# HOT
## NEWSLETTER
## NOVEMBER & DECEMBER 2022

# World Aids Day 2022
## Dec 1st

*Whatever is beautiful?*
*Whatever is meaningful?*
*Whatever brings you happiness?*
*May it be yours this holiday seaso*
*and throughout the coming year!*

## Connections in the Holiday Season

Many of you would join me in asking its holiday season already, where did this year go? It was a time that challenged all of us especially those living alone. We have an opportunity now to reconnect and create happy times with friends and loved ones this summer holiday season. For some of us this is a time of feeling more alone than ever. So, it's important to look at what we can do in this situation and how we can develop connections or reach out to others who are alone and build new friendships and connections. Merry xmas!

## Reach Out: The importance of social connectivity in HIV and Aging

**Tez Anderson** is a friend in the USA who is also HIV Long-Term Survivor / Atheist / Writer / Speaker / HIV Activist / Founder Let's Kick ASS grassroots movement empowering HIV Long-Term Survivors to Thrive

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Tez Anderson has lived with HIV since 1983. He founded **Let's Kick ASS — AIDS Survivor Syndrome** in 2013 with the mission of "empowering HIV Long-Term Survivors (HLTS) to thrive." Lets Kick ASS AIDS Survivor Syndrome https://letskickass.hiv/

LKA is the first non-profit by, for, and about HLTS, an overlooked population. Tez coined the term "**AIDS Survivor Syndrome (ASS)"** to describe the psychosocial ramifications of surviving the AIDS pandemic.

In 2014, he launched **HIV Long-Term Survivors Awareness Day (HLTSAD.org)** to create action while highlighting the resilience and strength of people living longest with HIV/AIDS.

Tez is widely recognized for shining a new light on a forgotten population, HIV Long-Term Survivors, and consultants on numerous HIV and Aging projects. They include **SAGE USA's HIV & Aging Policy Action Coalition (HAPAC)** developing national and state policies. He also contributes to the **Association of Nurses in AIDS Care (ANAC's) HIV & Aging Expert Advisory Committee (EAC)** and the **CDC's Medical Monitoring Project (MMP).**

He is a founding member of **San Francisco's HIV and Aging Working** group for **San Francisco's Long Term Care Coordinating Council (LTCCC)**, advising the Mayor and City on policy, planning, and service delivery issues for older adults.

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I recently saw this blog he wrote and thought it a great prompt to push us to try deal with our social connectivity.

Do you see reaching out for help and support as a sign of weakness, it is often a difficult adjustment if you are transitioning from being able to needing support or feeling you are not in control of your life due to your health and aging, or of not being able to 'do it on your own'? We're taught that the chief goal of aging is to maintain *independence*. Would you believe me if I told you that opening yourself up to others actually makes you one of the most courageous, and ultimately among the strongest, people aging with HIV?

It can be intimidating to make a new friend, rekindle a relationship with an estranged family member, or join a group. Depression and anxiety can make it easier to stay home, to disconnect, or to lose sight of the value of existing relationships. And depression and anxiety are common among people living with HIV. Letting others in, especially if you are concerned about how they will respond to your HIV status, can seem daunting. It takes fortitude, but the short term discomfort you feel about reaching out is likely to pay off in terms of your long-term health and happiness.

Relational living – in other words, feeling connected to family, friends, partners, children, teammates, colleagues and peers – is one of seven factors that contributes to resilience among those aging with HIV. People living with HIV who feel supported report better physical and mental health and may be better able to cope in difficult times. Knowing there is someone in your life who can care for you if you need support can reduce feelings of uncertainty which often accompany aging with HIV. In addition to being enjoyable, a healthy social life can help you maintain cognitive function [, reduce depression6, improve medication adherence, and even decrease your risk of ending up in hospital.

If it's so great, why isn't everyone part of a robust social network? Many factors may contribute to social isolation (limited interaction with others) and loneliness (the distress related to feeling under-supported) among older people in general, including poor health, loss of a partner, mobility issues and living alone. While there is some debate as to whether social support differs among older people based on their HIV status, the ability of people aging with HIV to maintain relationships and build new social networks may be complicated by stigma, long-term disengagement from the workforce, and a history of loss and community trauma. Whatever the reasons, in one large study, more than half of older adults living with HIV reported experiencing loneliness and social isolation. So, what can be done?

It is never too late to connect to others by different means and based on different commonalities. If you want to discuss your experience aging with HIV, consider taking part in a peer group or consider becoming a volunteer peer educator or public speaker. For the tech-savvy, try the Long-Term Survivors' forums at forums.poz.com, or join the Facebook group HIV Long-Term Survivors. And if you are a really motivated long-term survivor of HIV/AIDS, you could even take the lead by helping to advocate for the needs of your peers. Another movement that has multiple chapters in North America is Let's Kick ASS (AIDS Survivor Syndrome), is a grassroots movement of long-term survivors that is looking to set up new chapters across North America. Generativity, a fancy word for giving back to your community by sharing your lived experience with others, especially younger generations, enhances resilience among older adults living with HIV.

Or maybe you don't want to talk about HIV at all. Peer support is only one option. Do you love cooking or going for hikes? Think about registering for Parks and Recreation group programs through your local municipality. Subsidies are often available to support your participation, no matter your financial status. If you prefer a more informal route, reconnect with old friends by phone, introduce yourself to your neighbours, chat someone up at the dog park, or join a small group at your chosen faith-based organization.  Give it a go and try to connect this season.

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## Social Connectedness and HIV: Strategies for Better Health

By David Fawcett, Ph.D., L.C.S.W. Jan. 4, 2018

David shares a case study to share how and why we need to identify and look at strategies to have better health outcomes in cases of lack of social connection and living with HIV.

Troy arrived at my office looking fatigued and defeated. Having lived with HIV for nearly 14 years, he was now experiencing a severe downward spiral of depressive symptoms that caused him to sleep many hours each day. He rarely emerged from his apartment, describing his isolation as "far worse than ever before, even when I was diagnosed." Troy is in his 50s who had come to Miami from his native Georgia to live openly in a gay community.

His family at home knows nothing of his sexual orientation or HIV status, and because of issues of self-worth and avoidance of stigmatizing situations, he never developed a local network of support beyond one or two friends. Even with them, he rarely discusses his HIV status and, as he has aged, he has withdrawn even more, became increasingly distressed at feeling invisible in his own African American gay community, and totally disconnected from the broader LGBT communities.

As his isolation increased, Troy, for the first time, began to use methamphetamine to numb the hopelessness that he was now experiencing most days. Depression and anxiety are strikingly common among persons living with HIV. This is due to a variety of factors, including stress about one's health and future, trauma, shame, stigma, and the physical effects of the virus itself. Yet, for both HIV and other health issues, evidence exists in the medical literature that provides distinct clues as to why certain individuals seem to thrive with better physical and emotional health while others do not.

One of the more significant factors underlying such success is the ability of some individuals to successfully create and sustain social connectedness, defined simply as the quality and quantity of social relationships with others. Social connectedness comprises several factors, including social integration, the overall level of involvement with informal networks (such as a spouse or close friends) and formal networks (institutions such as the church), which appear to be protective factors for improved health outcomes.

In Troy's case, the absence of social integration was a central feature of his isolation. The more web-like and high quality these connections are, the better, because such networks of interrelationships mutually reinforce one another over time. Studies with people living with HIV have found that direct health benefits derive from specific components of social connection, including individual resilience and a sense of control over one's social interactions, both of which increase the perception of available support and actually help secure social support in stressful times.

A sense of social belonging or social capital, a term that describes the quantity and quality of one's network of relationships, is also significantly associated with HIV medication adherence, as well as overall functioning and satisfaction with quality of life. Health risks and disparities, along with self-attitudes and mental health, vary widely among various populations and are impacted by social identity and social connectedness, as well as internalized homophobia and racism.

While it is clear that racial, ethnic, and sexual minorities experience additional stressors and barriers that impact health, many minority groups display remarkable resilience. For example, data from the National Survey of American Life found that African Americans who strongly identify with their group and view it very positively have greater self-esteem, greater mastery, and fewer depressive symptoms. However, findings also showed that when beliefs about one's own racial identification were relatively negative, this resulted in lower mastery of self-care skills and higher depressive symptoms.

Other factors such as gender also play a role. Men, for example, tend to mobilize support that is heavily focused on their partners or spouses, whereas women are much more likely to rely on a child, close relative, or a friend as their confidant. Consequently, widowhood is consistently more damaging to the physical and mental health of men than women.

Education is important, as well. Educated adults typically have a larger number of close relationships and may experience less overall stress in their interpersonal relationships, leading to the experience of less isolation. While evidence concerning the overall health benefits of social connection is beyond doubt, specific strategies that promote greater connectivity among people living with HIV have not received as much attention from researchers. Some strategies, however, can improve social connection. Here they are:

**One-to-one support**: In the early days of the HIV epidemic, people needed to create supportive communities and networks because no infrastructure was in place for care. One of the better examples of one-to-one support was the buddy system, through which people assisted one another with tasks such as shopping, walking the dog, or simply checking in regularly by telephone. While case management and other services are essential, they cannot replace personal, social support. Create or expand your network friends: Everyone will benefit. If nothing else, where appropriate, try simply giving a hug. While some people are put off by such contact (which must be respected), hugs can be a welcome sign of acceptance and support for someone living with the inherent shame and stigma of HIV.

**Address barriers:** There are many reasons why people living with HIV isolate, and not all are related to psychological factors. Transportation, for example, can be a significant barrier for individuals to get to medical appointments. Issues of geographical distance can be aided by technology such as the internet or phone apps, which can provide essential contact for individuals, especially for people living with HIV in rural areas. In some locations, programs help individuals learn how to get the most from technology or to acquire a phone or computer. If formal help is not available, plenty of peers usually have the necessary knowledge to help. Finally, physical challenges may impede many HIV-positive people's ability to connect socially. I personally experience very painful neuropathy, which makes mobility more difficult and can result in less social interaction. Check with your health care provider and support team to be certain you are accessing all possible assistance to overcome barriers that may be contributing to your isolation.

**Volunteer:** It is well known that focusing on the needs of others has the powerful benefit of improving our physical and emotional health. Empathy, the ability to identify with the feelings of another person, impacts our social networks in very meaningful ways. In this era of budget cutbacks for HIV services, there is a tremendous need for volunteers to step up and help maintain the fabric of our HIV support communities. Determine what special talents or skills you possess or what might be useful to your social networks. Remember that the benefits of volunteering extend beyond HIV. Countless charities serving mental health, animals, youth, and other populations and causes rely on the generosity of volunteers.

**Enhance your natural, personal network**: It is often possible to expand one's social network simply by enhancing contacts that are already in place. For example, an interest group based on a hobby, sport, singing, or advocacy is a natural place to find like-minded people. Getting involved in such a "natural affinity" group will promote both a sense of purpose and health benefits.

**Engage in individual therapy:** Sometimes we need professional assistance to help us move us beyond a particular set of challenges. I believe that everyone, especially people living with HIV, can benefit from therapy at certain points in his or her life, including addressing causes and symptoms related to a lack of social connection. A therapist can assist with communication skills and problem solving, developing strategies to elicit more high-quality support, and addressing underlying issues, such as shame or body image, which may be inhibiting social contact.

As medications for HIV improve longevity, other psychosocial factors such as social isolation have greater negative impact on the overall well-being of people living with HIV. The health benefits of improved social connectedness are well documented. Whether you utilize the strategies listed here or get ideas from friends, take the time and care to nurture your social networks. You will be well rewarded.

If you are feeling overwhelmed or struggling.

Suicide Call Back Service on 1300 659 467 f it is an emergency, dial 000.

## WHERE CAN WE FIND CONNECTION?

We know there are services that include HIV Outreach Team but what do they offer inn the way of social inclusion?

- On the second Friday of each Month, we have a **coffee morning** that needs to be rsvp every month and bookings are made to myself Dianne who is the Consumer Representative Officer and tries to work in social inclusion space. This is held at **Refretorio restaurant on 498 Crown St**. Please come meet me and others from HOT including those who sit on the consumer advisory committee, find out what we do and how you can participate. Ask about being part of a Buddy System and check out our latest newsletter. If you wish to stay on for lunch after, please book in advance with Refretorio? Or maybe you might want to form a group and meander down to Luncheon club at ACON Elizabeth ST?

- Want to build friendships, chat about advice from peers and loose those love handles? Join our ongoing walking group on Tuesdays at 11 am. They meet at the “Cannon” on the corner of Liverpool Street and College St, Hyde Park Sydney near Anzac memorial. It is gentle and goes at your pace for an hour and offers a great group to regularly meet up and check in as you build great friendships.
- We have exciting events and group work being offered next year that will end with a HIV event put on by the consumers at HIV outreach team, stay in touch to finds out! We at the Consumer advisory committee are very aware and seeking ways we can implement a better social connection. Sadly, we set up events which are poorly supported, please take the lead and you never know what wonderful connections you may make by coming along.
- Come to HOT XMAS Party this 22nd December at 11 am Surry Hills Community Centre, again for catering RSVP Esther at 93828666 as soon as possible.

Please Join us for a

# Christmas LUNCH

On 22nd at 11.30 AM

Surry Hills Community Centre level 1/405

Crown St, Surry

Hills NSW 2010

rsvp

to Case Manager

*Interview with HIV Elder on*

## ‘AIDS, WHY REMOVING THIS WORD MAKES US *LTS* FEEL ***INVISABLE***

*By Dianne Nyoni*

This segment with our Elders as I believe we need to not only pay homage to those elders who are still amongst us but capture their stories and advice that we may learn from or choose to take-away as tools in our lives.

I am certain many of you would agree often our elders astound me how they have endured so much loss and yet can smile and laugh and be some of the most kind and giving souls you can meet. I think by interviewing in this segment on the topic of the month we can garnish great ideas, laughs and absorb their infectious lives they have created amongst a time of unprecedented change.

I spoke with a couple of Elders I revere in our community who have a strong opinion on why we as PLWHIV should still use the term AIDS and refer to themselves as having AIDS.

Historically the term AIDS was followed by an original name originally called “gay-related immunodeficiency disease” (GRID), AIDS quickly took over as the known term for the mysterious and deadly health epidemic that arose in the early 1980s, killing gay and bi men in large numbers at an alarmingly swift rate. Fear reigned as the world witnessed its heroes, like Rock Hudson and Freddie Mercury, as well as hundreds of thousands of sons, uncles, cousins, and friends succumb to the then-deadly affliction over the next decade.

Though it was soon made clear that *no one* was naturally immune to HIV, the term AIDS had already been cemented as a stigmatized acronym associated with queer men—and death—and remained so throughout the ’80s and ’90s.

The term has proven itself problematic in a few ways over the years. First, as many now know, AIDS—an acronym for “acquired immune deficiency syndrome”—only describes the advanced stages of HIV. It is not the name, nor was it ever, for the virus itself. However, it stuck and has often been misused to describe someone who is simply living with HIV. In those early days of the epidemic, little talk was ever heard in the media of HIV (human immunodeficiency virus), the correct name of the virus.

When the first versions of the lifesaving antiretroviral drugs we use today were developed in the mid-’90s, quite suddenly, having HIV was no longer a death sentence. Now one could simply be *living* with HIV—and no longer condemned to “dying of AIDS.” Although this medical revolution has drastically changed the lives of people living with HIV, in many ways, the rest of the world has failed to catch up with current science.

It is not that AIDS is necessarily an erroneous or bad term, as it was and still is a widely used medical term for the advanced stages of HIV. The problem, many experts and activists argue, is that due to its history of misuse and stigmatization, the term is now antiquated and promotes stigma. It also overemphasizes the fatal phase of the condition in a time when the life expectancy of those living with HIV is the same as anyone else's.

To put this in the Australian context around the 2010 time period PLWHIV community orgs decided after years of seeing stability arise in the community of modern medications that we needed to drop the AIDS from our dialogue. Excited that due to the post 96 introduction of ARVs that saved many lives we not only could change this dialogue but encourage the community to start focusing on living and living well with HIV. Yes, I sat at those debating tables that reasoned why the term AIDS was creating confusion and contributing to stigma towards PLWHIV. I was then very fresh from recovering myself from late-stage HIV or very serious AIDS defining illnesses that were in my brain my lungs my throat and esophagus right down to the fungal infections that wasted my body and took my nail beds from my toes. I had entered this community grateful of having lived and although I was still in recovery for many years still did not fully understand the long-term damage that assaulted my young body at that time in my life. I was swept up with the focusing on living well I had not considered the fall out this decision to remove the term AIDS would bring our ageing cohort. We did not fully understand the fallout of ageing with HIV after being immuno-compromised and what that would look like.

In essence we were the pioneering cohort to live long enough to age, to be honest I believe not only did we as individuals but also the medical world understand the possible ramifications. The medical field did identify they may be at higher risk for early onset ageing including cardiovascular disease, cancers and other comorbidities and there was a sense of what would that look like. In truth we were like lab rats in a study to be observed and react accordingly.

One PHD elder I hold with reverence shared his thoughts stating.

AGEING WITH HIV/AIDS NO LONGER AN OXYMORON

WHAT EVER HAPPENED TO THE WORD 'AIDS' IN AUSTRALIA?

Acknowledging that the Australian Federation of Aids Organisations some years ago stated that Aids is no longer a public health issue with treatment for HIV cheap and easily accessible. The effectiveness of antiretroviral therapy in controlling HIV and preventing Aids from ever developing, and in reversing many (but not all) Aids cases, means that Aids has not been a notifiable disease since 2010. This move was not so much a success story as a deliberate strategy to refocus the attention away from Aids and on to HIV. Aids has in fact been declining as a public health focus in Australia for many years.

Some of us were told by a number of immunologists and specialists around the world that once you were diagnosed with 'AIDS', which could only be reversed when a cure was found, irrespective of the ups and downs or number of your T cells. To date there is no cure, are those of us previously diagnosed with AIDS still diagnostically living with AIDS and not HIV. If a person were diagnosed with multiple sclerosis that diagnosis would not change as today, there is no cure.

There is still a 'World AIDS Day' not a 'World HIV Day'. The sole use of the word HIV leaves a considerable number of individuals, alienated from the mainstream. One can refrain from using the word 'community' or 'communities' because no 'communities' really exist for us. If you are ageing with AIDS and have multiple comorbidities our feel- our voices are sadly longer feeling heard or listened to. Although a of number of us who had AIDS are now in our seventies and will soon be completely when finally, we succumb to one of our comorbidities. The individual use of the word HIV and the derived concept that we are all simply living with HIV, detracts from the reality of most any living with AIDS and the ongoing battles so many of us have been unheard and silenced as we are experiencing for decades now. Yes, we are still alive but hidden away and are voiceless.

As I ponder this and other long-term elders of HIV who survived AIDS and now are ageing but also dealing with many very serious comorbidities, I feel remiss not to share their thoughts and feelings and not ignore the outrage they feel even speaking as being voiceless and invisible, very strong terms we cannot ignore as a community.

My observations and just general conversations I believe have uncovered a very angry and voiceless community of ageing PLWHIV who fit the old or American criteria of AIDS. What do I mean by American criteria, due to the system of health insurance set up in USA once you have had an AIDS diagnosis you even if CD4 and viral load have recovered you are considered as always having AIDS. This assist in insurances adjusting potential health issues and justifying more needs for AIDS clients. The smart thing about this is they are prepared for the multiple comorbidities and honor and respect that this is an issue for those who had AIDS.

Even myself for example considered part of the second wave infected after 96 meds but diagnosed late in 2010, living with overcoming AIDS I can attest I never went back to the person I was before cognitive damage and physical damage to my body could never yield a healthy 42-year-old woman again. Just when I thought I had reached the best it could be six years later I was struck down with my first cancer.

Yes, I was warned I am high risk for cancers, cardiovascular disease and or issues with my bones. We were so caught up with the celebration of life we didn't stop to consider the horrors and very sad events that were to strike us down to early and often suddenly.

In the last century I have seen so many passes from this world, often without warning and often stunned by the sudden turn in their health. One day I'm hugging them and the next I hear of their unexpected passing. Earlier in this decade I noticed many were cardiovascular events with sprinklings of Cancer, as time went by, I noticed many varied cancers and even more disturbing is many had various multiple cancers. I asked a BGF worker on an in-service what was the number 1 health issue their clients were facing and was immediately responded with CANCER. This only compounded my feeling something was happening that is not being taken seriously or being seen as needing to be documented and researched.

I challenge this due to the focus of prevention campaigns, the wonderful development of understanding TAsP, PeP and Prep, U=U campaign freed many of us of feeling fear and has in a big way made a dent in stigma. I say a dent as stigma still exist and is still an issue. After removing the term AIDS and the success of Prep HIV organizations had to decide if prevention support with Prep is part of their brief due to lowering new infections in Australia and light at the end of the tunnel that we could essentially eradicate new infections nationally, the race is on globally and we are doing well in leading the way here in Australia.

I have been living with HIV/AIDS myself 22 years and up until my AIDS diagnosis yes, I was living well although unknown with HIV not on treatment. But my diagnosis came in final stage HIV in today's terms, this was the beginning of an ongoing slippery slope of illness and hospitalizations.

I remember the first time I was diagnosed with Cancer in 2017, just six years after my AIDS illnesses. I reached out to organizations as my oncologist stated he was flying blindly in my case as he had never treated a woman with HIV and Breast Cancer before. They identified I had no family history of cancer at all and that the likely reason I had an aggressive tumor that's cells were dividing much faster than those of the non-HIV population of 10% and mine being 50% was evidence this was different and most likely a result of my body having AIDS.

It grew so rapidly in such little time, so the question was treatment options and side effects of ARVs, the HIV specialist and Oncologist have since kept not only a close communication but wrote to the drug companies for direction as seeking information on women living with HIV and breast cancer did not exist. I reached out to my local HIV organizations and was told Breast Cancer is not a HIV related illness and they could not advocate or help me at all.

Firstly, just drug interactions were a very important factor that all PLHIV should be able to seek support from local HIV community, why isn't data being collated?

Secondly, we the ageing cohort who are facing many, many cancers that have had AIDS is too coincidental to not assume something is going on here and maybe we need to focus on what why and how?

I have been assaulted with literature on women and annal cancer and cervical cancer from these HIV orgs. Apparently, that is HIV related cancer, something inside me screams why is logic not being seen, why am I invisible?

Prep has been a wonderful step since the new ARVs post 96, yes this is a game changer as is Pep and TAsP. HIV organizations debated is this our place to promote and focus on prevention campaigns, and in time decided yes this is our space to focus. While we celebrate this the focus on stigma has remained a big issue and U=U was the catalyst for us fighting back on terms that insulted PLWHIV such as being clean and not a pariah of our communities with being vectors of disease.

Back when I was diagnosed, I had been warned I was now a high risk but I went on focusing on recovering and rebuilding my life, around three years post my AIDS illness I realized I was never going to return to my abilities, especially neurocognitively again, I took a big blow to my plans to rise like a phoenix and realized I was only ever going to be a shadow of my former abilities. Then six years in a very full-on year of treating a huge tumor, feeling isolated and cast out I ventured this with no support at all from HIV community. I realized then this was not the end of my health decline and in 2019 I became very sick again, Multiple Myeloma was the result a blood cancer with no cure, 2020 it became apparent my breast cancer was now non curable stage 4 and had spread through my body, now a palliative patient I choose ongoing treatment to extend my life and still look to the gratitude of what I have being a grandmother and family. I feel that while I beat AIDS for a time it came back like a nightmare from the grave and has snatched my ancle as it tries to drag me back. I don't know if many of you have seen the series of movies called "Final destination" where they thought they cheated death only for it to come for them anyway. To me that best describes what is happening to us long term AIDS survivors. No matter how well we lived with HIV eventually the fate of what we survived was creeping back calling our names. Will we be recorded as an AIDS death sadly no. My oncologist and HIV doctors all agree this is due to having AIDS and if I had not got to that stage I very well could still be living well with HIV, free of these cancers, and comorbidities that have robbed my life. As I have journeyed, I have finally accepted, in saying that I have fought a few battles to survive since and am not ready to just give in. I am grateful that I have been able to experience being a grandmother and feel that I have lived a rich and full life and for what its worth. Holding on to my dignity and trying to keep some level of normality I can only at best work part time, and I know eventually in near future that will end. Many of us have lost so much but the worst is losing our visibility in our community who feel we can not be honored or able to identify as AIDS affected elders of the community.

War veterans are honored and revered but those who had AIDS are shut down and feel unwanted or valued by the behaviors of our communities' choices.

I feel that this may trigger many who read but wish we could only feel free to speak our truth. If you feel triggered and need support, please talk to your case-manager or call one of the services at the end of this newsletter.

Happy Holiday’s and New Year from the HOT Advisory Group

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| Lifeline | 13 11 14 |
| Beyond Blue | 1300 22 4636 |
| Headspace | 1800 650 890 |
| Men’s line Australia | 1300 789 978 |
| Multicultural Mental Health | 1300 726 289 |
| Crisis Care (Counselling, accommodation & food) | 9223 1111 |

Feel free to call these agencies to talk or be referred for emergency assistance. HOT will be available over the holiday period to call also.

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## WORD FROM OUR CONSUMER ADVISORY GROUP

“HIV can affect people from all age groups and genders, lets support each other in this life of living with HIV”

WE CAN DO THIS TOGETHER, STAY SAFE

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