



Karumah Update

February 2017



From the Coordinator

Welcome back to Karumah's first Update for 2017, from all of us here we hope you enjoyed the seasonal break and are ready to start the new year. Karumah is looking forward to sharing up to date news and current information including our own programs for 2017.

Please take care in this current heat wave - the state's peak medical body has warned people to "Drink plenty of water and avoid strenuous tasks." "Heatwaves like the one we're seeing now can cause serious harm to people through heatstroke and dehydration," AMA state president Saxon Smith said on Friday. "It's especially important for people with chronic health conditions to be careful during heatwaves." Others warned people not to forget native animals also suffering from the heat and said water should be left out for them.

Many thanks to those who attended our AGM and congratulations to our new board. For those returning for another year—thank you and to our new board members, welcome, we hope you have a good year. Our Christmas party was small but enjoyed by those who attended, and there were no emergencies over the break.

We have a story for our 'Peer Chat' section but would love to share your story too, all our stories will be de-identified so you will remain anonymous, unless of course there is something you would like us to print and put your name to.

We've made a start on our calendar of events for the coming year, it looks a bit sparse at the moment, but that's because we are inviting positive people to join our event committee to plan and roll out events for the coming year. We already have an active committee for our PHH's and are putting together our Gay committee, so if you would like to be on either of these committees please put your hand up and have your say.

2017 Gay Mardi Gras is coming up on Saturday 4th March, both ACON and Positive Life are heavily involved with floats. If you would like to support either of these organisations don't hesitate to contact them.

BGF also makes regular visits to Newcastle and you can make an appointment to see them through ACON.

Karumah's annual report for 2016 is available to download or read on our website

www.karumah.com.au



Jillian Skinner Minister for Health retires.



Gay News Network

LGBTI ally Jillian Skinner, one of the leading voices in politics for people living with HIV AIDS has announced her retirement from politics.

Skinner served as a state politician for the last twenty years and has been active in the fight to end HIV for the past six years, where she played a crucial role as NSW Health Minister in ensuring the rollout of new approaches to HIV prevention.

ACON, says Minister Skinner has been a champion of new approaches to HIV prevention, helping to create and implement the policy framework that supports NSW's contemporary response to HIV.

"Minister Skinner has been an incredible ally for people and communities affected by HIV and has overseen a raft of important advances in relation to HIV prevention, care and support," says ACON CEO Nicolas Parkhill.

"The development and implementation of NSW's ambitious strategy for ending HIV transmission by 2020 was driven by Minister Skinner and the success that the strategy is moving towards will be an important and lasting legacy.

"Making HIV prevention drug PrEP available to thousands of people at risk of HIV transmission through the EPIC-NSW trial was another key achievement, as was increasing HIV testing through the introduction of rapid testing and community-based testing facilities.

Parkhill praised Skinner for her support of community driven health initiatives which have seen NSW leading the way in driving down HIV notifications and seen greater uptake of treatment and preventatives.

"Minister Skinner's keen appreciation of the power of community driven health responses has allowed community organisations like ACON to be bold and innovative in our approaches to HIV prevention, HIV support and LGBTI health," said Parkhill.

Parkhill praised Skinner's ability to broker bipartisan support for NSW's response to ending HIV and suggested the minister would be missed.

"Minister Skinner has worked with people and organisations across the political spectrum to nurture the bipartisan response to HIV which has underpinned the success of NSW's and Australia's response to HIV for over 30 years.

"We wish the Minister all the best for her future endeavours and thank her for her vision for and commitment to ending HIV and supporting the health and wellbeing of LGBTI people and people with HIV."



Brutal Reality of dating with HIV.



Karen Fratti was 28, living with her then-boyfriend in New York City, when she decided to get her first HIV test five years ago.

She had no symptoms, and no suspicions, she merely thought she might as well add it to the list of things to test at her annual check-up. The result was positive. 'The positive result almost didn't compute at first,' Fratti recalls. "What does that mean?" I kept asking the nurse who took me upstairs at the Margaret Sanger Centre in the East Village for a second blood test to confirm the rapid test result.'

That is the start of Fratti's powerful essay, published by Redbook, offering a glimpse into the difficult world of dating with HIV. Karen Fratti, 33, (pictured) was diagnosed with HIV when she was 28 and in a long-term relationship with her HIV-negative boyfriend. She has opened up about life since Fratti, a news and entertainment writer, believes her infection came from 'simply sleeping with probably close to a hundred men throughout my 20s - in college, in Rome, Italy where I lived for five years, in New York City upon my return'.

She admits: 'I naively thought I was invincible, that one day a hook-up would lead to true Disney princess-style love, and never assumed that HIV would have anything to do with my life.' After her diagnosis, her relationship with her boyfriend - who is HIV negative - broke down. Over the course of a year, their communication dried up, and they stopped sleeping together, until eventually parting ways.

Though Fratti explains it was for the best ('Matt had never been a good match for me, really') it meant she would have to face her new reality of being HIV positive, while also trying to date - not least in the brutal age of Tinder. 'Dating after a breakup is already hard enough,' Fratti writes. 'Not only was I still trying to figure out what living with HIV meant, I couldn't just do that whole "put on your high heels and get back out there" thing that most newly single people do. 'Dating with HIV, seriously or casually, is hard — even though it doesn't have to be.'

Fratti's infection is undetectable. A person with HIV becomes 'undetectable' when treatment suppresses the virus to a level so low in their blood that it cannot be detected by measurements. If a person is undetectable and stays on treatment, they cannot pass it on to a partner. No study has ever shown HIV transmission from someone with an undetectable viral load. To date, an undetectable load is almost always achieved with daily doses of antiretroviral drugs.

Read more: <http://www.dailymail.co.uk/health/article-4164824/Woman-33-opens-s-like-date-HIV.html#ixzz4Xluw3wOu>

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'Peer Chat'



The topic: My lived experience with HIV and the influence that stigma and discrimination has had in my life.

There are the times I forget I have a death sentence but then it feels like a life sentence. In reality I only have a virus. Here is my story. I tested HIV positive in 2000, I contracted it from unprotected sex on my 22nd birthday. On visiting a reflexologist for a massage around 6 weeks after the event, he discovered my lymph nodes were up all over my body and advised me to get to a doctor straightaway which I did. A few things have stuck in my mind about the day I received the test results. The first was the doctor telling me I had *'even up to 10 years to live'* and another, my mum replying after I told her tearfully on the phone, that *'she didn't care if she caught it, she would take care of me'*. I remember thinking I was going to die a certain dark and fearfully ugly death and being devastated that I would not be able to have children.

My T cells started dropping quite quickly, I was lucky enough to start medication straight away and my journey since then has not been how to take care of myself in sickness, but how to live with this disease in ironically full health - at the same time in constant fear that my efforts at health are in vain.

I have now 2 healthy children, both HIV negative but although they know I have a virus that I take daily medication for, I would not expose them to the social stigma by telling them what the virus is. I have experienced discrimination and ignorant treatment around this virus (that is somewhere in my body) by a number of health professionals, organisations and just regular people and I would protect them from this type of treatment if I can - I just wouldn't want them to have to keep such a big secret also.

The earliest discrimination around HIV I remember is through an HIV support Organisation in Sydney, I had gone into access some information on pregnancy and was told that positive women were no longer catered for there but were now being serviced at a centre further away. It was made quite clear to me I wasn't welcome and this felt so strange - I had many friends, some with the virus also and had taken for granted this organisation was a service not just for me, but for anyone who was positive, regardless of sexual inclination or orientation.

Second experience that sticks out for me was being asked just after having labour how I caught the virus. I guess that wasn't so weird in itself, but the fact that it was a nurse who closed the door to have a conversation with me about it like she was doing something inappropriate. I went go into the fact I had to lie to so many people about why I couldn't breastfeed (due to the risk of transmission) I was treated like a second class citizen really. Sad, but my kids are beautiful and not positive - that makes me happy.

Another time, a pathology collection clerk yelled out amongst a room full of people what the pills I took were for and could I spell them again. I was mortified. Another time I turned up to see a colleague was working at a pathology centre and HIV+ was written all over the forms like I was highly contagious and they should take extra precaution.

At work I had cut myself doing something quite everyday - cutting some promotional flyers - I went into shock at seeing the blood from what turned out to be quite a small cut and tearfully told the manager to use universal procedures as I was positive. After she helped me with the band aid, she then suggested that I could try the remedy which was curing HIV - drinking hydrogen peroxide. At the end of my shift, she announced in front of the whole staff and customers that I would not be able to use, scissors or knives anymore. This was to protect the staff she said.



My partner and I both work and I study also but are unable to access income protection insurance. This is incredibly annoying! Especially as the bank who refused to insure us was more than happy to give us a loan over a 30 year period.

A doctor actually refused to treat me once as he said I would be better seeing someone who knew about these things - my immunology specialist ironically will not prescribe or treat me for things a regular doctor is able to.

The most painful discrimination I have experienced to date though, was from a friend who I had disclosed my status to as I thought she would understand my 'story' better - I felt safe that she was an intelligent and progressive person who would not discriminate because of this disclosure but obviously I was very wrong. A short time later, she rang to tell me that though she was fine for my daughter to visit her daughter at her own house but she just didn't feel safe for her daughter to be left alone with me or to visit my house. I am not sure what she was implying I would do exactly but I felt like I was considered the worst criminal without doing anything wrong,

It makes me feel sick at how much I cried over these experiences and with modern medicine keeping me healthy, its a sad battle to fight, to think that even though I am a healthy, contributing member of society, so often I get treated like 'I' am the sickness. Not what I am which is a person with a virus but also feelings, needs and rights.

Of course there are the passionate and caring individuals who treat me as a person affected by a virus, the ones who I wouldn't have survived to thrive this long without. Those are the ones who have helped me survive, through the attempts to end my life either directly or recklessly. They have helped me to be strong enough to now be living in an age where my doctor tells me I will live as long as anyone else, and to feel that although its hard, I may actually want to.

Anon

Free computer service and assistance including outreach.

Karumah offers this free service to its members, if you have computer issues and are looking for some assistance please don't hesitate to give us a ring. You can bring it in, get over the phone assistance and within reason we can go out to you. Karumah also has computers and internet available for use in the office so if you need to use this service please don't hesitate to contact Catherine or Leon.



POZHET DROP-IN

The first Wednesday of every month in 2017 at the Redfern Health Centre (old Courthouse) 103 Redfern Street Redfern.

- Coffee and Tea
- Meet others
- Information
- Partners welcome
- Wifi and Computer access



For information call or email Pozhet 1800 812 404 (free) or pozhet@pozhet.org.au Or just drop in!

February and March in the Garden

February

Mulch all garden beds - Apply ready-to-use Rose Spray regularly—Keep white fly numbers under control - Check citrus trees for scale - Buy spring bulbs - Azalea leaf discolouration - Replace mulch that's been washed away - Feed citrus trees - Put tulip and hyacinth bulbs in the crisper for a pre planting chill - Lawns can suffer badly from fungal diseases at this time of year. - Re-pot container plants into fresh Premium Potting Mix.

SEEDS TO SOW: Snapdragon, Pansy, Primula, Leeks, Silver beet, Celery, Lettuce



March

Autumn is the best time of the year for planting trees and shrubs - Check cherry, pear and hawthorn trees for the slimy black caterpillars called pear and cherry slugs - In areas with acid soil, prepare sweet pea beds with lime or dolomite - Pick pumpkins (leaving a small amount of stalk attached) after stalk browns, then store in a cool, shady, dry place - Prune hydrangeas either this month, or wait until mid-winter - Oversow lawns with Tough & Hardy Lawn Seed - Dollar spot is a fungal disease that leaves small, even, round (silver dollar-sized) patches. Treat - Plant aquilegias, cinerarias, cyclamen, polyanthus, primulas, pansies and violas in semi shaded garden spots - Choose freesias, babianas, ixias, Spanish bluebells and ornithogalums for gardens in warmer areas.

SEEDS TO SOW: Cineraria, Nemesia, Sweet Peas, Virginian Stock, Peas, Carrots, Broccoli, Beetroot, Lettuce, Turnips



Smile! Oral hygiene information

Poor oral health is common in people living with HIV. Despite effective antiretroviral therapy (ART) reducing the incidence of AIDS-related oral conditions, oral health issues remain a concern.



Several factors may contribute to poor oral health in people living with HIV, including low CD4 counts, side effects of ART, lack of access to dental services, poor nutritional status, smoking, time since last dental visit, excessive alcohol consumption and/or frequent consumption of acidic foods and drinks.

Smile With Pride - is a Health dental service especially for people with HIV, and can be accessed through Karumah via our case manager Catherine Conaghan. If you are in need of dental assistance please don't hesitate to give Catherine a call 0447 003

386 or email casemanager@karumah.com.au

HIV's Roots May Stretch Back Almost Half a Billion Years



Retroviruses, a family of viruses that includes HIV, may be almost half a billion years old, possibly older. New genetic analyses of certain retroviruses date their birth several hundred million years earlier than previously believed.

Publishing their findings in Nature Communications, researchers looked to fossils to conduct genetic analyses of endogenous retroviruses, which are retroviruses that incorporate their genetic material into the genome of a living thing; this genetic code is then passed on to offspring.

The researchers studied the genetic sequences of endogenous retroviruses that resemble what are known as foamy viruses. They found genetic materials of these foamy-like viruses in a diverse array of marine creature fossils, including those of ray-finned fish and amphibians. They used a new type of mathematical model to chart the evolution of such viruses and to make inferences about the origins of the retrovirus family.

The scientists estimated that retroviruses first emerged in the ocean about 450 million years ago, possibly sooner, in the early Palaeozoic Era. They then evolved along with the marine life they infected and continued to do so as sea creatures adapted for life on land.



February 2017

- Thursday 9th February 'Peer Catch Up' - Wickham Park Hotel 12pm
- Monday 20th February Peer Focus Group Meeting - Karumah 11am
- Saturday 25th February PHH lunch—Billabong Restaurant Maitland

March 2017

- Wednesday 1st March Pozhet Catch up—Redfern
- Tuesday 7th March Craft Day Kurri Kurri—bring a plate
- Thursday 9th March National Women with HIV Day - Hunter Valley
- Sunday 12th March Afternoon Delight 2—5pm Booking essential ACON
- Thursday 16th March 'Peer Catch Up' Wickham Park Hotel 12pm

HIV Cure possible after disease becomes undetectable in blood of British man.

By Sarah Knapton, SCIENCE EDITOR



A British man could become the first person in the world to be cured of HIV using a new therapy designed by a team of scientists from five UK universities.

The 44 year old is one of 50 people currently trialling a treatment which targets the disease even in its dormant state. Scientists told *The Sunday Times* that presently the virus is completely undetectable in the man's blood, although that could be a result of regular drugs. However if the dormant cells are also cleared out it could represent the first complete cure. Trials results are expected to be published in 2018.

HIV and Aging

Today, more than half of all people living with HIV are 50 years or older. This is mostly because people are living much longer with HIV thanks to effective antiretroviral (ARV) therapy, and that's good news.

The bad news is research increasingly shows that diseases that typically strike HIV-negative people in their 60s and 70s are occurring in people with HIV in their 40s and 50s. These concerns have brought the issue of aging with HIV to centre stage. One of the biggest unanswered questions is why this is occurring. Whether it's heart attacks, bone fractures, kidney disease or certain cancers, the rates of these conditions in HIV-positive people are alarming. It's unclear how much HIV contributes to these conditions and how much is explainable by other factors (such as smoking, HIV drugs and coinfection with other viruses).

But most HIV-positive people can do quite a lot to slow the aging process and guard against the onset of age-related illness. Before first, it's important to understand how aging works.

How does HIV affect the aging process?

Educators often explain what happens in the bodies of people with HIV as a battle: a war between the virus and immune cells. HIV isn't unique in this regard, however. The immune system is constantly "at war" with a host of harmful organisms—viruses and bacteria that get into our bodies—and also with our own cells that become defective and start reproducing too quickly—what we call cancer.

Where HIV differs from many other diseases is that in 99 percent of HIV-positive people, the immune system doesn't control the virus very well. This constant state of battle, where the virus reproduces and the body fights against it, keeps the immune system chronically in high alert, a syndrome called inflammation.

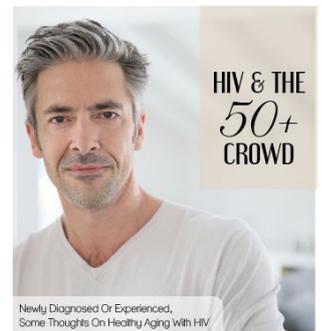
Inflammation isn't inherently bad—we need it to fight off infections like the flu, to repair damage to body tissues and to ward off the growth of certain cancers—but unchecked inflammation can wreak utter havoc on the body: causing the buildup of heart attack- and stroke-causing plaques in our arteries, feeding the growth of some types of cancer, and burning out our immune systems.

We've known since the early years of the epidemic that the immune systems of people with HIV were chronically inflamed, but before the introduction of potent combination antiretroviral (ARV) therapy in the late 1990s, most people with HIV died too young and too quickly for the long-term consequences of this inflammation to be known. Once potent ARVs became available, and people began living much longer, scientists were finally able to study the long-term effects of inflammation in people living with HIV.

Is it possible to slow down the aging process?

We're a long way from discovering a fountain of youth, but a number of factors are consistently associated with reducing the risk for developing age-related diseases and conditions

Don't smoke tobacco. Smoking tobacco is one of the most harmful things that people can do to their bodies—and to their chances of living a long and healthy life. Most people know it can cause lung cancer and other lung diseases. Some even know that it can increase the risk for heart attacks and strokes. But it is also associated with numerous other age-related ailments—including bone mineral loss, muscle wasting, problems with memory and concentration—and age-related cancers, such as anal, breast, cervical and prostate cancer



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Minimize alcohol and drug use. Consistent data suggest that moderate alcohol consumption might actually protect the heart and lower blood pressure. However, the American Heart Association recommends that men who drink alcohol should consume no more than two drinks per day and that women should consume no more than one. Studies have found that people who regularly drink more than that are at increased risk of strokes, diabetes, obesity and serious accidents. People with HIV who have liver problems have to take particular care with alcohol.



Data are less clear about how various recreational drugs affect the aging process, though chronic amphetamine (“crystal”) and cocaine use have been implicated in thinking and memory problems, bone mineral loss and heart disease. In addition, excessive use of most drugs is associated with shorter life spans, increased risk of depression and suicide, and other serious health consequences.

Exercise. On average, people who exercise regularly are far healthier in numerous respects than people who don’t exercise. Exercise is good for just about every part of the body. Benefits of regular exercise include reductions in the risk of:

- Cardiovascular disease, diabetes and metabolic syndrome
- Age-related cognitive decline

Bone-mineral and muscle loss Exercise also reduces inflammation throughout the body, improves symptoms of depression and anxiety, and hastens recovery when illness strikes. Not everyone is equally able to exercise, and a doctor should sign off on any exercise plan, but there are a number of ways to get moving.



Eat well. Aside from exercise, diet also helps determine who will live a long and healthy life. Experts are divided on the ideal diet. Some argue against the consumption of almost any fat. Others say that fats (at least healthy fats from nuts and fish) aren’t the problem, but that sugar is. Some argue for a vegetarian way of life, while others say meats are just fine. Fad diets that come and go just confuse matters further. All of this can make it quite difficult to decide on the best diet.

Treat HIV. Current HIV treatment guidelines recommend starting ARV therapy at least as soon as your CD4 count drops below 500. The primary rationale for this advice comes from data showing that untreated HIV, and the resulting high level of inflammation, can greatly increase the risk for cardiovascular disease, liver disease and other conditions. Some experts now recommend treating at even higher CD4 counts for the same reason, especially in those with a high underlying risk for cardiovascular disease, liver disease or other health problems

Stay socially and mentally connected. Numerous studies have found that people who maintain social connections with their family, friends and colleagues and who engage in activities that they feel add meaning to their lives not only live longer, but also remain healthier than people who are socially isolated and who do not engage in meaningful activities. There are a variety of ways to get connected socially if you aren’t close to family and don’t have many friends. have support groups for people with HIV to connect with one another.



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Are there experimental treatments to slow aging in people with HIV?

Many research teams are looking at ways to slow the aging process, both in HIV-positive and HIV-negative individuals. So far there are no proven methods for actually reversing aging. Here's a sample of some of the more promising examples of research to slow aging, and a few examples of those that are more risky and require caution.

Reducing inflammation. As already explained, a chronically over-active immune system is harmful in many ways. Not only can it directly damage our blood vessels and vital organs, but it can also hasten the turnover of our immune cells, leading to immunosenescence.

A variety of compounds—some currently available for other conditions, and others experimental—are being tried in people with HIV to calm the immune system. Available drugs under study include aspirin, HMG-CoA reductase inhibitors (commonly called “statins” and used to lower cholesterol), the entry inhibitor Selzentry (maraviroc) and drugs that are typically used to treat malaria. Experimental drugs include those that have been designed to treat arthritis and other inflammatory diseases

Though rates of age-related diseases are much higher in people with HIV, this doesn't mean that everyone who is HIV positive will have multiple illnesses by the time they reach their 50s. In fact, the actual rates of some age-related diseases remain well under 10 percent in people with HIV. What isn't yet clear is who will be most at risk of which diseases, how vigilant we need to be in screening for various diseases and whether treatment for any diseases will need to be different in people with HIV.

Researchers are actively working on these issues. In the meantime, the best available methods for preventing age-related physical and mental decline are the old standbys: dieting, exercising, maintaining social connections and abstaining from harmful behaviours.

Last Revised: February 14, 2016





Healthy Food Reduces Depression in HIV, Diabetes

New research finds that HIV-positive people, as well as people with type II diabetes, were less depressed and more likely to adhere to their medication regimens when they received healthy food and snacks for six months.

The study was done jointly by researchers from University of California, San Francisco (UCSF) and from Project Open Hand. Project Open Hand is a San Francisco Bay Area non-profit agency that provides nutritious meals to low-income people and elderly people as well as those with other medical conditions, such as type II diabetes.

The study was designed to evaluate whether helping people get medically appropriate, comprehensive nutrition would improve their health.

Such food assistance as an approach to improve medication adherence and health has been shown to be effective in low-resource countries, but it has not been well studied in the developed world.

The research appears in the *Journal of Urban Health*.

Although the study was too small (n=52 participants), to show conclusively whether providing nutritious food to people with diabetes resulted in better long-term control of their blood sugar, or reduced hospitalizations or emergency department visits, many positive findings were discovered.

Researchers discovered an increase in the number of people with diabetes who achieved optimal blood sugar control, as well as decreases in hospitalizations or emergency department visits. However, the changes did not reach statistical significance.

Participants with diabetes also consumed less sugar and lost weight.

“We saw significant improvements in food security and in outcomes related to all three mechanisms through which we posited food insecurity may affect HIV and diabetes health — nutritional, mental health, and behavioural,” said Kartika Palar, M.D., an assistant professor of medicine at UCSF and co-first author of the study.

“For example, we saw dramatic improvements in depression, the distress of having diabetes, diabetes self-management, trading-off between food and healthcare, and HIV medication adherence.”

Researchers followed the participants for six months and found they consumed fewer fats, while increasing their consumption of fruits and vegetables. Overall, those in the study had fewer symptoms of depression and were less likely to binge drink.

For those with HIV, adherence to antiretroviral therapy increased from 47 to 70 percent.

The meals and snacks, which participants picked up twice a week, were based on the Mediterranean diet and featured fresh fruits and vegetables, lean proteins, healthy fats like olive oil, and whole grains.

They were also low in refined sugars and saturated fats, based on current recommendations from the American Diabetes Association and American Heart Association.



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The meals and snacks fulfilled 100 percent of daily caloric requirements. Average energy requirements used to design daily meals were 1800-2000 kcal for people living with HIV and 1800 kcal for people with type II diabetes.

This threshold evolved to account for the varied energy requirements of individuals of different sizes and metabolic needs.

“This study highlights the vital role that community-based food support organizations can play in supporting health and well-being of chronically ill populations who struggle to afford basic needs,” said Sheri Weiser, M.D., associate professor of medicine at UCSF and senior author of the study.

Providing healthy food may also be a cost-saving measure.

The cost to feed each participant was \$6.58 a day, or \$1,184 for the six month intervention, which is less than half the \$2,774 cost per inpatient day in a California hospital.

Yet, Weiser said, “safety-net programs must be complemented by efforts to address the drivers of food insecurity such as economic inequality and the high cost of housing.”

About two-thirds of those in the study were male and just over 70 percent were between 50 and 64 years old. About 80 percent were non-white and only about 17 percent were employed.

Most were receiving federal disability payments — SSI and/or SSDI — and about 20 percent were receiving food stamps. Compared to participants living with HIV, those with type II diabetes were more likely to be older, female, African American, employed, and receiving food stamps.

The team plans to follow up with another six-month study of 200 HIV-positive clients in San Francisco and Alameda counties.

“Feeding people who are too sick to take care of themselves is at the core of our mission,” said Project Open Hand CEO Mark Ryle.





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Peer Catch Ups

Every 4 weeks at the Wickham Park Hotel, Lunch \$6 for Karumah members, come and catch up with others and enjoy a relaxed meal and some good discussions. First Peer Catch up is on Thursday 9th February at 12pm



Karumah Peer Focus Group

First meeting February 20th 11am at Karumah. Bring along your ideas and lets start putting them into action.



Karumah Cruise 2017



We are planning a cruise at the end of this year, we are going to Tasmania and we estimate the cost to be around \$700pp. If you are interested in coming along all monies need to be received by the 1st June 2016. Karumah will subsidise Karumah members by \$100, you can deposit funds into our account if you would like to pay it off. Once all monies have been received we will go shopping for the best deal. Bank details can be found on our website or you could ring Catherine 0047 003 386.



GENESIS

Genesis is a weekend workshop for gay men who have been diagnosed with HIV within the last two years.

It's a peer-based workshop which means it's run by other gay men with HIV who can relate to the experience of a new diagnosis.

2017 Genesis Workshops

- February 3-5 - April 7-9 - June 2-4

Where: ACON Sydney – 414 Elizabeth St, Surry Hills 2010

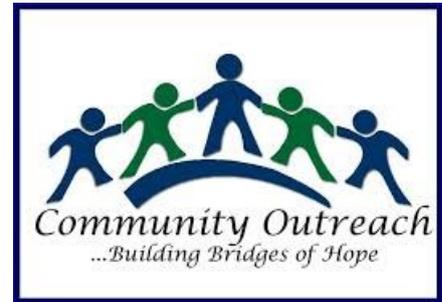
Duration: One weekend

Pozhet Weekend Workshop and Retreat 2017

Friday evening April 28th—Sunday April 30th 2017 at Berry Sport and Recreation Centre. For more information call 1800 812 404 or email pozhet@pozhet.org.au Applications



Case Managers report



Case Managers report – January 2017

Welcome back everyone – I trust you all had a relaxing and joyful Christmas and New Year! I have been enjoying my break and am ready for work again.

Our Thursday lunches were a great hit last year, however to meet our funding requirements; we have renamed them 'Peer Catch Ups' with the first being held Thursday 9th February at the Wickham Park Hotel. We have also changed the frequency of these 'Catch Ups' from fortnightly to four weekly, but everything else will be the same, \$6 meals for members and a chance to meet up with peers.

We have a new section in our newsletter called "PEER CHAT" it's an opportunity for you to have your say, we would love to hear your stories, your favourite recipe, a poem or just your thoughts on local or current matters, unless you state otherwise all articles will be anonymous, so please take the time to make a contribution.

We have some amazing 'crafty's' in our midst, and we are having by 'popular demand' a regular craft day in Kurri Kurri. It's a - bring - along your own craft of choice and if you have none and would like to come anyway you will find something to do. Also bring a plate, it will be a most of day event. At the end of the year we hope to have enough craft items to sell at a fundraising event.

Outreach is still going strong with my weeks filled already with visits but for anyone who is feeling a little left out (things can get very busy!) or has an urgent need, time can always be allocated. Feel free to contact me on my mobile number should you wish to make an appointment prior to my contacting you! Congratulations to those people who set themselves high goals last year in education and employment; as well as daily living and ongoing treatment compliance and achieved outstanding results! An amazing cross section of extraordinary ability!!

We have a very proactive PHH group who love their 'Weekend Getaways' and regular get-togethers, they are behind the craft days and also participating in the 'Peer Focus Group' and the driving force behind our 2017 Cruise. Our first PHH event will be on Saturday 25th February 12pm at Maitland. Please let me know if you need assistance with transport.

We need some of the same enthusiasm to resurrect events for our gay men, and are looking for people with energy and vision to put together some events. If you would like to be part of this team on any level please don't hesitate to contact me.

There is an app available which I would recommend for your phones, it's called 'Emergency +', the app is free to download and has all emergency numbers as well as your coordinates in case services need to reach you. Take a look, it's an app I think all people should have.

Looking forward to working with you all again...bring on 2017

Catherine Conaghan - mobile 0447 003 386 email: casemanager@karumah.com.au