positively POSITIVE

November, 2009

The official publication of **Body Positive Inc**. A peer support organisation for people living with HIV/AIDS

# Dr Richard Meech Retires

Richard Meech retires next month from Hawkes Bay District Health Board after 25 years as the resident specialist for HIV / AIDS. Richard has a long history associated with HIV / AIDS. He worked under Professor Lambert at St Georges Hospital in London. It was there that Richard attained a Diploma in Venereology and when he returned to New Zealand in 1977 he was keen to maintain his speciality. It was not long when news of a new disease arrived on our shores and with Richards keen interest in communicable diseases he was well placed to advise the NZ Ministry of Health about this new disease. Richard also served as a consultant to the World Health Organisation in 1995 on this new pandemic. He has chaired the Ministry of Health's AIDS Medical and Technical Advisory Committee for the last few years. This Committee advises the Director General of Health on new policy regarding HIV / AIDS.

So what does the future hold for Richard? He hopes to secure a few "locums" in New Zealand as well as overseas. A few weeks working in South Africa's Limpopo region gave Richard an appetite for the overseas experience so I am not so sure Richard really is going to Retire – we will see.

# Criminalising HIV

**In New Zealand Police have laid 48 charges against Glen Mills for allegedly having unprotected sex and infecting others.**

Edwin Cameron is a justice of the South African Constitutional Court and a recognized authority on the criminalization of HIV transmission. He took questions on this troubling legal phenomenon.

**Why are we seeing a rise in criminal prosecutions for HIV exposure and transmission in many parts of the world at this point in the epidemic?**

This trend is hard to explain because, with AIDS being fully treatable and the world's epidemic stabilizing, one would have hoped for the opposite. The answer may lie in circumstance – the Ndjamena "model law", adopted by more than 15 African countries, was intended to be a progressive piece of law-making, which got an

AIDS crime tagged on at the end from what I suspect was misguided overenthusiasm. In Canada, Scandinavia and Australasia, the upswing in prosecutions may be due in part to the "heterosexualisation" of the epidemic.

**You've spoken out against criminalizing HIV transmission or exposure, at least in some cases. Why? Do you think there are any circumstances where criminal charges are warranted? Any circumstances where prosecution is clearly unjustified?**

My main passion in opposing criminalisation is that it adds fuel to the fires of stigma; but even so, I do not oppose all criminal prosecutions. Like UNAIDS, I think that if someone who knows he has HIV sets out deliberately intending to infect another, and achieves this object, criminal sanctions are justified. They are not justified when no transmission occurs, or when transmission is unintentional.

**Do criminal charges for HIV exposure and/or transmission protect women from infection? Would convictions give women justice if they've been harmed by reckless or deceptive partners? In the era of HIV, do we need to criminalize HIV transmission or exposure in order to protect women's rights fully?**

Some of the impulse behind criminalization, both in Africa and the rest of the world, does seem to be to protect women. However, it springs from a false premise, especially in Africa. Women bear the far greater burden of HIV, and most people

*(Continued on page 3)*

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**For more information contact us in complete confidence.**

**Call toll free from anywhere in New Zealand**


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BODY POSITIVE
NEW ZEALAND

# Sexual Health Conference at Waitangi

About 120 people from all over New Zealand travelled to Waitangi for the 31st annual conference of the New Zealand Sexual health Society. Your representatives from Body Positive attended for the first time to learn a little more about New Zealanders sexual health and practises. One of the more interesting papers presented was from Dr Peter Saxton on "How often do gay and bisexual men in New Zealand use condoms for anal sex with casual partners, and has this changed over time."

The aim of the study was to estimate the frequency of condom use during anal sex with casual male partners, identify factors associated with unprotected sex, and examine changes over time.

The results found around 60% of respondents had always used a condom for anal sex with a casual partner in the six months prior to the survey. When also considering respondents who used condoms "almost always" as well as "always" this rate increased to 80.8% Approximately half of gay men who at least once did not use a condom recently therefore still used condoms frequently.

The conclusion of the report was most gay men in NZ use condoms with casual sex partners.

# USA Lifts HIV travel ban

President Barack Obama has announced the USA travel ban on people living with HIV entering the country will effectively be lifted in 60 days time when all travellers to the USA will no longer be required to tick the arrival card question: 'Do you have any communicable diseases' as HIV will be removed from the list.

"If we want to be a global leader in combating HIV/Aids, we need to act like it," Obama said at the White House before signing a bill to extend the Ryan White HIV/Aids programme.

(Continued from page 1)

diagnosed with HIV in Africa are women. These laws will be used to target them and weaken their position even more. It is telling that the very first person prosecuted in Africa for HIV exposure was a woman – a Zimbabwean woman prosecuted under Section 79 of the Zimbabwe Criminal Code – even though she was on ARV therapy and did not transmit the virus to her lover.

**I understand that criminal prosecutions may increase stigma against people living with HIV and also invades people's privacy. But isn't it worth it if even a few infections can be prevented? Isn't preventing infections more important than privacy?**

The paradox is that these laws, far from protecting the uninfected, put them at greater risk by fuelling stigma. The answer to containing HIV lies in broad, sensible and just prevention and treatment policies, not in punitive targeting of those living with HIV. Overwhelmingly, infection occurs when two people have sex, neither of whom knows that one has HIV. Criminal punishment does nothing to help that situation – but makes it more difficult for the untested, but infected partner to find out his/her condition because of increased stigma.

**If someone is unwilling or unable to disclose his or her HIV-positive status or to practice safer sex consistently, what is the alternative to criminal charges? What about within marriage, where there is often an assumption that no condoms should be used and having children is expected?**

Nearly thirty years of public health experience in this epidemic have taught us that decreasing stigma, protecting against discrimination and increasing sound information about HIV promote testing and disclosure. The key to more treatment is more testing and disclosure, and we can only have more testing when people feel protected enough to choose to be tested. Criminalization works to the opposite effect. The marriage issue is potent because, more often than not, it is the wife who, because of antenatal care, knows that she has HIV but could risk violence and expulsion from the marital home if she tells her husband. Criminal laws put such women at greater risk.

**If a person can be charged for sexual transmission, what about HIV transmission from mother to child? If a woman doesn't take steps to prevent transmission to her child, should this lead to criminal charges?**

The lawmakers of Sierra Leone clearly thought so, since their new HIV criminal provision expressly includes pregnant mothers. This can only be described as horrifying and counterproductive. No mother wants to infect her child. What she wants is good health for both her child and herself. Both the health and criminal justice systems should enable her to access testing, treatment and support. Criminal sanctions will drive her away from all of these.

**When draft HIV/AIDS bills have been proposed that include broad provisions criminalizing HIV transmission or exposure, they are often widely supported by the public and in the media. What do you think should be done to stop such bills from being passed?**

We need to understand that the first reaction from many people, when thinking about HIV criminalization, is to support it. But better reflection mostly turns the tide. We – the community of people committed to justice and rationality in this epidemic – must do more to get our message out there. We must make the arguments that stigma fuels fear, and fear drives people away from rational self-protection and protection of others. The safest, surest route to effective HIV containment is just laws that protect people with HIV and encourage them to be tested and to talk freely and "normally" about their infection. In most countries, we have a very long way to go before achieving that. Criminal laws drive us even further away.

# Australian HIV+ rise linked to group sex

**Australian researchers have been monitoring the health of HIV negative gay men to find clues as to what beliefs and behaviours may have placed some of these men at high risk for HIV infection.**

Researchers in Australia studying sexuality and HIV transmission risk have coined the term "sexual adventurism." Activities such as engaging in group sex, having a high number of sex partners and attending sex saunas are all considered "aspects of sexual adventurism."

These Australian researchers have been monitoring the health of HIV negative gay men to find clues as to what beliefs and behaviours may have placed some of these men at high risk for HIV infection. Their preliminary data suggested that men who engaged in group sex were significantly more likely to have unprotected intercourse. Past research has found that some men who engaged in group sex devalued the possibility of HIV risk in favour of an "emphasis on sexual pleasure and excitement."

Because there has been relatively little research on gay men, group sex and HIV risk, and based on their preliminary research, Australian researchers undertook a large survey of more than 700 men who engaged in group sex. Subsequently, 16 of the men were extensively interviewed about their sex lives. The researchers found that a substantial proportion of men who engaged in group sex had unprotected anal intercourse.

## Study details

The research team performed its survey in 2007 and 2008 and later analysed data from 746 men who completed the surveys in a variety of ways—via the Internet, in person privately, at organized sex parties or saunas. Their average profile was as follows:

- age – 40 years (ranging from 17 to 72 years)
- 58% had completed some university education
- 84% self-identified as gay
- 90% indicated that they had been tested for HIV and 71% of these people reported that they were HIV negative

## Results

About 60% of the men in this study disclosed that they had participated in group sex within the past month. According to the researchers, 33% of the men revealed that they "usually engaged in group sex at least monthly."

## What constitutes group sex?

About 33% of the men indicated that for them group sex involved only two other men. Astonishingly, nearly 30% of men said that for them "group sex involved more than five other men."

Most of the men in this survey, about 80%, reported that they engaged in anal intercourse. In about one-third of such encounters, condoms were not used.

According to the researchers, some men only had unprotected anal intercourse with casual partners "they believed to be of the same HIV status as themselves."

# Adherence required to keep Viral Load undetectable may decline over time

The perceived risk of virologic failure associated with less-than-perfect adherence may be lower after successfully keeping viral load undetectable while on antiretroviral (ARV) treatment for at least a year, according to a study published September 29 in the online journal PLoS One. However, the study authors stress that the goal of strict adherence for as long as someone remains on HV therapy remains unchanged.

Though seriously potent, ARV treatment has a major Achilles' heel —the virus can easily develop resistant to the drugs if they aren't taken on time as prescribed every day. Previous estimates of the older drugs found that people shouldn't miss more than one dose per month if they were on a once-daily regimen. Though some researchers have said they think the newest drugs might be a tad more forgiving than that, they still argue that high levels of adherence are key to long-term treatment success. Some researchers, however, including Michael Rosenblum, PhD, from the University of California at San Francisco, and his colleagues have suspected that the need for near-perfect adherence might decrease the longer a person successfully maintained very low levels of HIV. To test this theory, his team looked at the link between adherence and treatment failure in 221 HIV-positive people who were marginally housed in San Francisco. Adherence was assessed through unannounced visits to the participants' residences. Viral suppression was defined as maintaining a viral load of less than 50 copies, and treatment failure was defined as having a viral load of more than 50 copies.

It turned out that the researchers' hunch was correct. The longer a person maintained viral suppression, the less that adherence factored into treatment failure. In people who were adherent 50 to 74 percent of the time, the percentage of people experiencing treatment failure plummeted from 49 percent after one month of viral suppression to just 2 percent after a full year of viral suppression. When adherence was 75 percent or more, similar drops in the risk for treatment failure occurred after 12 months of viral suppression.

Though the authors concede that the results of their study paint a more promising picture than in the past, in terms of the forgiveness of current ARV regimens, they argue that high levels of adherence should still be a top priority for people with HIV to ensure long-term treatment success.

# New meds might flush out hidden HIV reservoirs

Scientists have successfully devised a method to find drugs that can flush out the hidden HIV that evades antiretroviral (ARV) drugs and makes viral eradication impossible, according to a study published in the Journal of Clinical Investigation and reported by Bloomberg News. So far, a compound called 5HN, which is derived from the black walnut tree, works best at coaxing out the latent reservoirs.

Researchers once hoped that ARV therapy would be potent enough to drive HIV to extinction, but they soon learned that the virus is able to survive by hiding out in resting CD4 cells. When people stop taking the drugs, the virus comes roaring back.

A number of attempts have been made to provoke these resting cells into activity and thus make the hidden virus accessible to ARVs, but all so far have failed.

Robert Siliciano, MD, PhD, from Johns Hopkins University in Baltimore and his colleagues now report they have developed a cell-based method for testing compounds that can activate resting CD4 cells. They've already tested 2.400 compounds and hope that the technology will ultimately lead to the successful development of an activating drug that, in combination with ARV therapy, will finally be able to eradicate HIV.

# Most hepatitis C infections amongst gay men linked...

Injecting drug use is the behaviour most associated with hepatitis C virus infection in both HIV-positive and HIV-negative gay men in Sydney, a study published in the online edition of Sexually Transmitted Infections shows.

The Australian researchers also found that rates of hepatitis C infection about ten times higher in HIV-positive men than they were in HIV-negative men.

Although no new hepatitis C infections were detected in men with HIV, there were five in the HIV-negative men, and the investigators found that many of these men had reported sex with an HIV-positive man, use of sex toys, fisting, and ulcerative sexually transmitted infections.

Hepatitis C is a blood-borne virus and its main mode of transmission is injecting drug use. Sexual transmission of the virus is thought to be rare. However there have recently been outbreaks of hepatitis C amongst HIV-positive gay men and sex seems to be the most likely mode of transmission.

It seems that sexual activity that involves contact with blood is associated with the transmission of hepatitis C in HIV-positive gay men, for example fisting, use of sex toys, and unprotected anal sex, especially in the context of recreational drug use and group sex.

# Ugandan bill proposes death penalty for sexually active HIV+ gay men

A Ugandan MP has introduced a bill which would impose the death penalty on HIV-positive gay men in Uganda if they have sex with another man.

David Bahati's bill is seeking to introduce an offence of "aggravated homosexuality", that would also impose the death penalty for same-sex activity if one of the partners is disabled or under 18 years of age.

An independent Ugandan MP, John Otekat Emile, is quoted by BBC Online as saying that the bill has a "99% chance" of passing.

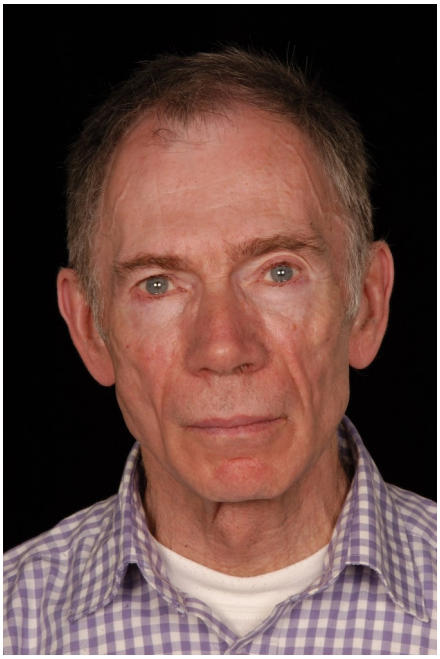
Earlier drafts of the Anti-Homosexuality Bill 2009 punish homosexuality with a massive fine of 10 million Ugandan shillings and a maximum of ten years in prison.

The bill also seeks to punish the "promotion of homosexuality" - including funding and sponsoring LGBT organisations, and broadcasting, publishing, or selling materials on homosexuality – with a fine and a minimum of five years in prison.

According to the International Lesbian and Gay Human Rights Commission, anyone who fails to report known violations of the law within 24 hours will also be subject to up to six months in prison for neglecting to report in their colleagues, family or friends.

# Remember Maurice Greenham?

**Maurice Greenham - the UK elderly gent who loves to come down under for the annual Men's Retreat. Well Maurice is retired and mostly spends his time travelling these days. A nice way to spend your 'twilight' years. Maurice does this with a difference though. Being HIV+ has committed him to offer help for those less fortunate than himself and he keeps all of us at Body Positive up to date with his movements. Here is his latest letter to us from Swaziland.**



Greetings from White River,
Yesterday, we arrived back after nightfall from Swaziland. David G did a magnificent job as driver of the Toyota Avanza...managing to drive us from Nomsa's home to the border crossing then over the mountains hundreds of kilometres to get to Nelspruit Spar just before they closed. This gave us the chance to buy provisions...having missed the weekly shopping run to White River on Monday.
People back at the Hands @ Work Village asked me 'did I enjoy the trip to Swaziland?' Each time I have replied that 'enjoy' wasn't the right word to cover the experiences I had in a magnificently beautiful country. I felt humbled and richly rewarded by my visit...even if it didn't get off on a good start. We were later than intended with our departure...no one could open the boot...until Marilyn came along and did so effortlessly...I feat that she was subsequently unable to repeat.

The journey up the Druckenberg Mountain range brought increasingly breath-taking spectacular views until we passed cloud level...when visibility decreased with each steep gradient and hair-pin curve. Fortunately, we came across an emergency services vehicle and were able to follow its flashing hazard lights right to the border crossing...by which time we were back below cloud level and able to see clearly.

Nomsa...our host...lives with her husband Samuel, a few of her many grandchildren, three AIDS orphans and a neighbour's boy who stays with them in term time...because it is close to the school. Distance is a major issue when it comes to accessing even the most basic necessities of life here. The ride on the gravel track up into the mountains...was awe inspiring with its dramatic vistas and rich abundance of flora and fauna...but as scary as any white-knuckle ride at Alton Towers. Heavy overnight rain increased the number of deep furrows and muddy troughs making some routes impassable. Consequently, our home-based care had to be postponed until Wednesday.

On our arrival at Nomsa's, we discovered that there was no electricity...so the hot water was prepared in the traditional way...over a wood fire. Our bathroom was a narrow passage that connected the two bedrooms with plastic bowls on the floor, a tub full of cold water and jug for hot water. By day two I had got the hang of taking a sort of shower by making extensive use of a flannel and economical use of water. Beryl hated the long drop toilet situated at the back of the compound...but for me...it brought back happy childhood memories of a similar 'lavvy' at my grandparents home in Whittle-le-Woods in rural Lancashire.

Nomsa's extended family were truly delightful...each of the boys from the eldest 21 year old to the 13 year old twins...was polite, friendly, helpful and obedient. How refreshing to find such well behaved children! The boys helped with serving our meal...but it was Nomsa herself who presided over the feast. Samuel as head of the household...was directed to serve himself first from dishes of pap, meat sauce, pasta, freshly picked salad and fried chicken pieces. Nomsa then nodded to the male guests in order of seniority to help themselves before Beryl and herself last. It was a privilege to share in this traditional meal...made more intimate and romantic because the lack of electricity meant we had to eat by candle light.

Because of the dangerous driving conditions on the mountain tracks...Tuesday was largely taken up with a visit to Manzini...the nearest town and indeed the second city after the capital Mbane. This allowed an unexpected insight into the urban life of Swaziland...and underlined the great distances that have to be covered to purchase anything that can't be grown or reared at home. Nomsa wanted day-old chickens to rear for Christmas. Fortunately, the chicken shop didn't have any available...and we would have to return the day after when they would be ready to collect. I say fortunately, because there were five large boxes each containing 100 chicks. On Tuesday we had a full car...but Marilyn said that Nomsa would have insisted that we took the chicks regardless. I shudder to think at the plight of the little creatures on that death-defying trip back up the mountain...not to mention our own personal discomfort.

Wednesday, we piled into the Avanza along with provisions for Alice. Samuel came along to visit his younger brother who lived on the way. First we had to take a bag of maize to the mill to be ground into flour...another unexpected opportunity to see a modern version of an essential activity that would previously been performed manually by women. It was fascinating to take a peak inside the shop to see the range of products on sale and to talk with local people waiting their turns whilst keeping a watchful eye on the maize they had brought to be ground. Unfortunately, I didn't speak Swazi like David G...who was born in this area...so I didn't pick up much gossip.

Goodnes knows how David found his way in the dark to Alice's home when he and Marilyn brought her back from the hospital in August after having her leg amputated. Luckily we had a volunteer to guide us in the daylight. Alice was delighted to see us and bravely got on to her feet to show that she was able to walk with the crutches that Hands at Work had managed to provide for her. Later she confessed that she didn't use them much...because it was difficult to carry anything walking on crutches. Instead she got around on her knees. She was worried about her two orphaned grandsons... whom she has looked after since her sons and their wives died from AIDS. The neighbours have been wonderful to her and the boys...but they are poor too. So the boys go to school in cast off clothes and without proper footwear. Last winter was especially bad for them as they had to walk all the way to school and back in bare feet. Another problem was the lack of funds to complete the long-drop toilet for the boys. The hole was dug and covered, the box seat was constructed but remained inside the sleeping hut...money was needed to pay someone to go into the forest for suitable timber to construct the shed. Remembering the expressions of willingness to help from people back home at Holy Trinity...I told Alice...through David that we would like to help.

Words can't convey the sense of gratitude I saw in Alice's eyes when this news was given to her.

On the way back we called at the home where a young man was covering after being reportedly at the point of death last year when David and Jane Newsome visited them. He is HIV postive...and now since starting antiretroviral therapy... has made a remarkable recovery. I was able to have a private conversation with him...that was emotionally charged. He listened to what I had to say about living positively with HIV. To see the change in his face as he smiled and laughed at my words...is something that I will treasure always.

The rain is beating down outside...but I have to pay a visit to Ma Flo at the community based organisation in Masoyi. In my first visit I saw a need in a shortfall of funding to complete a covered play area for the children...and once again I pledged help from my church back home. Of course...all the money is coming out of my own bank account...but it wouldn't bother me if it can't be covered...though I expect it will. Regardless...it is good to be able to make a small difference for the children and adults I have come to respect and love.

Lots of love,
Maurice

# Congratulations to Jane

After four and a half years of study Jane Bruning, National Coordinator of Positive Women Inc. graduated from Unitec with her Masters in Social Practice.

Jane said, "While it was hard work I particularly enjoyed doing the research work for my thesis which was on Stigma and Women living with HIV. The research was done as a co-operative inquiry with 5 members on Positive Women and it was both uplifting and inspirational as we all worked together and shared experiences as women living with a disease as stigmatising as HIV".

Not only did Jane graduate with a Masters Degree, she was also the only student of 849 graduates who graduated with 1st Class Honours.

Congratulations and well done Jane!

**New Zealand AIDS Foundation AGM**

**28th November 2009**
**1pm @ Hargreaves St**

*Election of new Trustees*

# Etravirine, Darunavir, Ritonavir & Raltegravir very effective in highly treatment-experienced patients

A combination of Raltegravir, Etravirine, Darunavir and Ritonavir is highly effective at suppressing viral load to undetectable levels in treatment-experienced patients, French investigators report in the November 1st edition of Clinical Infectious Diseases.

All 100 patients in the 48-week, prospective, non-comparator study had multiple resistance mutations to protease inhibitors and nucleoside reverse transcriptase inhibitors (NRTIs). Nevertheless, after a year of treatment with the three new drugs, 86% had a viral load below 50 copies/ml.

"Patients infected with highly-resistant HIV and who have few remaining treatment options may benefit from an antiretroviral regimen containing Raltegravir, Etravirine, Darunavir and Ritonavir and may achieve virologic suppression similar to that of treatment-naïve patients," write the authors.

Two of these four drugs (Ritonavir & Raltegravir) are currently available in New Zealand under subsidy. The remaining two drugs (Darunavir & Etravirine) are not available at this stage, although Janssen-Cilag have lodged an application for funding Darunavir as far back as 2007. Recent negotiations with Pharmac are hopeful to see Darunavir funded shortly. An application to fund Etravirine is still to be lodged with Pharmac.

# HIV & AIDS in New Zealand
# January to June 2009 figures released

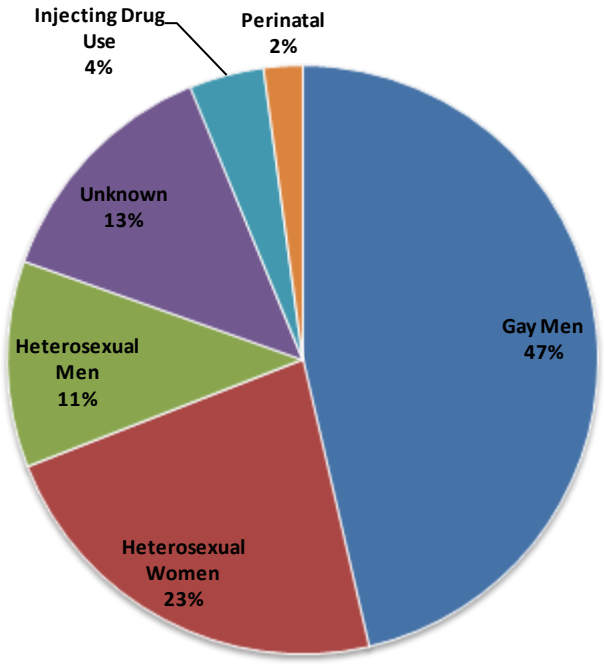
**Gay men still the greatest 'at risk' group for infection in New Zealand.**

**HIV INFECTION**

- Seventy eight people were diagnosed with HIV through antibody testing in New Zealand in the first half of 2009.
- Thirty six were men infected through sex with other men, 29 (11 men and 18 women) through heterosexual contact, four through injecting drug use, and for nine people the means of infection was unknown or unreported.
- A further 19 people with HIV infection, who had not had an antibody test in New Zealand, had a first viral load test in the first half of 2009. These were mostly people who had been previously diagnosed overseas. Nine were men infected through sex with other men, four through heterosexual contact, two were children infected through perinatal transmission overseas, and for four people the means of infection was unknown or unreported.

**AIDS**

- 15 people were notified with AIDS in the first half of 2009. Eight were men infected through sex with other men, six through heterosexual contact (2 men and 4 women) and one through injecting drug use overseas.




**HIV Infection: January - June 2009**


# Free Wills

Body Positive has been offered the services of a lawyer who is willing to draft a Will for any member who may require one.

For more information please contact us on 09 309 3989

DAVID BEARD
LLB LLM MBA Grad Dip Corp Gov
BARRISTER AT LAW

# Diary Dates

## November

| | | |
|---|---|---|
| Mon | 9 | Podiatrist |
| | | 6 on 6 |
| Tue | 10 | Counsellor |
| Wed | 11 | Massage for Members |
| | | Pot-Luck Dinner |
| Thur | 12 | Counsellor |
| Fri | 13 | Pot-Luck Lunch |
| Sun | 15 | BINGO—Fundraiser |
| Mon | 16 | 6 on 6 |
| Tue | 17 | Counsellor |
| Wed | 18 | Massage for Members |
| | | Sexual Health Clinic |
| Thur | 19 | Psychiatrist |
| Fri | 20 | Pot-Luck Lunch |
| Mon | 23 | 6 on 6 |
| Tue | 24 | Counsellor |
| Wed | 25 | Massage for Members |
| Thur | 26 | Straight Arrows |
| Fri | 27 | WINZ Clinic |
| | | Pot-Luck Lunch |
| Sat | 28 | Open House |
| Mon | 30 | 6 on 6 |

## December

| | | |
|---|---|---|
| Mon | 16 | 6 on 6 |
| Tue | 1 | Counsellor |
| Wed | 2 | Massage for Members |
| Fri | 4 | Pot-Luck Lunch |
| Mon | 7 | 6 on 6 |
| Tue | 8 | Counsellor |
| Wed | 9 | Massage for Members |
| | | Pot-Luck Dinner |
| Fri | 11 | Pot-Luck Lunch |
| Tue | 15 | Counsellor |
| Wed | 16 | Massage for Members |
| | | Sexual Health Clinic |
| Fri | 18 | Pot-Luck Lunch |
| Tue | 22 | Counsellor |
| Wed | 23 | BP House CLOSED for Christmas |

## January

| | | |
|---|---|---|
| Mon | 18 | BP House REOPENS for 2010 |

## K'Road Clinic

For general medical consultation

Free for HIV+ people on a benefit


## HIV Rapid Testing

**The 60-second HIV Rapid Test** is now available at Body Positive House. A simple pin Prick is done, to test the blood with a 99.7% accuracy. Its always better to know your status early, so you can keep healthy, if you become HIV+

Call **0800 HIV LINE** to book a FREE no-hassle Rapid Test


## WINZ Clinic

Remove the anxiety you experience in dealing with WINZ.

Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.

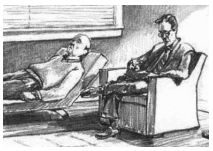
Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

## Psychiatrist

An experienced, qualified psychiatrist operates a clinic at Body Positive on a monthly basis.

*Access is by medical referral*

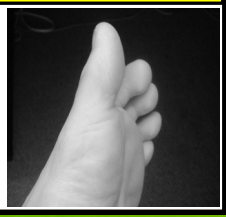
Contact Body Positive for more information.



## Foot Doctor

A professional podiatrist runs a clinic here at Body Positive House on a monthly basis. Next clinic date - **9th November 2009** (Monday) from 1pm-5pm

Phone now for an appointment
09-309 3989



## Massage

Massage Therapy is available FREE for members at Body Positive every Wednesday.

Phone 09-309 3989 to book an hour to pamper your body.

★Koha appreciated

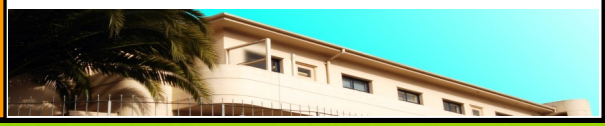
## 6 on 6

The next 6 on 6 will start soon. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to both men and women.

If you would like to register your interest in attending or want more information call us on 09-309 3989


## Friday Pot-Luck Lunch

Members please note Body Positive will be hosting a drop-in lunch every Friday at mid-day. Members are welcomed to bring a pot-luck plate of food.



## Quit Smoking

Apart from adhering to your medication regime, quiting smoking is the next most significant improvement HIV+ people can take to improve their health and life expectancy. Smoking increases the risk of brain, heart and lung diseases, various cancers and opportunistic infections.

If you would like to quit smoking we can help, just call 0800 HIV LINE

## Budgeting Service

Need help with your money? Body Positive has developed a computer software programme that helps you to identify concerns and issues with your personal budget and recommend ways to help.

Contact us in complete confidence.

## Recycled Medication

If you have unused medication or no longer need left over medication, please either return it to your prescribing physician or drop it into us or send it to: (We will pass it onto physicians.)

Body Positive Inc.
PO Box 68-766
Newton Auckland 1045

## Vitamins

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only $15 for 30 days supply (Usually over $30!) - Both with the highest quality ingredients that will give you a kick!

Drop by BP House or call **0800 HIV LINE**


## Travel Insurance

Buy your Travel Insurance from **Mike Henry** Agent Body Positive.

Whether you are Positive or negative, travelling to Syney or the Seychelles, just call 0800 HIV LINE for a travel insurance quote. (When you buy from us you help support our work + you get a good deal!)

Mike Henry
Travel Insurance Specialists

## Facial Lipodystrophy Treatment

A fantastic facial filler treatment is available through Body Positive to reverse the effects caused by Lipodystrophy.


Please contact Body Positive on 0800 HIV LINE for more information.