



+BODY POSITIVE
• NEW ZEALAND •

positively POSITIVE

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

April 2012

APPEAL COURT DECISION ON ACC CLAIM HAS DISTURBING IMPACT ON HIV+ PEOPLE

Recently a flood of media reports brought to the attention of the public the potential transmission of HIV from people living with the virus. All the usual hype and condemnation was resurrected to once again stigmatise people living with the virus. Media editorials claimed the law was too lenient and the Appeal Court made an unexpected decision to uphold the appeal made by a claimant to award her claim against ACC. Her claim was brought about by her mental stress she incurred when she learned her partner was HIV+ and had never disclosed his HIV+ status whilst having “unsafe” sex. Her partner was found guilty in a previous criminal prosecution for “criminal nuisance” for not admitting he was HIV+ whilst having sex without a condom and was duly convicted and sentenced. However criminal nuisance does not fit under the list of crimes that ACC pay out on. The claimant’s legal council challenged the fact that the women gave her consent to have sex saying she could not have given her “informed consent” as she did not know her partner was HIV+. Having sex without consent is potentially “sexual violation” and does fit into the list of laws that ACC does pay out on. However “sexual violation” is the same as rape and carries potential prison sentences of many years.

Are HIV+ people likely to be charged under the more serious charge of sexual violation?

We asked Professor Paul Rishworth – Head of Legal Studies at Auckland University to comment:

I write to advise how the above decision might affect criminal liability for HIV positive persons in sexual matters. In particular, the question is whether it alters the conclusions in my opinions of 2004 and 2011. Those conclusions were, in brief:

- that there is no legal principle requiring disclosure of HIV status before safe, protected sex; and
- that, in such cases, charges of criminal nuisance or grievous harm may be defended by adducing evidence of safe sex (so generating a reasonable doubt that there was breach of duty of care or recklessness)



There is also the further question of what the new decision means for cases of non-disclosure followed by unprotected sex.

Summary of this opinion:

The new principle that the KSB case establishes is that apparent consent to sex is vitiated if (1) there was non-disclosure by the accused of his HIV status, and (2) the apparent consent was to unprotected sex. This will mean that the apparently “consensual” sex, even between long-term partners, constitutes sexual violation. The case itself concerned unprotected sex and the legal principle is expressly limited to such cases.

It follows that the KSB case is highly relevant to situations where there is unprotected sex and one partner, knowing he is HIV positive, does not make disclosure to the other. It signifies that, in future, Police may elect to charge such cases as sexual

violation. Until now such cases have been treated as criminal nuisance (where there is no transmission, as in Dalley) or grievous bodily harm (where there is transmission, as in Mwai).

Though KSB was a civil case about the sexual partner’s ACC entitlements and not a criminal case against the HIV positive person, it necessarily addressed the question of the latter’s criminal liability (on which the former’s ACC entitlements depended). Hence it is likely to be regarded as authoritative as to the interpretation of the Crimes Act 1961 and the requirements of a valid consent to sexual connection.

In cases of protected sex, which was what my earlier opinions were largely about, I see no reason to revise those earlier opinions. They were to the effect that non-disclosure, without more, does not constitute proof of breach of duty, nor recklessness. Questions of breach or recklessness are issues of fact for the judge or jury in a particular case. Where non-disclosure is followed by protected sex (by which I mean the careful use of adequate condoms) it is for the Prosecution to discharge the burden of proving breach or recklessness beyond reasonable doubt. This is likely to be difficult. Careful use of condoms is a fact that tends to negate there being a breach of the duty of care, or recklessness. This was affirmed by the District Court’s decision in *Police v Dalley* (in the criminal nuisance context). The KSB decision does not speak to these matters.

One particular risk after the recent KSB case is that, though expressed in the context of unprotected sex, the principle might subsequently be extended to cases of protected sex. I discuss this possibility but come to the view it is unlikely.

Lastly, I think that the question should be revisited after the Supreme Court of Canada issues its decision in *R v Mabior*, expected to be in June or July.

We at Body Positive are a bit more relaxed but feel this very topical subject needs a careful eye kept on it and we will report any relevant issues that may impact on this and we wait for the Canadian courts to deliver their decision as well.

By Bruce Kilmister

Would you like to help reduce Body Positive's printing/postal bill and save a few trees as well??

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For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

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20 May 2012



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MANY MEN WITH UNDETECTABLE HIV IN BLOOD STILL HAVE LOW LEVELS IN THEIR SEMEN, STUDIES FIND

A study of 101 gay men at the Fenway Health HIV clinic in Boston, USA (Politch) has found that a quarter of men with undetectable viral loads in their blood nonetheless had detectable HIV in their semen.

Although seminal viral load in these men was low (median 200 copies/ml), the researchers suggest that this is still enough to be one of the explanations for ongoing transmission in gay men despite a high proportion being on antiretroviral therapy.

There was a very strong association with detectable HIV in semen and having a current sexually transmitted infection (STI). Six of the eight men whose HIV was undetectable in blood but detectable in semen (so-called virally discordant) had a urethral STI. After adjusting for other factors the researchers concluded that men who had an STI and/or urethritis were 29 times more likely to have viral discordancy.

A quarter of 'undetectable' gay men have HIV in semen...

In the Boston study, participants were on average 43 years old and three-quarters were white. They had all been on antiretroviral therapy (ART) for more than three months and 80% for over a year.

Nearly three-quarters were judged as being at high risk of acquiring an STI because they had had unprotected sex in the last three months. Nine of the men were diagnosed with an STI (gonorrhoea, syphilis, chlamydia or non-gonococcal urethritis) and 24 had leukocytospermia or white cells from the immune system in the sperm, indicative of urethral inflammation.

Eighteen of the 101 men had a detectable viral load in their blood; their median blood plasma viral load was 560 copies/ml and ranged from 80 to 640,000 copies/ml. Nine of these 18 men also had detectable HIV in their semen (50%).

Of the 83 men without detectable HIV in their blood, 21 (25%) had detectable HIV in their semen. The median seminal viral load in these men was 200 copies/ml and ranges from 80 to 2560 copies/ml.

As well as having an STI, in multivariate analysis, two other factors remained strongly associated with having detectable HIV in semen in men without it in blood. High levels of the inflammatory cytokine TNF- α were associated with a 14-fold greater risk of a discordant seminal viral load, and having had unprotected insertive anal sex (being 'top'), which was associated with a more than sevenfold greater risk.

There were therefore in this study low but detectable levels of HIV in the semen of a quarter of men who would register as being virologically suppressed on a viral load blood test. To what



extent might this be contributing to ongoing HIV transmission in gay men? This is unknown, but the researchers point out that although a viral load below 1000 had rarely been associated with transmission in heterosexual studies, some infections have occurred and animal models suggest that HIV is five times more transmissible via anal than vaginal sex – so a median viral load of 200 would imply a low but definite risk of transmission.

A 2008 study from San Francisco (Butler) found that the median seminal viral load in men transmitting HIV to partners was just 4300 copies/ml and the lowest was 110 copies/ml, while a 2009 study from Brighton in the UK (Fisher) that linked HIV infections in gay men genetically found that two out of 41 transmissions of HIV (5%) were from men with an apparently undetectable viral load.

However, studies of the link between viral load and transmission suffer from it being difficult to pin down transmitters in a cohort of gay men with multiple partners and where viral load may be measured months after the transmission (in the Butler study, the average gap between transmission and viral load test was 103 days).

One interesting aspect of this study was the higher risk of seminal viral load associated with unprotective insertive sex. The researchers suggest that urethritis in these HIV-positive gay men could be caused by infections with fecal bacteria acquired during sex or even that the virus detected could be passively carried virus from other HIV-positive gay men. Either way, this would tend to increase the infectiousness of HIV-positive men if they have insertive sex with negative men.

...as do one-in-16 'low-risk' heterosexual men

If STIs are implicated in seminal HIV, it might be assumed that low-risk men with undetectable blood level of HIV would not have it in their semen. However, another study from France (Lambert-Niclot), of HIV-positive heterosexual men in stable relationships who sought sperm-washing, found that 20 out of 304 men (6.6%) had HIV in their semen.

The study was a longitudinal one of 304 heterosexual men who attended a clinic in France seeking sperm-washing for conception between 2001 and 2011. These men between them provided 628 paired blood and semen samples. HIV was detectable in 107 blood samples (17%) and 49 seminal samples (8%). During this time 20 participants (6.6%) provided at least one paired sample where HIV was undetectable in blood (below 40 copies/ml) but detectable in semen. The seminal viral load ranged from 135 to 2365 copies/ml in these samples.

The proportion of men with a discordant seminal viral load did not vary over time, despite the development of more sophisticated and potent HIV regimens.

Both studies warn that men with undetectable viral load results should not assume they are non-infectious and should be warned that HIV treatment does not appear to reduce the risk of transmitting HIV to zero.

Source: www.aidsmap.com

GAY PARTNERS' HIV TRANSMISSION STUDY DUE TO START, DESPITE PRACTICAL BARRIERS



A large study looking at HIV infections in gay men who are within long-term relationships with HIV-positive partners is about to start in Australia.

This Opposites Attract study will look at the risk of HIV acquisition by the HIV-negative partner within different-status relationships and hopes to make an estimate of the comparative risks of HIV transmission from HIV-positive partners who are, and are not, on antiretroviral therapy (ART). Initially starting in Sydney, Melbourne, Brisbane and Adelaide, it is planned that the study will expand to other Australian cities and to Thailand.

Calculations of study size and expected loss to follow-up are being informed by findings from a large study of HIV risk in gay male relationships, the HIM study (Bavinton).

Background

The need for a study of HIV transmission risk and the influence of viral suppression in gay men has existed ever since the Swiss Statement in 2008. This said that within certain parameters people with an undetectable viral load could not sexually transmit HIV, but the authors later emphasised that evidence for this was only strong in studies of vaginal sex. The need for further evidence became stronger when the HPTN 052 study found that treating the HIV-positive partner in heterosexual different-status relationships reduced their chance

of transmitting HIV by 96%. Since then both the British HIV Association and the US Department of Health and Human Services have recommended ART for prevention purposes in some patients, but both emphasise that the assumption that this will work for gay men is an extrapolation of the data for heterosexuals, and another study recently found that up to a quarter of gay men with no detectable HIV in their blood may have detectable levels in semen.

A study looking at whether treatment works as prevention is thus badly needed in gay men. While a randomised controlled study of immediate versus delayed treatment like HPTN 052 will be difficult to do in the future, given changes in the criteria of ART initiation, an observational study of risk within different-status relationships could be done. The challenge, however, will be that gay male relationships are less likely to be monogamous, and HIV more likely to be transmitted during casual sex, than in heterosexuals. A study was therefore undertaken of different-status and same-status gay male relationships to assess whether a transmission study would be feasible.

The HIM Study findings

The Health in Men (HIM) study is a cohort of 1427 initially HIV-negative gay men recruited in 2001 to 2004 to look at risk factors for HIV, which has provided useful data on risk behaviours in other studies.

In this study, an analysis was done of data originally collected in 2007. HIM subjects completed annual interviews and were asked whether they were in a primary relationship, how long it had lasted, whether their partner had HIV and, if so, whether the subject knew their viral load. Characteristics of different-status and same-status relationships were collected.

Two-thirds of HIM subjects reported being in a primary relationship of which 8.4% (79 individuals) reported that their partner had HIV. This is roughly the same as the proportion of gay men estimated to have HIV in New South Wales. Another 21% of the subjects, however, reported that they did not know their partner's HIV status.

Within the 79 different-status partnerships, two-thirds of HIV-negative men knew their partner's HIV viral load, and 58% said it was undetectable.

In terms of contrast between different-status and same-status relationships, some factors were similar, such as age of the HIM subject and their partner, the length of the relationship (roughly 50% had lasted longer than two years) and whether sex was permitted with people outside the relationship.

The rate of relationship breakup was similar too: each year, 29% of different-status relationships and 26% of same-status relationships broke up. Different-status relationships were less likely to break up if they had been going for more than two years, if the HIM subject was over 44, and if the relationship involved 'serospositioning' (i.e. the

HIV-negative partner was only ever 'top' if they had sex without a condom).

Other things were different, though. HIM subjects in different-status relationships were more likely than other subjects to report having sex outside the relationship, having unprotected sex with casual partners, and having tested for HIV in the last three months, and were 2.5 times more likely to report that they were in an open relationship.

Conversely, they were less likely to report having unprotected sex within the relationship, to have 'negotiated safety' agreements about no condomless sex outside the relationship, and to be the receptive partner.

There were eight new HIV infections in the 79 men in different-status relationships during the average 3.9 years of follow-up. HIV incidence among men in different-status relationships was 2.2% a year and 0.7% in same-status relationships (hazard ratio: 3.12). HIV acquisition was three times more likely if the HIM subject had been 'bottom' with their partner in unprotected sex, and over 15 times more likely if their partner had ejaculated inside them. HIV transmission was six times more likely to occur within the first year of a relationship than after that point and was 4.7 times more likely if the HIM subject was under 35 than if they were over 44.

Source: www.aidsmap.com

NEW SMART PHONE APPS FOR HIV+

Those readers with smart phones will be interested in these new examples of application software or 'apps' that can help them to manage their HIV better.

The first one is **iStayHealthy**. This is a neat app where you can actually record your counts such as CD4, percentage and viral load and come up with a chart. You can also record your treatment regimen from the long list of available HIV antivirals, complete with a colour picture of the pills attached. There is also provision to develop a list of any other medications or even complementary therapies if you wish. *iStayHealthy* can be downloaded from iTunes

Another helpful app is the HIV iChart of drug interactions developed by the University of Liverpool, England. This app neatly summarises data of all the HIV antivirals and many other medications. One starts by selecting one or more HIV drugs from the list, then choosing one or more medications to get an idea of what interaction is to be expected from the combination of the drugs chosen. The results are presented as a traffic light system to indicate the recommendation, with a brief summary of the interaction. *HIV iChart* can be downloaded from both the Apple iTunes Store and from androidzoom.com

PLEASE NOTE: these smart phone apps are not intended to replace the advice from your HIV specialist.

Source: www.napwa.org.au

WHY GAY RELATIONSHIPS WORK & FAIL

While written for a heterosexual audience, we can certainly adapt this information to our gay partnerships as the following content illustrates issues that are universal to all relationship styles. Hopefully you will find it useful as it applies to evaluating your own relationship for maximizing its success.

Top 10 Reasons Relationships Work

10. "Our relationship is first...not third or fourth..."
9. "We're able to compromise..."
8. "He acknowledges and validates me..."
7. "Humor...we know how to have fun..."
6. "We're friends..."
5. "We accept each other's strengths and weaknesses..."
4. "Everybody's responsible and no one is to blame..."
3. "We have a healthy dependence/mutuality in our relationship..."
2. "We can disagree without attacking..."
1. "We're able to really listen and communicate with each other..."

Top 10 Reasons Relationships Fail

10. "We've just grown apart..."
9. "We're just not in love anymore..."
8. "He'll never change..."
7. "I don't have any emotions/feelings left..."
6. "All we do is fight..."
5. "There's just too much resentment built up..."
4. "We can't work out problems with children..."
3. "There's no intimacy or 'fire'..."
2. "I just can't trust him..."
1. "We just don't communicate..."

Tips For Lasting Love

- Ability to solve problems
- Active listening
- Ability to express and validate feelings and needs
- Personal responsibility
- Love and romance
- Friendship
- Forgiveness

Adding 'Gay' To The Mix

While there are some universal elements to relationships, we gay couples have our own unique and special challenges and benefits to



live through that are different than other relationship styles. In fact, we have added burdens and obstacles to overcome living in a homophobic society to make our relationships succeed in the long-term. And because of the multitude of barriers and stressors we face, we are in a better position to experience higher-level feelings of intimacy because of the shared experiences and resilience we have, but only if we can muster up the courage to push forward during those difficult times as a united front. The rewards of growing, learning, and changing as a couple are great!

Some additional factors that I might add to the list for making relationships work that are more specific to gay men in a couple include:

- Having solid self-esteem and comfort with being gay
- Both men being at the same level of "outness"; and the more "out", the better to allow for more openness, relaxation, and honesty in all environments
- Having a support system of people who honor, value, and validate the men's relationship as a gay couple
- Each man having his own individual identity, as well as commitment to a relationship identity to allow for more balance and vitality
- Having a clear agreement about monogamy vs. non-monogamy in one's relationship and having an understanding of what that means and looks like and abiding by that faithfully

- Recognition that relationships take effort and work
- Having a shared vision for the future as a couple
- And most importantly, as in all relationships, communication is key! Productive conflict resolution is critical! Honesty is a must! The ability to be flexible is also important.

Conclusion

This article merely scratches the surface of what constitutes a healthy relationship. There are many ingredients that go into creating a successful partnership, but the topics discussed here provide you with a basic foundation of what's most needed to get you on the right track. What's important is that each couple defines for themselves what works best for them and what happiness and fulfillment would look like for them. The above skills will help promote a working atmosphere to help the two of you co-pilot the type of relationship you're seeking. Identify your strengths and weaknesses as a couple from the tips and craft a plan for making things even better between the two of you. Society desperately needs to see healthy gay couples functioning in successful relationships. Could you be a role model as gay partners if you choose? If so, let us all share the wealth and wisdom with each other as a community, to learn from each other on what it takes! Cheers to your relationship success!

Source: www.msmgf.org



Helen Clarke, Michel Sidibe and Jane Bruning

POSITIVE WOMEN OFFICIALLY OPEN NEW PREMISES

Positive Women Inc.'s new premises and Community House in Auckland was officially opened on the 7th of March by the Executive Director of the Joint United Nations Program on HIV/AIDS (UNAIDS), Michel Sidibé, and former Prime Minister Rt. Hon. Helen Clark, Administrator of the United Nations Development Programme (UNDP).

Mr Sidibé and Ms Clark were in New Zealand for a short visit as part of their tour in the Pacific region to promote the UNAIDS vision of achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths in all countries.

"It was a tremendous honour to have Mr. Sidibé and Ms Clark open our new Community House, especially as it took place on the eve of International Women's Day," said Jane Bruning, National Coordinator of Positive Women.

Both leaders praised Positive Women Inc. for creating a safe haven for women to come to for support and services. "Your efforts to support and empower women living with HIV are a true testament of your commitment to the AIDS

response," said Mr Sidibé.

Jane Bruning is also the Asia Pacific UNAIDS Programme Coordinating Board NGO Delegate. In her role as a Delegate with UNAIDS, Jane has worked besides Mr. Sidibé to ensure that the priorities and interests of HIV positive people and communities are considered in UNAIDS decisions and policies. Speaking at the opening, Jane said that the new community house is a significant move in the future development of Positive Women Inc. "The house provides a safer, more welcoming, family friendly place for women members living with HIV and their families," Jane said.

Jane spoke of the isolation and stigma women living with HIV experience and she encouraged women to make the new house their own.

The new community house is offering weekly lunches, a drop-in center with lounge to relax in and computer and printing facilities for members to use.

You can find Positive Women's new house at 176 Dominion Road, Mt Eden, Auckland.

NEW ZEALAND LOOKS AT HIV RAPID TESTING IN THE COMMUNITY

In 2010 the Ministry of Health (MoH) commissioned a national review of HIV services in Aotearoa New Zealand (NZ). The report from this Review included several recommendations one of which was the need to develop national guidelines and standards for HIV testing and counselling, to ensure standards are aligned to developments in HIV testing technology and the new guidelines reflect the availability of testing outside of routine clinical settings.

In late 2011 the Public Health Group of the MoH commissioned a consultation project titled National Conversation on HIV testing and pre

and post counselling in New Zealand that would provide recommendations to develop a set of national guidelines and standards for HIV testing and counselling in New Zealand. The MoH contracted Rachael Le Mesurier (former ED of the NZAF) to undertake this project and recently discussions have been facilitated throughout New Zealand.

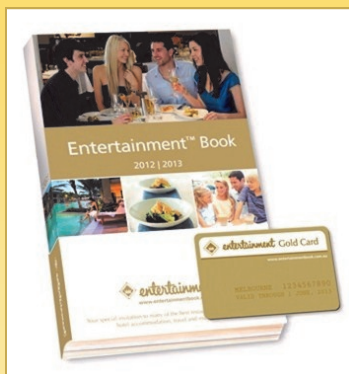
A draft set of recommendations have been compiled and will be submitted to the Ministry for consideration.

Currently Body Positive and the NZ AIDS Foundation offer rapid testing from their

premises as well as offering some testing from sex-on-site premises. Both organisations are seeking ways to increase testing, particularly within the most at risk community being the "gay" community.

Concern has recently been expressed about "home test" kits that have been purchased over the internet and imported for sale through "sex toy shops" as well as used inappropriately for pre-empting unsafe sex. It is important to note none of these test kits will verify completely the last 90 days if HIV has entered the body and a retest is often recommended.

By Bruce Kilmister



Auckland Entertainment Book 2012/2013 Now Available

The Entertainment Book is a local restaurant and activity guide providing hundreds of 25% to 50% off and 2-for-1 offers from fine restaurants, cafes, attractions, activities and accommodation.

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8pm @ ASB Theatre, Aotea Centre, Auckland

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Contact Body Positive on 09 309 3989 to obtain your special discount code before you book

GABA MAKE A GRANT

The GABA Charitable Trust have made a grant of \$3,000 to Body Positive for our Positive Health scheme which meets the medical expenses of our Members. "Every bit helps" says Bruce Kilmister as the Wellness Fund is under pressure and this will help pay for doctors consultation fees for those who can not afford this easily.



The GABA Charitable Trust have been stalwart supporters of Body Positive for a number of years - "so many I can't remember when they first gave us a helping hand - they are invaluable" says Bruce.

Positive Speakers' Bureau

Nga KaiKorero

Training Workshop
11-14th May 2012

A workshop for anyone living with HIV in New Zealand who wishes to have training on how to tell their story and speak publicly about their experience of living with HIV will be held between 11-14 May 2012.

Speaking out helps increase knowledge, awareness and understanding about the reality of living with HIV and AIDS in New Zealand, helping to reduce HIV transmission and eliminating stigma and discrimination.

For further details and to register contact Positive Women Inc.

☎ 09 309 1858

✉ positivewomen@extra.co.nz



Diary Dates

April

- Mon 23 Massage Clinic
- Tue 24 Massage Clinic
- Wed 25 ANZAC DAY
Body Positive House Closed
- Wed 25 Club Phoenix
- Fri 27 Members Lunch

- Mon 30 Massage Clinic

May

- Tue 1 Massage Clinic
- Wen 2 Club Phoenix
- Fri 3 Members Lunch
- Sun 6 Under 35's Group

- Mon 7 Massage Clinic
- Tue 8 Massage Clinic
- Wed 9 Club Phoenix
- Fri 11 Members Lunch

- Mon 14 Massage Clinic
- Tue 15 Massage Clinic
- Wed 16 Club Phoenix
- Fri 18 Members Lunch
- Sun 20 Candlelight Memorial

- Mon 21 Maori Panui
- Mon 21 Massage Clinic
- Tue 22 Massage Clinic
- Wed 23 Club Phoenix
- Fri 25 Members Lunch

- Mon 28 Massage Clinic
- Tue 29 Massage Clinic
- Wed 30 Club Phoenix

June

- Fri 1 Members Lunch
- Sun 3 Under 35's Group

For detailed updates check out the online calendar at www.bodypositive.org.nz

Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age.

Y+ is a monthly social group for HIV+ people aged 35 and under, giving younger people an opportunity to connect and socialise with other people around your own age.



Call 09 309 3989 for details or visit www.bodypositive.org.nz

Positive Health Scheme

The Positive Health Scheme helps assist members to pay for their medical fees and associated healthcare costs.

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For more details on the scheme or to join, please contact Body Positive on 0800 HIV LINE

A new healthcare scheme for People Living with HIV

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.



Friday Members Lunch

Members please note Body Positive will be hosting a drop-in lunch every Friday at Body Positive House in Auckland starting at mid-day.



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A professional podiatrist runs a clinic here at Body Positive House on a monthly basis.



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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.

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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

Vitamins & Supplements

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only \$16 for 30 days supply (Usually over \$30!)

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

An extensive range of other vitamins & supplements are also available, please see www.bodypositive.org.nz for full details.



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 on to physicians.)

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



Facial Lipodystrophy Treatment

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



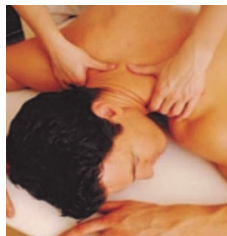
Please contact Body Positive on 0800 HIV LINE for more information.

Massage Therapy

Massage Therapy is available at Body Positive House every Tuesday.

\$40 per session or free with a Positive Health ID Card (Limit: 6 free sessions)

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



Straight Arrows

A monthly get together for **Heterosexual Men and Women living with HIV** on the last Thursday of each month a Body Positive House from 6.30pm.

Contact Body Positive for further information

