



**“Troubling Neo-
Liberalism”**

From inclusion to a “separate togetherness”

Positive in Prevention

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Positive in Prevention

A blue-tinted background image showing a hand holding a chain. The hand is positioned in the lower-left quadrant, with fingers wrapped around a link of the chain. The chain extends diagonally across the frame towards the upper-right. The overall tone is professional and serious.

- 85% of HIV educators in AIDS think that the most important health issue for people with HIV is rises in new HIV infections.
- 90% of people with HIV think that the most important health issue for themselves in minimising drug-related side effects.



The Totally Made-up Figures Report (TMFR)

The Menu of Big Lies (“Master tells porkies”)

- “If only positive people would disclose...”
- “Treatments have solved the ‘problem’ in Australia...”
- “People with HIV don’t need us...”
- “HIV is just another chronic illness therefore there’s nothing we can do...”
- “There is a simple answer that we can get from the past...”

Rises in new HIV infections

- Woo hoo – it ain't necessarily risin' no more - but what about the next 5, 10, 20 years – celebrate!
- “If only positive men would disclose there wouldn't be a problem”
- Both positive and negative men
- Project Malecall data
- PH and HIM data

Rises in New HIV Infections

The problems with the +ve blame game

- Locates responsibility elsewhere
- Ignores the significant role of people with recent HIV infection in propagating the epidemic
- Overloading disclosure in a maybe condoms world
- A “gay” ethic for 21st century disclosure?

Rises in New HIV Infections

- Treatments and “community viral load”
- Yes positive people with known HIV infection do transmit HIV – and it is OK to talk about it – lets go past 90s inclusion politics
- STIs and positive people
- Superman... uhhh superinfection
- The dark side (CDC response, medicalisation, the monarchist and the reverend and the Abbott)

Treatments have solved “the problem” ...

- Living with HIV illness long term is no longer characterised by morbidity and mortality due to immune deficiency
- It is characterised by morbidity (and mortality) due to side effects of HAART and increasingly the impact of long-term immune (over) activation.
- Do “you” deal with our health needs or our role as infectivity vectors?

Treatments have solved the problem...

- Appropriate diet, exercise and stopping smoking are as important in maintaining health for people with HIV as HAART.
- Orthodox medical opinion yet... orthodox medicine by and large does not know how to prevent diseases of lifestyle
- There could be a major role for ASOs here.

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“Being healthy is boring...”

“I don’t live to be healthy, I’m healthy in order to live.”

“The MBMITU said ‘I chose health over my friends’ ”

Health?

- 1980s-mid 90s – why bother
- 2004 potent reasons
- The difficulties of integrating “healthy” lifestyle choices into daily living
- Conflict with ‘community’ values
- Reconceptualising “healthy”

Now and then...

- “I’m Peter, I have 200 T-cells. I was diagnosed in 1986. I’ve just retired from work.”
- “I’m Peter. I fly model air planes. I own 2 Himalayan cats. Oh and by the way I’m gay. Oh yeah... I’m also HIV-positive (... but this is a small part of who I am)”

People with HIV don't need us...

The ASO lament of the lost constituency

- Celebrate the lack of need for an identity politic
- Refusal of a defining primary HIV+ identity does not equal no needs
- “Support” then, and now.
- Health promotion principles and process

HIV is just another chronic illness...

ok where would you like me to put my diarrhoea
(I.e. this really shits me)

- People with long term HIV infection have a significant relationship with the “health system” which is indeed chronically unwell
- By and large the way care and support services are configured – both in ASOs and the wider health system no longer matches the health needs of PLWHA as experienced in 2004 – the conceptualisation is often stuck in last century
- We have the skills – both policy and advocacy – to map and define the problem and propose solutions...and we have the political skills to try and get them implemented

There is a simple answer..

From inclusion to a “separate togetherness...”

- 1980s – universal condom culture, assume everyone is positive (don't get tested)
- Early 1990s – “inclusion” in prevention
- mid 1990s – integration of HIV_ health promotion and gay men's prevention
- Post-AIDS and the divorce of “gay” and “HIV”
- Trains and Ferries – Dowsett
- From “positive in prevention” to “Positive prevention / health promotion”.

And now the end is near...

I'll only bore you for 30 more seconds...

- 50.4513% of what you just heard is rubbish
- $P < 0.000001$

Get passionate...

and not just about the man in row 23...

- Talk with us
- Argue, debate and challenge
- Big challenges
 - Rises in HIV infections
 - NPTs
 - Positive health
 - Generational change
 - Revitalising prevention and a prevention activism
- What you do is important and you do good things