (Plaque is actually a film containing bacteria, which sticks to the teeth; it starts to harden and turn into calculus after about 2 days, becoming much harder to remove). Fluoride therefore prevents damage to tooth enamel and can also contribute to its repair.

In Canberra, fluoride is added to the water supply, with an average concentration of 1milligram per litre of water. This is a useful source of fluoride for most Canberrans. People who drink large amounts of bottled water may be missing out on this valuable aid to dental health.

The other main source of fluoride for most people is in dental care products,

particularly tooth paste. There are some types of toothpaste which have no fluoride; you'll have to read the label to find out. Most dental sources recommend brushing the teeth with fluoride toothpaste on at least two occasions per day, with each of these brushing sessions lasting about 2-3 minutes. In some situations, dentists may recommend additional fluoride mouth rinses.

A build up of tartar and calculus promotes both tooth decay and gum disease. Calculus removal requires the skills of a dentist or an oral hygienist. A visit to your dentist every 6 to 12 months will provide an opportunity for your dentist to assess your teeth, mouth and gums as well as order any extra cleaning that may be required. Tartar between teeth, which is not removed by brushing, can be removed by flossing. This should be done at least every second day to prevent tartar turning into harder and more damaging calculus. Daily flossing is ideal.

If you don't like winding floss around your fingers, try the "loop method": take a length of floss (say 20cm) tie the two ends of the floss together to form a loop (it may take a few knots to make the loop secure). Then hold a short length between the index fingers of each of your hands and apply tension to this length by pulling the index fingers away from each other. Use this taut length of floss to clean the surfaces between your teeth and gently massage the gums.

People who normally only spend a minute or so brushing their teeth would certainly benefit from holding on to the toothpaste for that extra few minutes. However, spending that extra time actively brushing their teeth might be even better; the physical action of brushing contributes significantly to the health of the teeth and gums and the teeth would still be exposed to the fluoride from the toothpaste.

So, there is some benefit in holding onto the toothpaste, particularly when it is combined with thorough brushing, regular flossing and regular visits to the dentist.

If you want help to track down a suitable dentist, call Marcus or Mick at PLWHA (6257 4985) or discuss it with a health provider, in particular your GP- they may be able to help you find an affordable service.

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 available.



There is a minimum charge of \$32.50 for an emergency visit, and payment is required at the time of the visit. Additional fees may apply if the dentist provides more treatment to relieve the immediate problem.

Details correct as at May 09



What is 'Affordable Housing'?

CHC has properties which it rents as affordable housing to eligible households, with a rent concession of 25%. The rent payable is set at 74.9% of market rent for the dwelling.. Market rents are assessed and adjusted annually, in line with the Residential Tenancies Act 1997.

Housing is generally considered to be affordable if tenants are paying up to about 30% of their gross income on rent. This will be taken into account as part of the assessment of eligibility.

To be eligible applicant households must:

- Be in inadequate or unaffordable accommodation or experiencing financial difficulties in meeting housing obligations;
- Be unable to find appropriate, affordable and secure housing in the private rental market and are not eligible for public housing,
- Lack the means of meeting their housing need (applicants must not own a home in which they could reasonably live or assets that they could sell to finance the purchase of suitable accommodation);
- Demonstrate a need to be housed in the areas in which accommodation is available (eg access to work or training, access to social and community networks and facilities);
- Have an assessed gross (before tax) income between approximately \$32,000 and no more than \$47,000 for a single person or \$56,000* for a couple. Assessment of income will take account of family tax benefits, child support payments, rent assistance etc. Self employed individuals may be required to provide details of business activity, income and assets;
- Have special needs, which disadvantage them in the housing market; and
- Be an Australian citizen.

Think this may be for you then contact CHC Affordable Housing at

PO Box 6239 O'Connor ACT 2602

Phone: 02 6248 7716

Fax: 02 6248 7521 E-mail chc@chcaffordablehousing.com.au

***Figures correct at time of printing and taken from the CHC website**

Williams Housing Project

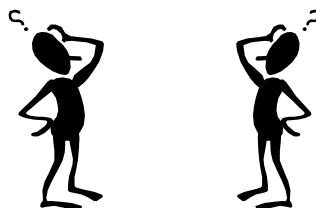
As most of you would be aware the AIDS Action Council (AAC) and Havelock Housing Association administer the Williams Housing Project (WHP), a community housing initiative for People Living with HIV/AIDS ACT. This project has proved to be a very successful model in providing long term stable accommodation for those people involved. However with all things sometimes people move on or out grow their current housing situation which allows vacancies to come up.



To ensure that the AAC is responsive to the needs of people requiring housing we keep a list of applicants wishing to be considered for the project and any vacancies that may occur. It is timely that we call for HIV positive people who would like to be considered for housing within the project to complete an application form or to renew an existing application. Application forms are available from the Manager of the Community Support Service's Unit (CSSU) of the AAC by calling 6257 2855.

Is he thinking what I'm thinking?

www.thinkagain.com.au



Beyond the Razor Wire— Cont

really is in a razor wire compound), and Annie took us window shopping and out to lunch. Walking around the town, I was still aware that I was being 'noticed', but a smile and a "happy noon" would always get a genuine greeting back. Being prepared to "muck in" and not expect any more than anyone else appears to go a long way to a getting a good reputation. We even got to get out and get a pizza to take-away. The Holiday Inn has a captive audience and the food is expensive and not too stimulating. With Don as our escort, in a well lit and busy enough area, it still felt quite adventurous. More importantly, these little things made the 2nd trip so much more enjoyable. I strengthened friendships. I got out from behind the razor wire and into the countryside. It felt a much more relaxed experience.

I felt that I was of more use on this trip. I was more aware of what was required of me and I felt that I fulfilled my role as a resource well. The fact that I have again been asked to come back and spend more time by the people in Igat Hope means a lot to me. Whether appropriate tasks that suit my abilities come up is a factor, as is whether NAPWA thinks I'm best suited to the task. Hopefully, something that I can do will come up, and I will be asked to go. It would be great to see all my Friends again.

Best of all I felt totally accepted as an equal. In PNG HIV+ve people refer to each other as Friends. Always with an upper case F. I certainly left the country feeling a member of a circle of Friends.

I'm including a 'photo with this report. It's from the workshop and shows the facilitators, Board members and John and me.

Kenn Basham April '09.

THOSE WINTER ISSUES.

By now you may have discovered you have an inappropriate and expensive heating system. However, there are things you can do to reduce your heating costs without sacrificing your personal comfort. In fact, there are things you can do to improve your comfort by paying particular attention to:

YOUR HOME: Ensure your home retains the heat you put into it. Insulation, effective window coverings make a difference but may be difficult to change, while draught-proofing is something you can do.

YOUR HEATING SYSTEM: The way the landlord maintains your heater can influence its running costs as much as how you operate it. Learn the right methods, and you could find that your heating system costs you less to run while providing more useful heat.

Seal out drafts Air leaks can account for 15 – 25% of heat loss from an uninsulated home, and create uncomfortable draughts.

Minimise the area to be heated. Doubling the size of the heated area also doubles the heating cost! So close doors to unheated areas, or install curtains across open archways leading to other rooms (get permission).

Use the thermostat correctly. For every degree you increase the thermostat setting, your bill may increase by up to 15%. Set your thermostat at a reasonable temperature of 18 – 20°C for living areas.

Don't leave your heater running on low overnight or while you are out during the day. It is cheaper to turn the heater off while you are out or sleeping, and on again when your return or wake up in the morning. (This pattern of use is not applicable to storage type heating such as in-slab systems which have a very slow response time).

If you have a timer or programmable thermostat set it to turn your heater on and off automatically, say 20 – 30 minutes before rising in the morning or getting home in the evening. And of course, don't forget to turn the entire system completely off if you are going away on holidays.

Run the heater fan on its highest setting

for best efficiency and heat distribution. Fans cost only 1 cent an hour to run.

Make sure the landlord maintains their heater. Keep reflectors shiny and free of dust, and clean air-filters regularly. It is also important that servicing of all heaters is done according to the manufacturer's instructions.

Close windows and doors in heated areas while the heater is on.

Close drapes or blinds when you're heating, especially at night. By leaving them open, you're wasting over \$2.00 for each square metre of glass per billing quarter! That's around \$80 per quarter for the average home.

Open up curtains to north-facing windows on sunny winter days to let in the free, natural solar energy to warm your home.

Ceiling fans, heat shifters or personal fans set about 2.1 m above the floor are useful ways to return heat that has risen up to a second storey, or collected at the top of ceilings, back down to floor level again. This can save over 10% of heating costs.

Wear appropriate clothing. Wearing warmer clothing is free, easy and will let you turn down your heater just those few degrees more. Throw an extra blanket on the bed and you can turn off your electric blanket too!

Have an energy audit done and you will receive expert advice about exactly what you can do. Go to www.heat.net.au

If you are having problems with inadequate or poorly maintained heating check out our advice pages on our website. www.tenantsact.org.au

Taken from the Newsletter of the Tenants' Union, ACT, Winter 2008

The Winter Blues

With the colder months fast approaching it is even more important that people take the time to get outside and do some mild exercise and actively seek the sunlight hour's available. Seasonal depression or seasonal affective disorder (SAD) is usually triggered by the winter months, the exact cause is unknown but since depression is more common during winter it is believed that the lack of sunlight may alter brain chemistry in some people.

As with most forms of depression symptoms may include – anxiety – sluggishness- weight gain – loss of sex drive – dietary changes. However one big difference of ongoing persistent depression is that SAD usually starts in autumn gets worse in winter, eases during spring and disappears during summer!, only to return in the colder months to start the cycle again.

If you think that you are not quite feeling the same as you did a couple of months ago and feel that this is the beginning of a cycle that you know so well? Then there are some basic self help options – get out in the sun, do some mild exercise while you're at it, ensure that you get enough sleep but don't sleep all day. Look at your diet are you eating healthy food? you could always cut down on excessive smoking or alcohol intake. In most cases the simple action of getting out into the sun a bit more is enough to help chase the winter blues way, however if this isn't working talk to your doctor about how things are going for you.



The **Tenants' Advice Service** (TAS) is a free advice service for ACT tenants. This service is operated by the Tenants' Union ACT in partnership with the Welfare Rights & Legal Centre. So, for specific advice on ALL matters relating to ACT residential tenancy law:

You can access the TAS line by calling 6247 2011 from 9:30am to 1pm Monday to Friday, and 4.30 — 8pm Tuesdays

Please be aware that the demand for TAS is high, and it may require several calls in order to get through. We are a small service with only 2 advice workers. To reduce demand on the service, check the information and links below to see if they can answer your queries without needing to call TAS. **We also suggest ringing mid-morning.** www.tenantsact.org.au

Pharmaceutical Benefits Scheme (PBS) 2009

Points to remember about the PBS

- 1st of January is the start of the recording year for the Safety Net threshold
- In 2009 the general patient Safety Net threshold is \$1264.90*
- In 2009 the concessional Safety Net threshold is \$318.00*
- The Safety Net threshold may be reached using scripts filled at both community pharmacies and out-patient pharmacies at public hospitals – this is called the joint Safety Net.
- It is up to you to check when you have reached the Safety Net threshold and to apply for access to the safety net – ask your pharmacist or contact the PLWHA office.
- In order to access the safety net arrangements, you need to maintain records of your PBS expenditure on a Prescription Record Form. These are available from all pharmacies.

PBS Safety Net—equal treatment for same sex couples

- From 1 January 2009, PBS Safety Net families can include same sex de facto couples and their dependants, providing the same access to PBS Safety Net benefits for all couples, regardless of gender. The same Safety Net rules will apply for these families and they will be eligible for the same thresholds and concessions.

- To be included as part of a Safety Net family, a couple must be living together on a permanent basis, unless living separately due to illness (see below).

PBS Safety Net—couples separated by illness

- From 1 January 2009, married and de facto couples living separately due to illness, infirmity or frailty (for example, for nursing care, residential or Aged Care) can access PBS Safety Net benefits jointly as a family, as if they were living together.

What is the PBS Safety Net?

- If you or your family need a lot of medicine in a calendar year, the PBS Safety Net helps you with the cost of your medicine. Once you or your family reach a safety net threshold, you can apply for a PBS Safety Net card—your PBS medicine will be less expensive or free† for the rest of the calendar year.

† If you choose a more expensive brand of medicine, or if your doctor prescribes one, the extra amount you pay won't count towards your PBS Safety Net

*Figures correct at time of publication

This information is provided as a guide only, for further information or clarification on your own circumstances please contact Medicare Direct on 132 011

Brenda's Blenda

BEEF

Most people have their favourite meals which are based around a main meat dish. Roast beef with crisp roast potatoes and vegies seems to be the choice of many people.

In this article, I deal with the main cuts of beef, how to use them and how to get the very best from them.

Look for a small marbling of fat throughout when buying beef. The flesh should be light red and firm to touch.

Sirloin: Best for roasting. If cut into 1 ½ inches slices it can be grilled or pan fried.

T-bone steaks: Grill, pan fry or barbeque.

Rib and rolled rib: Good for roasting. Two or three ribs make a good roast for two people.

Rump: An excellent cut for grilling, pan frying or the barbeque, although it is expensive.

Topside, round, chuck or stewing steak: Use for braising or boiling. Excellent for stews and casseroles.

Fillet: This classic undercut may be trimmed and oven roasted whole or cut into steaks and pan fried or grilled.

Brisket: A fatty cut that is often salted for boiled beef or unsalted, it's a good buy for pot roasts.

Minced beef: Use for hamburgers, rissoles and meat loaves.

The secret to frying or grilling is to keep a constant watch over the process and turn only once, otherwise the meat will toughen up. Most cuts are expensive, however, it is well worth it once in a while to enjoy with a jacket or mashed potato and vegies. Don't drown your meat in gravy or sauce, rather, place a little on the side of the plate and use as a little dip.

Enjoy

Brenda



DIETICIAN'S CLINIC

Jenny McDonald

will conduct a Dietician's Clinic at the
AIDS ACTION COUNCIL Westlund House on

TUESDAY 16 June

Please call Mick or Marcus on 6257 4985 for further information and to make an appointment. Please bring your latest blood test results to the clinic.



Peer Support Network Pizza and card night
12.05.2009 starting at 5.30pm!

Please RSVP to Mick on 02 - 6257 4985
mick@aidsaction.org.au



National Gallery of Australia assisted tours 13.05.2009
"Soft Sculpture"

An exhibition that looks at the ways artists use unconventional materials to challenge conventional sculpture

King Edward Terrace Parkes—next to the High Court and National Gallery of Australia. Meet at the Gallery at 10.30am, or be at Westlund House by 10am if you would like a lift, then back to Westlund House Resource Centre for lunch at 12ish

Please RSVP to Mick on 6257 4985

National Hepatitis Awareness Week
19 – 23 May 2009

What are Liver Friendly foods? come along to lunch at the AAC to be part of National Hepatitis Awareness Week.

Wednesday 20.05.2009 starting at 12pm

Please RSVP to Mick on 6257 4985



27 May Portrait Gallery Visit, King Edward Terrace Parkes—next to the High Court and National Gallery of Australia. Meet at the Gallery at 11.30am, or be at Westlund House by 10.30am if you would like a lift, then back to Westlund House Resource Centre for lunch at 1ish

NATIONAL
PORTRAIT
GALLERY

Please RSVP to Mick on
02 - 6257 4985 or mick@aidsaction.org.au



Informing HIV treatment choices

www.treataware.net

COMING EVENTS

Tuesday 12.05.2009

PSN Dinner 5.30pm Westlund House

Pizza and Card Night

PSN Dinners Moves to Winter Schedule

Wednesday 13.05.2009

National Gallery of Australia assisted tours
"Soft Sculpture"

PSN Lunch

12 - 4pm

Sunday 17.05.2009

Candlelight Memorial

Interfaith Service All Saints at Ainslie at 5pm and the memorial at the National Museum of Australia will be held at 7pm. (Further details will be sent out separately)

International Day Against
Homophobia & Transphobia



National Hepatitis Awareness Week
19 – 23 May 2009

Wednesday 20.05.2009

Liver Friendly Lunch

PSN Lunch will be focussing on Healthy eating.

What is a liver friendly lunch? (staff and volunteers of the AAC will be invited to this event)

12 - 2pm Please RSVP to Mick on 6257 4985

Wednesday 27.05.2009

Portrait Gallery Visit

11.30

PSN Lunch

12 - 4pm

Wednesday 3.06.2009

PSN Lunch

12 - 4pm

Tuesday 9.06.2009

PSN Dinner 6pm Westlund House

Wednesday 10.06.2009

PSN Lunch

12 - 4pm

Tuesday 16.06.2009

DIETICIAN'S CLINIC

Jenny McDonald

Wednesday 17.06.2009

PSN Lunch

12 - 4pm

Wednesday 24.06.2009

PSN Lunch

12 - 4pm

Tuesday 7.07.2009

Christmas in July

Big Dinner



PositiveLiving



A downside of
same-sex law reform

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

Subscription's Free subscription's 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 at Westlund House Resource Centre.