

Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

Where we speak for ourselves

ISSN 1034-0866

Bệnh AIDS ảnh hưởng đến tất cả chúng ta

• سida يؤثر على الجميع •



AIDS apektado tayong lahat

مَرْضٌ "اِلَيْدَنْ" يُؤثِّرُ عَلَيْنَا جَمِيعًا

SIDA AFECTA A TODOS

AIDS affects us all

ISSUE NUMBER TEN: SEPTEMBER/OCTOBER 1990

CONTENTS

TALKABOUT is published every two months by People Living With AIDS (NSW) Inc. All views expressed in TALKABOUT are the opinions of the respective authors and not necessarily those of PLWA (NSW) Inc., its committee or members.

TALKABOUT is produced by the Newsletter Working Group of PLWA (NSW) Inc.

Copyright for all material in TALKABOUT, written and visual, resides with the respective contributors.

TALKABOUT is printed by Media Press, 7 Garners Avenue, Marrickville NSW.

TALKABOUT is made possible by readership subscriptions, donations and a grant under the State/Commonwealth AIDS Program.

TALKABOUT is also grateful for the assistance of the AIDS Council of NSW.

How to Contact Us:

PLWA Administrator:
Don Carter

TALKABOUT Co-ordinator:
Jill Sergeant

2nd level, AIDS Resource Centre,
188 Goulburn Street, Darlinghurst
NSW 2010
PO Box 1359, Darlinghurst NSW
2010
Ph: (02) 283-3220
TTY Only (for deaf and hearing
impaired) (02) 283-2088
Fax: (02) 283-2199

Commonly Used Abbreviations:
PLWA: People Living With AIDS (NSW) Inc.
PLWAs/PWAs: Primarily people infected with HIV. Also sometimes used to include others affected by the virus.

ACT UP Update	3
Letters	4
Paul Young	7
Features	
Women's Services	8
Being HIV negative	10
The Albion St Centre	13
Is anyone out there deaf and HIV+?	15
Keeping it a secret	16
Condoms by prescription	18
Regular Features	
The Clinic - part 5	20
Good Health - AIDS and Chi	23
Conference Reports	
Our Country cannot support us	25
AIDS and Aboriginal people	27
To Boycott or not	28
News	
Treatment news	30
New PLWA Committee	32
Australia may join ACTG	
AIDS and discrimination	
Talkabout Diary	33
Contact List	37

Credits:

Cover Graphic: Ruth Samuels

Tagalog - Arnel Landicho,
Gay Ethnic Men's Officer,
ACON

Translations:

Arabic - Esber Melhem,
Arabic Welfare Council
Hebrew - Adam Yair
Metargem
Spanish - Ricardo Andino

Vietnamese - Anh Thu,
Immigrant Women's Health
Information Service

Thanks also to the Health
Care Interpreter Service.

Up-date on ACT UP

UPDATE

Politicians, doctors, researchers, the media and the Australian drug approval system came under scathing attack at the opening of the 4th National AIDS Conference in Canberra where ACT UP spokesperson Bruce Brown upstaged the Federal Health Minister Brian Howe and opened the Conference on behalf of all those living with HIV and AIDS.

ACT UP co-ordinated protests both outside and inside the conference and was the first demonstration by groups from Melbourne, Sydney, and Canberra, who came together as ACT UP Australia.

In the keynote address to the conference, Brown demanded that the Federal Government introduce a real national strategy on AIDS, one that allows PLWHIV/AIDS a say in decisions which affect our lives and allows us access to life saving treatments.

The delegates were overwhelmingly supportive of ACT UP's demands.

A highly charged plenary session on the role of the media in reporting AIDS

Photo: Jamie Dunbar



Howe turns his back on HIV+ people.

issues included the likes of George Negus and Bruce Shepherd, as well as an ACT UP spokesperson. Apart from the glaring lack of knowledge about HIV/AIDS, what was most disappointing and disturbing about the session was that as journalists they did not see that the media had a professional, let alone a personal responsibility to combat the ignorance, prejudice and discrimination created by misinformed reporting on AIDS.

On the last day of the conference an ACT UP meeting was held to assist the formation of new ACT UP groups in other

states. Treatment and discrimination issues will be the two main targets for action in the coming months.

After months of protests and lobbying by ACT UP and other organisations the Federal Health Minister finally approved AZT for people with under 500 T-Cells. The battle, however, for improved treatments for people with HIV/AIDS in Australia has only just begun.

**WE PROTEST
AND DEMONSTRATE;
WE ARE NOT SILENT
ACT UP FIGHT BACK
FIGHT AIDS**

Situation worse

Greetings from Africa, particularly Fort Portal Town, Uganda!

May the grace and peace of our Lord Jesus Christ and his Blessed Mother be with you!

Allow me space to introduce myself: I am 29 years of age, I was diagnosed HIV+ August 1988. By then I was in Kenya preparing for Religious life. being HIV+ I couldn't continue with the vocation, hence I was advised to go back to my home country, Uganda.

Here in my country, I was introduced to a support group which has been successful, commonly known as TASO - The AIDS Support Organisation. I am one of the pioneering members who started the Uganda Body Positive Association.

Currently, I am in the western part of the country trying to establish the above project to bring together all those who are diagnosed as HIV+. I am still in underground work and at the moment there is no even cash to start off. We have no Box No. and no office, so we are appealing for assistance in any form to help us to start off. Any form of assis-



tance is highly welcome, let it be drugs, food, old clothes, finance etc. Here our people are generally poor, when you add on AIDS epidemic it becomes worse. (POVERTY + AIDS = SITUATION WORSE). For my case, I am being helped by a Priest, he is giving some little money to do the work.

You may wonder how I came to get your address. I managed to get your contact in the Abstract booklet of the Spanish Conference, one of us was there - David Kasente.

Well your abstract was so good, compared to what I am trying to establish - "Self help groups for people with HIV/AIDS in Australia".

- A Ugandan PLWA
If anyone wishes to help the
Ugandan group out in any way,
contact PLWA.

Accessing ACON

Dear Editor,

I would like to thank those people who made my tour of the offices of ACON on 22nd of June and subsequent visit on the opening of the ACON offices enjoyable and informative.

I was however somewhat appalled by the apparent lack of access for those people with ambulatory problems relating to either HIV or from other causes to access the facilities with dignity and with independence, and in fact a number of staff of ACON drew to my attention the lack of ramps and/or toilets for people with disabilities at those offices, notwithstanding lack of a sign denoting access to the building is via the garage in Pelican Lane.

LETTERS

For those people who may have to use a mobility aid such as a wheelchair it is advisable to have a carer with you to be able to egress the doors from the garage to the lift.

I have made representations to the Minister for Health, Peter Collins MP, about this lack of access for PWD's and/or HIV, as a follow up to my lobbying him at ACON offices on the day of the opening, and further to this I have also made a representation to the Opposition Minister for Health, Hon Andrew Refshauge MP, who I also made aware of the lack of access, as required under the Australian Standard AS1428 part 1 and supplement part 2, 1988 & 1990 respectively.

South Sydney Council, to whom ACON offices fall in Council Zone, have an Access Committee, and I have drawn the lack of access within ACON offices for PWDs and HIV with ambulatory problems to their notice through their Chairperson Sonia Fenton, hopefully that access will be forthcoming in the near future.

Don Baxter's comment about the funds to make ramp access available should have been included when the offices were being sought and designed for use

by those with HIV and others wishing to resource ACON's services who may just have disabilities. The problems presented for people with walking difficulties is just one of those areas of ignorance espoused by those who are in the business of health and the care of people. One has to wonder who they are really servicing, when such access is ignored for the very people who may just be in need of physical access but denied it, and at the same time denied the dignity, let alone the independence of access without being carried by unqualified people up stairs in a manner which belittles their very selves.

It was also indicated to me that these offices would or may be temporary. However that in itself does not excuse the lack of access or ramps, that is one of the oldest excuses in the books, and one espoused by

NSW parliament House, until lobbied to make such access available to the lower house and to put in toilets for PWDs visiting Parliament House.

Yours faithfully,
Michael J Winter

Quality care (1)

Dear editor,

I am writing in response to the publication of "I didn't think it would be like this", (Talkabout, May/June) as the Medical Director of Palliative Care Services at Prince Henry Hospital. As a service we are committed to the ideals of dignity, personal control, empowerment and relief of suffering for people with AIDS.

To date the feedback about the quality of care has been positive, although I acknowledge that there are occasions when human resources are stretched

**NEXT ISSUE
IS A
WOMEN'S ISSUE**
**OUT IN EARLY
NOVEMBER**
**FINAL DEADLINE IS
OCTOBER 18**
**GET YOUR PENS AND
PAPER OUT NOW IF YOU
WANT TO CONTRIBUTE!!!**



and our service may not always meet our ideals.

While we are currently addressing issues raised by Kathy Triffitt, I feel that the article gave a somewhat polarised and negative view of our care, and its publication has seriously affected staff morale.

I have enclosed a letter from a person who also had a friend die in the unit. I would warmly welcome and appreciate its publication in *Talkabout*, lest your readers are led to believe that Kathy Trifft's personal experience reflects the general perception of care provided by our service.

**Roger Cole,
Palliative care Staff Specialist**

Quality care (2)

Dear Dr Cole,

I read with concern an article in *Talkabout* entitled "I didn't think it would be like this" and I feel that it should not go unanswered.

From before Christmas last year until late February this year I was a visitor at the Marks Pavilion almost every day and have continued to visit since then. It is my opinion that your staff, from the most senior medical and nursing, to the cleaning and tea ladies are dedicated professionals who bring great

credit to themselves, their jobs, to your Unit and to the fight against AIDS.

As I understand the situation, your staff volunteer to work in this particular environment and I have nothing but praise for them. They take great pains to get to know each patient by Christian name, and work long and hard to make friends. Time out of number I have seen your staff sit and chat with patients who have no or few visitors. Friends and relatives are also warmly welcomed, and considering the awful disease you are fighting the Marks Pavilion comes very close indeed to being a happy family.

If your staff are close to exhaustion it is because they care about what they do and they work their guts out.

My friend died too, and it was a traumatic experience. But it was made bearable by the support offered unhesitatingly by your staff. And he died with dignity, once again thanks to your staff.

The writer of "I didn't think" makes one statement with which I agree and it is: "The negativity is overpowering". I refer, of course to the negativity of her article. It is easy to make negative judgements, to put in the boot, without offering positive suggestions as to how the situation may be improved. I guess we would



all like Five Star accomodation for our sick friends but this is clearly out of the question.

It also concerns me that any publication would print point five of that article; "Breach of client confidentiality" without supporting comment or evidence.

These are difficult times for many people, and I believe there is an obligation on all those involved to be supportive, to get in there and help. I am distressed that Ms Triffitt's experience has left her so wretched and I feel for her. I urger her to go back to Prince Henry and look for the positives, because they are there and they will help with the healing process.

My friend died with dignity, calm, peace and the certain knowledge that those around him were doing all that was possible. Thank you, Dr Cole, for the outstanding job you and your people are doing.

- Ron Butcher
(printed with permission)

Paul Young

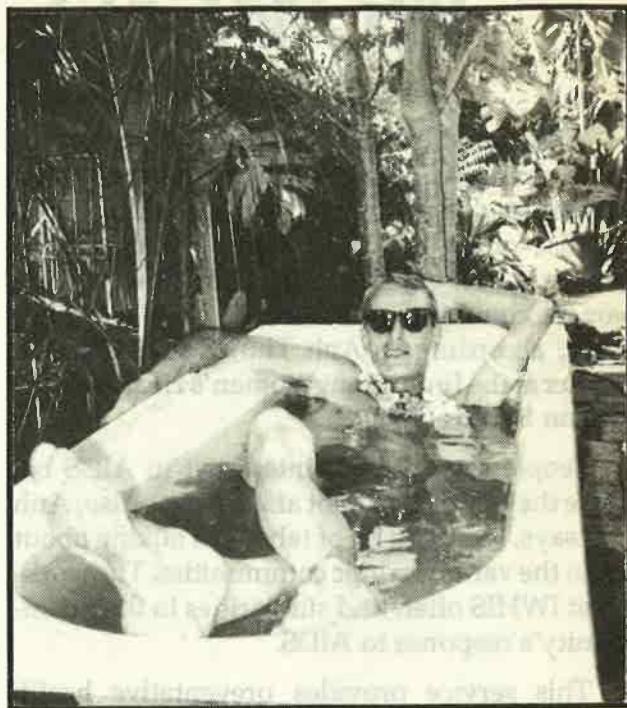
I CALLED YOU THE MAN WHO COULDN'T DIE

I watched the life drain out of you
You gave it everything you had
That's what I call dignity.

You were so loved, and so hard to love
You were so connected
We never knew how much
You connected us.

You challenged everybody
You did almost everything
You celebrated living
You fought for freedom and liberation,
relentlessly.
And always at such a cost
You NEVER stopped.

I made a list of the things I remembered:
Our men against sexism consciousness raising group ('78), Macquarie Uni Gay Society,
Gay men's Rap, Sydney Gay Lib, Gay Solidarity Group, Two National Conference collectives, two Stonewall collectives,
the Gay Liberation Quire, Gaywaves Gay Radio Collective, 2010, '81 Gay mardi Gras Committee, ACON Committee,
Talkabout Committee, Maitraya Day centre Committees, NSW Users and AIDS Association, FOUNDING MEMBER People Living With AIDS,
PLWA rep '89 US National Conference, Orator



(Alive & Thrive Tour), member of the Sex Workers Association of NSW, Administrative and Clerical Officers Association Union delegate, OIC Pensions, Bondi DSS & carer to your many beneficiaries.

You fought Ansett Airlines and changed their discriminatory policy about carrying people with HIV.

You knocked up 17 minutes of TV chat show and documentary airtime, and made many radio appearances.

You were a much loved member of the NSW Bromeliad Society, carer of your grand champion silky bantams, as well as your many birds, mammals and fish.

And your tropical jungle won the '89 gay Mardi Gras Gardening Competition, Golden Gnome Award!

You gave it everything you had, Paul Young.
You never stopped!

- David Finch

WOMEN'S SERVICES

"That kind of disease is among the Australian community only. It could not happen in the Vietnamese community', is what people say." Because of its association with homosexuality and drug use, older members of Sydney's Vietnamese community do not take AIDS very seriously, according to Anh Thu, the Vietnamese worker at the Immigrant Women's Health Information Service(IWHIS).

People are not very interested in AIDS because they think it cannot affect them. Also, Anh Thu says, there are lot of taboos in talking about sex in the various ethnic communities. The workers at IWHIS often find similarities in their community's response to AIDS.

This service provides preventative health education, including AIDS education, to immigrant women in the Fairfield area. The service has five staff, three of whom have trained with the AIDS Bureau. As well as Anh Thu, there is an Arabic speaking worker, a Turkish worker, an Italian and a Thai worker who also speaks Lao.

They also have information available in Spanish, Serbo-Croatian and Khmer.

The workers provide information to groups, run workshops, seminars and information street stalls, will act on behalf of women seeking assistance on health issues and lobby relevant government departments.

AIDS education is part of their broader education program - they provide pamphlets and screen *The Australian AIDS Tape*, a video by the NSW Health Information Service which is available in several languages.

So far they have not had to refer anyone to AIDS services and their role is mainly educational. They also try to evaluate how well informed women in the different communities are about AIDS.

Anh Thu thinks that on the whole, men are better informed about AIDS than women. "Men have more time to read, listen to the news and take an interest in social issues. Women are too

Chúng tôi mở các lớp học y tế phòng ngừa cho phụ nữ di dân:

- Hiểu biết về Dinh dưỡng
- Tuổi bé kinh
- Tự khám ngực để phòng bệnh
- Sinh lý giáo dục
- Tập thể dục và nghỉ ngơi có phương pháp
- Thai nghén
- Cắt tử cung
- Thủ nghiệm ung thư tử cung (Pap Smear)
- Biết sức khỏe chính mình để lấy thêm tự tin

Các lớp học có người hướng dẫn bằng tiếng Việt
và có người trông con cho các chị.
Các chị không phải trả bất cứ lệ phí nào hết.

Liên lạc Anh Thu hay Iman
số 726-4059



Graphic: Ruth Samuels

busy with domestic work inside the family", she says.

Liverpool Women's Health Centre has two Aboriginal workers, a Laotian worker and a Spanish speaking worker. The centre refers women to relevant agencies such as the local STD clinic for HIV testing. They include AIDS education their general health education programs.

The centre is at 273 George St Liverpool, Ph: 601.3555.

Leichhardt Women's Health Centre provide general health information to all women. Last year, 67% of their clientele were women of non-English speaking background (NESB). Leichhardt offer counselling before and after testing. They also have information nights on Safe Sex and particularly on negotiating sex. Wieslawa Tyloch, the Polish worker, says that this a really important issue for women - everybody knows what's safe, she says, but that doesn't mean they find it easy to practice. There has been an increasing interest from women of NESB in AIDS, both coming for tests and wanting to talk about the issue - especially negotiating sex. They have a Polish worker, a Spanish speaking worker and an Italian worker.

El Centro de Salud para Mujeres de Leichhardt



El Centro de Salud para Mujeres de Leichhardt, ofrece informacion, Test de HIV-SIDA, consejo y apoyo previa y posteriormente al examen; para todas las mujeres en forma gratuita y confidencial. Posibilidad de interprete por la trabajadora de habla hispana.

TE: 560.3011



T

Being HIV negative

My name is Adam Yair Metargem. I am from Israel. I grew up in a quite conservative family, and all the time I had problems being gay. I didn't want to be a gay man. Today I'm happy about it.

In Israel I knew nothing about AIDS. The first I heard of it was in early 1987. I was doing my national service and they found out I had gone to a homosexual place in Tel Aviv. I was told I was a traitor and a pederast and I would get AIDS. That worried me, because I wanted to have sex with men. I wanted to know about AIDS, but I didn't want to talk about it because I didn't want people to get the idea that I liked men.

Three years ago when I finished in the army I came to Sydney for a holiday, and stayed. I still had a problem about my sexuality, but after a while I started to meet gay men. I was shown Oxford street and started going there. Then I met Robert, who is my partner, and we were really excited about each other.

I had been in the country over six months, and by then my tourist visa was running out and I thought seriously about staying. Now I've applied for residency on a gay de facto basis, and that should come through soon.

After Robert and I had been together two months, one day he told me he had had an T-cell test that morning. I asked why. He said "because I'm HIV+". I was really shocked. I

didn't know what to do. The first thing I thought of was what about me? "Why didn't you tell me?" I asked him. He said, "because you can't speak English very well and I thought it would be hard for you to understand". We had to use a dictionary then, to talk. He also said "You are very conservative". He thought I wouldn't stay with him, if he'd told me earlier. And I thought, that's true. But after two months I didn't want to leave him. He knew he was HIV+ a year before he met me. I spent another month worrying a lot. I had my first test and the answer was HIV-.

Robert introduced me to an Israeli friend of his who talked to me about AIDS and safe sex. We became good friends. I wondered why he and his lover wanted to talk so much about it. I thought they were HIV- but they were HIV+. I don't know why they didn't tell me then. I only found out a short time ago. They have both died now.

It's a funny thing to be HIV- and be around these HIV+ people. I feel somehow Robert and his friends are doing more than anybody in this world about AIDS - telling people how to have safe sex and so on. I

כְּזֹה , נִכְחַדְתִּי
Safe sex is life insurance"

wonder why they do it. But of course they still want lovers, they still want to have sex....

The thing with AIDS is, nobody can promise. Every three months I have a test. I'm still HIV-. When it comes to safe sex, I'm very tough about it. I'm still worried about it, even though I know a condom is something I can trust.

Everything I know about the virus is from the people in this community. Meeting Robert was to find out everything about AIDS - to meet HIV+ people all the time, to visit people in hospital who are dying from it. That's the harder bit about being with Robert. Today I'm every day hearing of someone die.

It's a very political virus and maybe that's why I'm getting confused about it. People who are involved with the AIDS organisations try really hard to talk to the world about it. We don't have answers for lots of things about it, and people in different

groups talk about it in different ways. If now I talk to a person in ACT UP about safe sex, condoms, all that, they will tell me things. But if I go to someone in PLWA, they will tell me something else.

I had a bad experience with one of the youth groups in ACON. One of the leaders of the group privately told me something about safe sex, but then when we went back to the group, he said something different. If people change the information they give you, how can you trust them?

There were other problems with that group. They invited me to come because I'm from a different ethnic background, but then when I came to the project, they didn't seem to care that I didn't follow what they said. I asked a silly question, and people laughed at me - it wasn't silly, I didn't understand the meaning of a word. I couldn't read English, and there was a reading session - they didn't have patience with me.

לחיים נר בבחורים

"Keeping alive"

Algunas dicen "Esta clase de enfermedad existe solo dentro de la comunidad Australiana. No puede pasar en la Neustra."

SIDA es una realidad. Nos afecta a todos, etnicos o no; negros, cafes, blancos or amarillos. No respeta razas.

Investigaciones en el campo han demostrado que hay una poblacion de homosexuales etnicos quienes desarollan normalmente relaciones de hombre a hombre. Algunos de indentifican abiertamente de quieren. Otros no. Hay algunas personas que no quieren ir a un centro de salud

para obtener informacion sobre HIV y SIDA, o para hacerse un test. Ellos simplemente lo guardan en secreto.

Estamos hablando acerca de gente quienes no saban nada sobre SIDA. Hay una gran cantidad de etnics en este pais; muchos de ellos con HIV en calidad de immigrantes. Que pasa con aquellos que no saben a donde ir, or que no pueden harcese un test, porque son ilegales?

Ha llegardo el momento en que debemos informar y eudcar a toda esta gente acerca del SIDA.

I left the group, but they haven't made any effort to contact me since then. If it's hard for Australians to deal with ethnic people in a group, then they should think about it more carefully before they invite people to get involved. They should make sure they have the right information. This time it's me, but another time it could be someone who doesn't know anything about AIDS at all, doesn't know how to protect themselves. It's dangerous. I think what's needed is a group, or groups that are only for ethnic people, then the English speakers won't lose patience.

I'm talking about people who don't know anything about AIDS. There's a lot of ethnic people in this country, there's a lot of illegal people, a lot of gays; a lot who are HIV+ and illegal. What happens to the person who doesn't know where to go, or can't test because he's illegal?

Gay people come here as tourists and they don't know where to go. They go to beats, that's all. It took me six months to find this community. Information written in other languages would be a big help. There should be literature at the airport, maybe ACON could advertise there, or in the tourist papers - "ACON welcomes you, we can explain to you what's going on here".

Immigrants applying for residency have to have the test, and can't stay if they test positive. It's a problem. Maybe it's something PLWA should talk about. People are losing their lovers because of it.

I think people are going to die sooner because of that. When people have to leave they will be lonely, even in their own country - especially if it's a conservative country like mine. I heard



of one gay man in Israel who got AIDS, and his family left him. I'm not going to talk with my family in Israel about my gay life in Australia because I'm worried that it will affect my relationship with my lover and with them.

In Israel, it was illegal to be gay until January 1989. Most of the men who are gay are married, there's not really a gay community. I think most people like me who want to live as gay men leave the country. Most of the people who have died of AIDS in Israel are homosexual. There are just 60 people who've died from it. Israel is a very small, conservative country. People don't want to talk about it, they think it is just something to do with homosexuals. There are people who care, and are doing something about it, but it's in a very conservative way.

When I went back to visit last year I went and had a look at the gay beats - I didn't like it at all. I don't think it will get better. I didn't see one condom. If I was in Israel I'd be one of them, having sex under trees in the park and getting the virus by accident because I didn't know anything.

I used to think it was a problem to have an HIV+ lover - but now I think it's the reason I'm HIV-.

It's hard for me to think he will get sick. I will probably be the person to care for him. It's not easy to think about. We just hope it will take another ten years. I believe the way to keep HIV+ people healthy a long time, is to do 100% healthy things. I really believe you can keep healthy for 20 years.

(Hebrew text: "Hot Touch", an Israeli Gay magazine)

T

The Albion Street Centre

150 - 154 Albion St Surry Hills

TRUNG TÂM BỆNH LIỆT KHÁNG ĐƯỜNG ALBION

مِرْكَزُ الْبَيْوْنِ سُتْرِيُّوتُ لِلْبَيْوْنِ

"This project is all about giving people equal access to resources", says Annie Ling, Project Officer for the Albion Street Centre's Multicultural Development Project, which was established last September. "People from non-English speaking backgrounds (NESB) often don't have access to important information about HIV/AIDS, or to HIV/AIDS services.

"Part of my work is to develop resources for health workers within the different ethnic communities, so that these communities know what's available to them in the way of testing, medical support and counselling.

"It's also vital to raise awareness about the needs of people from NESB in the existing services - for example, their right to have an interpreter." Another factor it's important for AIDS services to be aware of, Annie says, is the diversity of these communities and their different cultural perceptions of sexuality and disease. "This issue requires a lot of sensitivity", she says.

In her office at Albion St, Annie is almost submerged in resources in languages other than English - booklets, posters, brochures and literature from overseas. At present the Centre has AIDS information leaflets available in 16 community languages. *The Australian AIDS Tape*, also available in 16 languages, can be hired from the Centre's library.

Những dịch vụ miễn phí bao gồm:

- Thủ nghiệm siêu vi khuẩn liệt kháng (HIV)
 - Những dịch vụ Y khoa
 - Những dịch vụ Cố vấn
 - Dịch vụ Điện thoại để biết những tin tức mới nhất
 - Những Nhóm Giúp đỡ
 - Những Đường đường chỉ dành riêng cho Phụ nữ
 - Những cuộc Thí nghiệm Thuốc

الخدمات المساندة المتوفرة تشمل:

- * فحص فيروس HIV
 - * الخدمات الطبية.
 - * خدمات النصح
 - * خدمات المعلومات الهاتفية
 - * السريعة.
 - * مجموعات الدعم.
 - * عيادات للنساء فقط.
 - * اختيار الأدوية.

ALBION STREET AIDS CENTRE

Ofrece servicios gratuitos que incluyen:

- Análisis para la identificación del virus HIV.
- Servicios Médicos.
- Servicios de Consejería.
- Servicios Telefónicos de Información.
- Grupos de Apoyo.
- Clínicas para Mujeres.
- Prueba de drogas en personas con anticuerpos positivos.

Pinatutunayan ng mga pagsasaliksik na mayroong malaking bilang ng mga lalaking etniko na may kinalaman sa ugnayang seksual ng kaparehong uri. Mayroong tumatanggap na sila ay bakla o "homosexual" ngunit mayroon din namang hindi. Ang mga nasa ikalawang grupo ay mga lalaking hindi pumupunta sa mga pagamutan o "health centres" para sumangguni o humingi ng kaalaman tungkol sa AIDS o kaya naman ay magpasuri ng dugo. Pilit nilang inililihim ang kanilang pagkatao.

Tinutukoy ko ang mga taong walang kaalaman tungkol sa AIDS. Napakaraming mga taong etniko sa bansang ito; maraming mga positibo na at ilegal pa. Ano na ang mangyayari sa mga taong hindi alam kung saan pupunta o hindi makapagpasuri ng kanilang dugo dahil sila ay ilegal?

"هذا النوع من المرض يعيّب الجالية الأسترالية فقط، ولا يمكن ان يحييّب جاليتنا".

«الإيدز - حقيقة وواقع - وقد يعيّبنا جميعنا . اثنيون كنا ام لا ، سود نحن ام بياض ، سمر او صفر اللون ، انه لا يوفر اي جنس . »

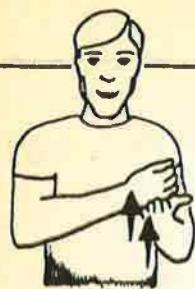
«دلت الابحاث والدراسات الميدانية على ان هناك لوطينون من اصول اثنية، منهم من يجاهر بذلك وسنهم من يتكتم عليه - وهذه النوعية من الناس هم الذين لا يذهبون الى المراكز الصحية لأخذ المعلومات حول نيروز الايدز لأنهم يحاولن ابقاء ذلك سرا».

«أنتي اتكلم عن الذين لا يعرفون اي شيء عن مرض الايدز ، وفي هذه البلاد يوجد العديد من اصول اثنية والعديد من المهاجرون الغير شرعيون يحملون فيروس الايدز HIV او ايجابي . ماذا سيحصل للشخص الذي لا يعرف اين يذهب او الذين لا يستطيعون اجراء فحص الايدز لأنهم مهاجرون غير شرعيون ! »

«لقد حان الوقت الذي يجب ان تكون فيه على علم ومعرفة بمرض الايدز لاننا ندين بذلك لانفسنا ومجتمعنا . »

ترجمة اسبر ملحم

منسق برامج التوعية الوئامية الاصابة بمرض الايدز (الجالية العربية) في المجلس الاوسترالي العربي للخدمات الاجتماعية.



T

IS ANYONE OUT THERE DEAF AND HIV+?



Being a Deaf person can sometimes be difficult and frustrating because of barriers when trying to access specialised services. Being a deaf person *and* HIV+ can be even more difficult and frustrating because of having no special group or regular contact with other Deaf people who are HIV+.

Support groups for hearing HIV+ people have been around for some time, but there are none specifically for deaf people. This means deaf people may feel even more isolated due to their language and culture.

There are no known official numbers of deaf HIV+ people or deaf people who have AIDS in Australia at present. However, we are aware of some Deaf people who are HIV+ in the wider metropolitan area of Sydney.

As AIDS Educator for the deaf community, I have received a few phone calls enquiring if there is a special support group for those who are deaf HIV+. Each time I have to keep saying "Sorry we do not have a group specially for this yet."

I believe it is now time for any deaf person who is HIV+ to establish a Deaf HIV Support Group and encourage other deaf HIV+ individuals to support each other. There are hearing HIV+ people who know sign language and would be happy to facilitate and lead this group.

The HIV Support Project was set up approximately 18 months ago in an effort to provide support and information for HIV infected people. It was necessary to establish this program in order to break the isolation that is experienced by people with a diagnosis of HIV infection.

Unlike most other medical conditions the person with HIV is often not encouraged to disclose or discuss the issues and implications of being HIV+. Many people choose to keep this knowledge to themselves or to a small number of close friends. It is not uncommon to meet a person in one of the support groups who has never told another person about their diagnosis. In many cases this is a wise decision as the misunderstanding of HIV can lead to rejection, discrimination and fear from family, friends, employers and flatmates etc.

The affect that this has on the individual is often one of feeling like being the only person in the world living with HIV. The support groups are a way to bringing together and empowering people with HIV who are willing to talk about this in a 'safe' environment. This means that participants can be assured of strict confidentiality and of non-judgemental positive support. Participants often exchange information on how they are managing their diagnosis.

All of us in the deaf community are familiar with 'News Spreads' so that until it is accepted that AIDS exists in the deaf community, the need for a confidential support group is vital.

I would be very happy to organise a night for the first HIV Deaf Support Group sometime this year. If you are interested please write to me here at ACON (you don't need to include your name). Or you can contact Terry Gibblet or Andrew Morgan at the (hearing) HIV+ Support Group. Your name is kept confidential.

Colin Allen
AIDS Educator for the Deaf Community

Graphic: Asian AIDS Project, San Francisco



There are a lot of issues that ethnic communities think are important and will discuss and do something about. But AIDS is not one of them. On one hand is the fact that not much educational material has been produced, but there are also cultural issues. Often these communities do not see AIDS as something that they should really be aware of.

I know that Asians do not openly talk about sex and sexuality. And AIDS being primarily linked to sex and sexuality is seen as a topic not right to be discussed. "It is something you do not talk about", my mother would say. Why or why not, it simply wasn't the appropriate topic to discuss and questions related to sex are simply out of context.

Parents wouldn't talk about masturbation to their kids. Mothers would tell their daughters about their sexuality from a hygienic point of view. The same holds true for young boys and their fathers. What results is that children learn about sex and their sexuality from their peers. And it could be hazardous, as young people by their very nature are keen to discover, to experiment and to find out about the birds and the bees.

Another underlying factor is the enormous

keeping it a secret

pressure that families put on their children especially on the eldest son. A son is expected to marry and propagate the family lineage. The strength of the family seems to lie on the size of the extended family system. For a young man living in a foreign land like Australia, and to discover his own homosexuality, this could indeed be a matter of grave concern.

I have spoken to a friend whose lover is Chinese. The lover came here as a student. While in China, he has been suppressing his homosexual tendencies because of fear, fear of his parents and the extended family. When he arrived in Australia, he immediately felt the sense of freedom. He began to realise that he could be himself, that he could be happy without having to hide anything... just be himself. But the unfortunate happened. He had to go back to China.

The pressure to get married was there and he was expected to marry especially now that he has finished his studies. He was at a loss. How would he tell them? Would he simply say he is gay? that he has realised he is a homosexual? He spoke to his sister and she relayed the news to their parents. And it was after then that his whole world crumbled. His father scolded him, tried to talk him out of it and in frustration, denied him - denied him as his son, his own flesh and blood.

Are we to blame the father? For him, his son

has been a disgrace to the family. He has brought shame to the whole of the extended family to which he belongs. And now he lives alone, condemned and despised.

But what, you may ask, has this got to do with AIDS?

Research and field work has shown that there is a population of ethnic men who engage in male to male sex. Some of them openly identify as gay or homosexual and have access to identified gay venues, facilities and services. However, there are also those who engage in male to male sex and yet do not see themselves as gays or homosexuals or bisexuals. These men usually frequent places we call "beats". These can be public toilets, parks or any place where they could have quick casual sex, one way or another.

Because they do not identify or do not see themselves as homosexuals, they are the kind of people who would not go to a health centre or a migrant resource centre to get some information on HIV and AIDS. More so, they are not the kind of people who would go to a testing centre or a hospital to get a blood test done.

We may ask why they do not go and

get information, why they do not go and get their blood tested? The answer is not easy and the action is much more difficult if we are to understand the situation they are in.

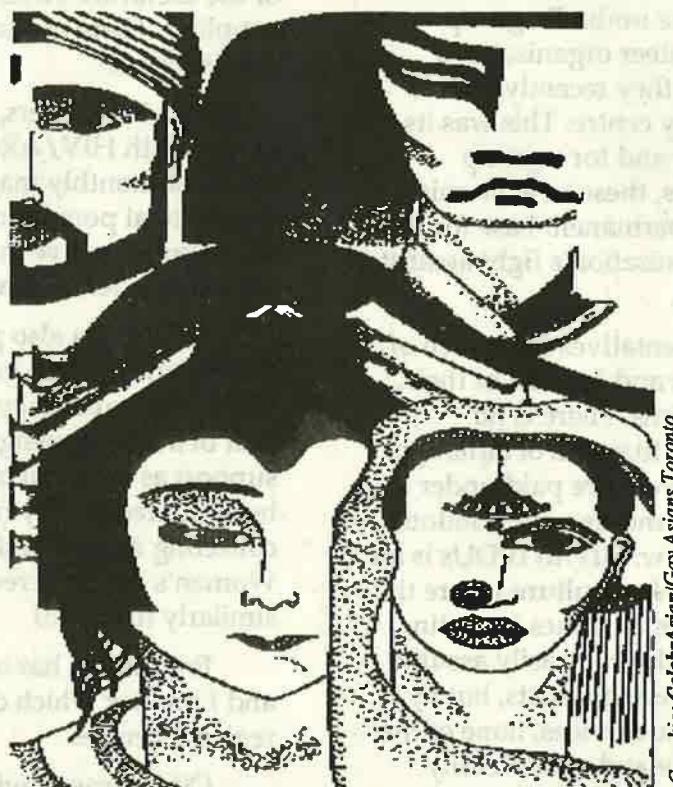
Because of the very nature of their identity, not identifying as homosexuals or bisexuals, they try to keep this part of their sexuality a secret. For a lot of them it could be a very embarrassing and sometimes painful experience if their wives or children find out what they do. With groups that have a very strong family attachment, the feeling of shame and guilt could extend to relatives and to other members of the immediate community to which they belong.

The time has come when we owe it to ourselves and to our community to keep everyone informed and educated.

AIDS is for real. It affects us all, ethnic or not, black or brown or white or yellow. It does not spare any race. It does not favour any particular religious belief or conviction.

In our struggle let us be committed and let us be strong. For if together we stand, half the battle is already won.

- Arnel Landicho,
ACON Ethnic Gay
Men's Officer



Graphic: CelebsAsian/Gay Asians Toronto

Ang AIDS ay hindi biro lamang. Lahat tayo ay apektado, etniko o hindi, itim o puti, kayumanggi o dilaw man ang ating kulay. Wala itong pinipiling lahi.

Dumating na ang panahon na katungkuluan natin sa ating mga sarili at sa ating sambayanan na natuturuhan at napapayuhan tungkol sa AIDS.

Condoms by prescription

Don Carter went globetrotting after the Madrid Conference in May. He sent us this report from Great Britain.

One group I became close friends with were those from the AIDS Action Alliance in Dublin. The AAA is the umbrella group representing the volunteer organisations involved in AIDS and they recently moved into an office in the city centre. This was its second move this year and for a group critically short of funds, these new premises are hopefully a more permanent base for the largely volunteer organisation's fight against AIDS.

I met with representatives from each of the HIV/AIDS groups and learned of their local conditions and aims. There is no governmental funding to speak of although some part time employees are paid under a state employment scheme, as with London, Edinburgh and Glasgow. HIV in IVDUs is an astronomical problem. In a culture where the state religion influences all issues including health policy, an outsider can easily assume that an unwinnable situation exists, but by speaking to users of the services, none of the elements of AIDS in Ireland can be easily 'translated' into our seemingly more democratic situation.

Underlying the official religious tenets regarding homosexuality, IVDU and condoms there is a parallel to our local conditions whereby the religious institutions on street level have provided levels of care, counselling and comfort to PLWAs. (eg our St Vincent's and Sacred Heart).

Condoms and safer sex literature are

hard to come by (excuse the pun). People under 21 years require a prescription to buy condoms from a pharmacist and the gay venues are yet to provide their fullest support. Generally people don't get tested because either confidentiality is not assured or the literature on its pros and cons is not supplied. There is one needle exchange and that is illegal!!

Irish Frontliners, the organisation for people with HIV/ARC/AIDS, provides an excellent monthly magazine to help inform the national population of 3.5 million (25% of the population live in Dublin and 25% of the total are under 26 years old).

Frontliners also print information leaflets and posters but because of the acute lack of resources they cannot be produced as part of a full campaign with other media support as ours can be. Some print runs have been funded purely from 'bucket drives' - collecting money in the streets! (The Dublin Women's Breast Screening Campaign is similarly funded!!)

Frontliners has other branches in Cork and Limerick which do similar work in these regional centres.

Other groups within AAA are the helpline, the AIDS Information telephone service; Body Positive, a peer support system and CAIRDE (pronounced CORDYA) which is similar to Sydney's ANKALI project.

As an observer of the AIDS services in Dublin, Edinburgh, Glasgow and London I have had a first hand glimpse of how HIV affects very different cultures to our own. The first three are greatly influenced by Catholic or Calvinistic morals but all are

T
HEROICALLY fighting the uphill battle of getting the government authorities to believe the facts. All are striving for the empowerment of People living with HIV/ARC/AIDS and we all must ensure that worldwide, PLWAs are represented on all bodies concerned with HIV/AIDS.

It is in Dublin that I have learned much. Here is an extremely brave group of PLWAs facing enormous difficulties, where 'coming out' to the press usually means professional and social suicide.

To all at the Dublin AIDS Action Alliance, I salute you.

Đàn ông có liên-hệ tình dục với người cùng phái hay khác phái cần biết:



Hội-dồng AIDS tại NSW đang thực-hiện một chương-trình thông-tin, hướng dẫn v giúp đỡ quý-vị. Liên-lạc Philip số ĐT: 283-3222, đường giây phụ 202.



"Loại bệnh như bệnh AIDS (Bệnh Liệt-khang) thì chỉ có trọng Cộng-Đồng người Úc chứ làm gì có đối với người Việt mình!".

"AIDS là bệnh có thật. Bệnh chẳng tha một ai, chẳng chừa người nào cho dù người đó thuộc sắc-tộc này hay sắc-tộc khác, có màu da vàng, nâu, trắng, hay đen...Thật sự, không có giống người nào mà không bị mắc bệnh này".

"Qua nghiên-cứu và thực-tập, người ta tìm thấy có một số khá đông những người nam có sự luyến-ái về dục-tính với những người cùng phái. Trong đó một số công-khai đồng-tính luyến-ái nhưng có những người kín-đáo, không để cho ai thấy rõ chuyện này. Những người này thường không chịu đi các trung-tâm y-te để hỏi xem HIV hay AIDS là bệnh gì hay không chịu đi thử xem mình có bị bệnh này hay không vì họ chỉ muốn giấu những loại bệnh như vậy".

"Chúng tôi xin nói chuyện về những người chưa hề biết gì về bệnh AIDS. Hiện nay có rất nhiều những người thuộc sắc-dân khác nhau tại Úc và có nhiều cư-dân bất-hợp-pháp mà trong đó có nhiều người có HIV (là loại vi-khuẩn gây bệnh AIDS) trong máu. Chúng tôi cũng muốn cho những người này biết hậu-qủa của bệnh đó như thế nào".

"Đã đến lúc chúng ta cần phải tìm hiểu và học hỏi về bệnh AIDS".

Part 5

by Amanda Love

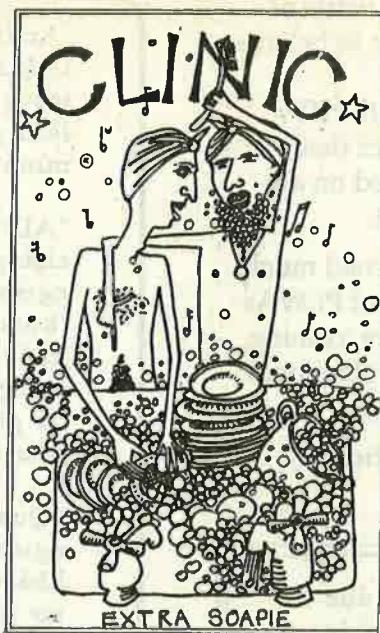
Neil plucked a pubic hair from his continental quilt. He twirled it between forefinger and thumb, then discarded it after deciding it was his own afterall.

This was the first evening he'd spent alone since they'd met at the clinic a week ago. He should have been enjoying the solitude, but Neil couldn't remember how he used to spend his time before.

"Gino, Gina", he murmured as he rinsed his hands for the umpteenth time that evening. "Gino. Gina. Something inbetweena."

Even his mother was happy.

They'd all gone out for dinner before she returned to Melbourne. It was something he couldn't avoid. Having spent so much time with Gina and practically forgetting his mum was in town, it was the least he could do. Neil panicked at the prospect of his blue-rinsed mother meeting his new love, so Gina took over the planning. "Trannies are the Queens of Deception", she said.



Neil's mum mysteriously lost her glasses that evening and in the gloom of Eli's Pizza Bar Gina radiated femininity.

"Oh, yes Mrs Downe, children offer a couple so much, but then Neil and I share so much already..." and "...floral art is an important part of my life, too."

Gina eventually escaped for a breather, and while she rectified a flyaway eyelash in the woman's room, Neil's mum confided: "What a lovely girl, Neil. She's just what I'd hoped for."

Me too, thought Neil.

"I'm so glad you're over that Gay thing, dear."

Back in his bedroom, Neil smiled to himself. He wondered whether he'd ever be able to talk to his mum about everything. The Gay issue caused such an uproar so long ago. His habit would have caused an even greater one, and as for HIV... some things are probably better left unsaid, he thought. With some people, anyway. It's one thing to talk about it with friends in a community where every second person is in the same boat. A sixty year old woman from suburbia is quite a different story.

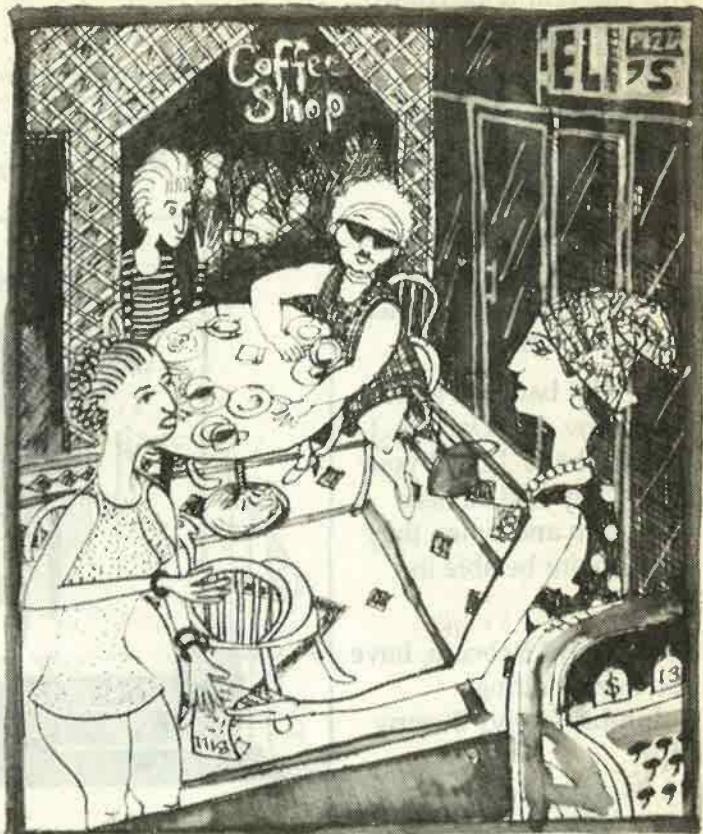
"I wonder how Gina's getting on at that

women's support group", he pondered as he thrust a carrot stick into his juice extractor. She had been pretty nervous about it and spent three hours getting ready. But he couldn't get his mother out of his head. He imagined the snapshot of Gina and him taken by one of those unfortunate restaurant photographers, in a silver oval frame and propped up against a vase of dried gypsophila in her Laura Ashley bedroom.

Sitting at the kitchen table, between sips of carrot juice, Neil began to write.

Dear mum, it was nice to have you stay and I hope you got home safely. There were lots of things to talk about while you were here, and as usual were left unsaid. I am now putting them in writing and I hope you'll understand why.

When you were here we talked a bit about AIDS and I reckon you know enough about it for me to tell you I am HIV positive. I'm telling you this even



though I know it will upset you because if I ever get sick it would be harder to tell you. And I'd need your support.

I'm pretty okay at the moment. Gina has lifted my spirits a lot. Please call me when you get this so we can talk about it more.

Your son, Neil.

Neil sat back and closed his eyes. He hated the fluo-rescent light in the kitchen. He wondered whether he'd post the letter at all. But he felt better now that he'd written it and besides, it



T

was something he could talk to Gina about.

The telephone brought him back. "Hello, Darlink", came a husky German accent.

"Rebecca! How are you?", Neil instantly recognised his old friend from the clinic.

"Not bad, not good, you know. But Darlink, I must be brief. I need your help. They will be here very soon and when they come I wont be able to talk..."

"They? Rebecca, have you been visiting Columbia lately? Bumpy trip?"

"Beccy! Rebecca!" Neil couldn't believe what had happened. It wasn't unusual to hear from this retired sex worker at odd hours of the night. Normally she'd be pretty out of it and they'd



Rowland / Rowland Graphics 13

have a rave, but this call was different.

Neil grabbed his tangerine poncho and scrawled a note to Gina.

"Emergency. Friend in distress. Call you later, xx N." He hurried down the stairs of his apartment block and hailed a cab. "Kings Cross, please, and hurry."

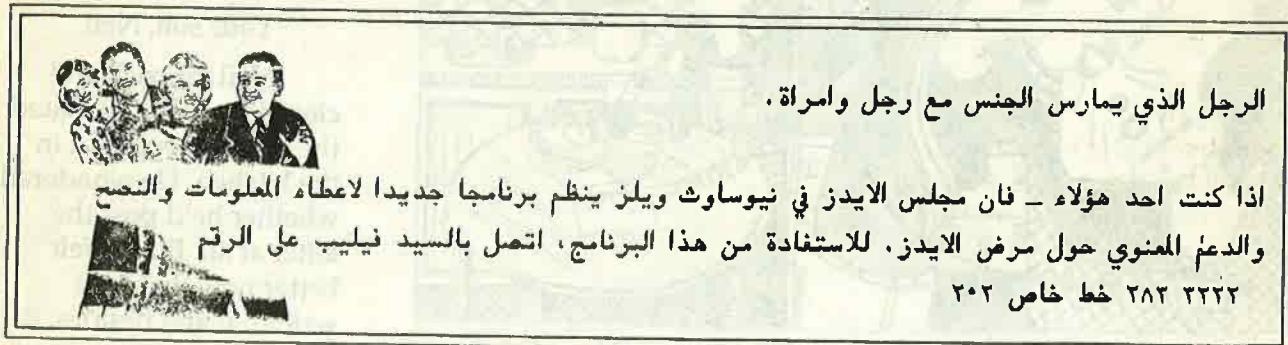
The taxi pulled up outside Rebecca's derelict terrace house. The street was strangely quiet for 11 pm. Neil looked up to her window. No lights but he could see her window was open. He pushed past the garbage bags and lifted the heavy wolf-head door knocker. The door creaked open. "It isn't locked", he thought. Rebecca always locked her house.

Rowland

"Rebecca!", he called from the hallway. Silence. The stair groaned as he put his foot down. He was about to climb the stairs when from the region of the kitchen he heard a soft scraping sound. He stopped and listened. It was definitely coming from within the house. The sound was like metal against wood and it got louder as he approached the kitchen. His heart beat furiously as he opened the door.

On the floor was Rebecca's poodle Fifi devouring Meaty Bites from a tin plate.

To be continued....



Good Health

Mac McMahon, a health and lifestyle consultant, Acupuncturist and natural therapist, is this month's contributor. Mac has been involved with many AIDS organisations on a practical as well as committee level. Having treated over 350 people with HIV infection Mac has insight into their needs and is in a good position to evaluate the effect of Acupuncture, Chinese herbal formulas, nutrition and other factors on their health and healing.

AIDS and Chi

ACUPUNCTURE

Traditional Chinese medical theory is based on the concept of *Chi* or energy. They say there are three sources of this chi. It comes from the food you eat, the air you breath and your ancestral or constitutional energy. These three combine in the body to form the energy of blood and nourishment.

This is the basis of our Life force and the primary purpose of acupuncture therapy is to strengthen this vital force when there are deficiencies and to harmonise when there are imbalances.

HIV infection is seen as a problem with kidney, lung

and gastro-intestinal energies and deficiencies.

The best results I've seen with acupuncture have been for herpes zoster (shingles), sinus problems, night sweats, nocturia (peeing a lot at night), nausea, fatigue and peripheral neuropathy (painful feet and legs).

Other problems such as certain skin conditions (tinea, dry skin, itching), thrush, mouth ulcers, bleeding gums and low libido respond well to combinations of acupuncture and herbs, or vitamins, salves and other simple approaches. For example we use vitamin C to help the shingles, massage and inhalations for sinus, homeopathics for night sweats

and diarrhoea, acyclovir and vodka for hairy leukoplakia, vegetable juices for energy.

Most HIV positive people I've seen have no or only minor symptoms which have been easily managed. These minor symptoms should not be seen as a sign of deteriorating health.

Stress management is a major benefit of acupuncture therapy. There is no doubt that after a session of acupuncture the patient feels particularly relaxed and has a sense of well being. This in itself is cause enough for therapy.

CHINESE HERBS

Based on Fu Zhen therapy, ('Restoring normality'); Chinese herbal formulas - mainly Chi and blood tonics - are being used most effectively for those suffering from general fatigue, night sweats and low libido. These formulas usually contain herbs such as Ginseng, Astragalus, Codonopsis and Tang Kuei which are known for their immune enhancing qualities.

My results with chinese herbs have been most encouraging. About half seem to have had some real benefits. Others have said they felt no im-

provement or not noticed if anything had happened.

I think where clients need something to restore energy and loss of libido, then it's worth trying Chinese herbal formulas.

THE HOLISTIC APPROACH

Traditional Chinese medicine must be seen in its place in the overall treatment strategy. Natural therapies are concerned with treating illness, looking at its causes and promoting health, ie. dealing with the physical, emotional and spiritual health.

In my treatments I start with a comprehensive case history looking at a person's lifestyle, diet, medications and supplements.

We look at "Being Positive" a la Louise Hay; stress management through relaxation, meditation, visualisation and acupuncture.

We use group support, for example hands on healing (reiki).

We look at nutrition, diet and lifestyle - trying to avoid overloading the system with toxins (cigarettes, alcohol, drugs etc).

Exercise may be suggested as a way to build up self esteem as well as stronger bodies.

We may even come to terms

with a client's 'lost sexuality' and renegotiate sexual skills using safer sex practices.

And finally, taking time to love who they are and in some cases clear away any guilt.

I also tell people not to be afraid of living. The glass of wine or cup of coffee is not going to kill them. Overindulgence might. It's funny how a



lot of clients think that by coming to a natural therapist they have to give up everything.

The tactic I use is to look at improving one area of a person's life at a time so they are never overwhelmed by it all. This is more self-empowering.

It's interesting to read stories about what long term survivors are doing and virtually

all of them demonstrate the value of a holistic approach to recovery and a richer life.

When I first discovered I was HIV positive myself in 1985 I had lot of learning to do. I have discovered how to enjoy life, to be strong and healthy in body and spirit and also how to find meaning and purpose for life. This has come about through working with other HIV infected people and those who find themselves in a life-threatening situation.

I can't put my finger exactly on it, but I feel it's discovering one's connection to 'spirit', whatever you perceive that to be. Whatever it is, it takes courage on the part of the both client and practitioner to play around with it.

Perhaps for me 'spirit' is my connection with the cosmos, with the expanded universal consciousness that envelops everything and does not separate me from anyone. It allows one to develop compassion and effort is made as with any worthwhile challenge to work on developing compassion. Not only for others but for ourselves.

Spirit is the element of compassion that enables healing to take place, the healing not necessarily of patching up the physical body but of the heart.

CONFERENCE CONFERENCE AND MORE CONFERENCE

"Our country cannot support us"

A report from the Madrid Conference on AIDS in Africa

The world health organisation estimates that of the 8 million people world wide who are infected with HIV, 5 million live in African countries. The International Conference for People with HIV/AIDS in Madrid, Spain, in May 1990 provided an opportunity for people from first world countries such as Europe and Australia to meet and learn of the situation on that continent and for delegates from South Africa, Uganda and Zambia to learn from the experiences of countries such as ours.

Positive support groups have been established recently in these three African countries. The delegates all reported high levels of discrimination against people with HIV and AIDS, particularly in the work place. General levels of accurate knowledge and understanding about how the HIV is transmitted was reported to be very low.

"I feel like I'm saying something that shouldn't be because....in our country....in people who are in government and in top

positions, they still show much ignorance about how HIV is transmitted..."

It is for this reason, and for the lack of adequate government efforts to educate its people, that positive groups themselves have taken on the role of providing both general education and support to infected people. This effort is itself taxing on people, as Oliver K. of Zambia's Positive Support Group explains.

"Our country cannot support us....I would like to look after myself but I cannot push myself so far....one of the best ways of continuing to live positive is to get as much rest as possible....it is not good for a positive person who wants to help out to be working in this way....how long can they do that?"

Such organisations as these not only struggle for lack of government funds and support. In some areas, such as South Africa, governments actively disrupt and impede the efforts of positive people to educate the population and offer assistance to those already with HIV.

"We try to run the operation from our home where we our-

selves could be prosecuted for just being together in the same premises living in the same place. Many a time our house was vandalised also...to enable us to raise funds in our country we need to register ourselves as an organisation...but we were told that an organisation must exist for approximately five years before we could raise funds...but our need is now", says Noel of Body Positive South Africa, a multi-racial group "committed to the cause of HIV/AIDS irrespective of gender, sexual orientation, religion or ethnic origin".

Uganda's Body Positive Association was formed recently to fight AIDS related discrimination in that country, discrimination rooted in ignorance about transmission. Says David K. of the group,

"I think....if we have to dispell the myth about AIDS and stop the spread, our involvement is crucial and therefore any help from you for fighting against AIDS or discrimination should be from body positive to body positive....otherwise the money will never come."

- Robert Ariss

CLEAN OUT YOUR CLOSETS

WE NEED YOUR JUNK

Garage Sale, Saturday September 29, from 9:30 am
188 Goulburn St, Surry Hills



A chance to clean out your closets and put the money raised to good use. Donations of bric-a-brac, books, records, wigs, whips, those old wedding presents, and objets d'art gratefully accepted.

Drop off your junk between 10-6 Mondays to Fridays, or call 2833222 to arrange collection.

A fundraiser organised by the Safe Sex Sluts to fund safe sex education.

AIDS and Aboriginal people

Stanley Nangala, Chair of the Communicable diseases Advisory Panel, spoke at the closing Plenary on behalf of the Aboriginal delegates attending the 4th National Conference on AIDS held in Canberra in August. This is a transcription of his speech.

This overview is a sincere message to you from the Australian Aboriginal delegates attending this conference. We ask that you listen to what we have to say.

As you would all know, Aboriginal people have had token status in national forums - that's if we been included at all.

At the International Conference, an Aboriginal delegate asked the chairperson a relevant question. The chairperson responded by telling the delegate to sit down, that Aboriginal issues were not appropriate to raise at the International Conference but rather at the National Conference. We want you to know that we find this type of treatment intolerable, and we demand that the chairperson, Denis Altman, offers an apology to this delegate.

For Aboriginal delegates it has been like *deja vu*, to hear for the first time from white Australians about ill treatment, discrimination, forced health screening and surveillance, police harassment, unemployment, refusal of accommodation, etc etc. It is the

norm in this country for Aboriginal people to experience all of these whether we have got HIV, AIDS or not.

Within most Aboriginal communities it is hard to keep HIV and AIDS on the agenda because Aboriginal people are dying almost daily from curable diseases due to inadequate resources.



Many Aboriginal communities are still governed by white advisers and church groups who think we still belong to them, and that they know what's best for us. For instance the church groups who don't believe it's right that their Aboriginals should have access to condoms, family planning, or anything to do with sex.

Millions of dollars of funding is allocated to a single issue, HIV / AIDS. And we totally support this. However, Aboriginal community groups are not getting our per capita share of this money despite the fact that the experts keep saying that we are in a high risk category.

4th NATIONAL CONFERENCE

We are expected to improve our fourth world health and living conditions, and now on top of all of this we are to stop HIV infection entering our communities, and look after those who have AIDS, whilst being under-resourced by both State, Territory and Commonwealth Governments.

The role of the media has been referred to during this conference. Again, we have been the politically neutered recipients of the collective wisdom of the Australian ethos and the Australian media.

We were privy to the concern of the Australian media just this week, when a journalist asked not "what can we do for you", but rather implied, "what can we do to you?". The question was asked, how many Aboriginal people have AIDS in Australia? Upon giving the advice that isolated data usually led to misrepresentation, our caring media representative left the forum. This person did not stay to learn more, the angle was not given and so there was no effort to learn the truth.

We acknowledge that an Aboriginal forum was provided in the National Conference, and applaud the appropriateness of this. As a race of people in our own right, we reiterate that we should not be denied the right to participate at international forums.

After this week of discussion, we have come to the conclusion that in this country, the worst position a person could be in is to be a woman, HIV+, and Aboriginal.

To boycott or not

San Francisco

In relation to the recent boycott of the Sixth International Conference on AIDS in San Francisco. I went to San Francisco during the Conference!

International AIDS Conferences are places where governments, organisations and individuals are supposed to share knowledge of the AIDS pandemic. Unfortunately what they have become are places where individuals, organisations and governments promote their own agendas. The agenda may be the welfare of the State as opposed to the welfare of the individual or it may be to promote their own eminence in political or scientific circles.

Often the people who attend these conferences are there to gather information so that their government or organisation can develop ideas or policy, that can then be used in their own environment. It may be a new law or it may be a new technique to educate or counsel. In any case the information learned at AIDS Conferences can have extensive impact upon individuals, either by enlightened policy or by draconian measures.

Although Americans are prominent in the research field, their track record on legislation

or in social welfare leaves a lot to be desired. Internationally they promote themselves as the universal experts, with the know-how to do or fix anything and the southern world nations frequently look to the US for advice and know-how, knowledge about the AIDS pandemic being only one issue. In many ways the US has a strangle hold on the southern world, especially in the south's search for knowledge.

It is obvious that to American legislators, safer sex is ineffective and that HIV can be transmitted by hand masturbation and the exchange of money and credit cards.

Intranationally America believes in its own supremacy over any and all other nations. To the US the idea of international is what they CAN DO FOR or what they CAN TAKE FROM the rest of the world. To Americans, words like international have little relevance to their actual meaning other than promoting US superiority, for example the use of the title World Series which they use unashamedly for most of their own sports whether or not the rest of the 'world' is involved or not.

If the US was to hold an International Conference in anything and the only people who attended were Americans they would still call it an international conference because they invited the rest of the world. What is more the title 'International' would give those Americans who presented at that conference an international credibility for what ever they presented whether it was 'valid' or not.

To return to the issue of the boycott of the San Francisco conference, a major flaw in its conception is the fact that no matter how many people, organisations and individuals boycotted the event, many other international organisations and individuals were bound to attend for other reasons. The Americans would promote the conference as an international success, irrespective of any boycott and they did!

This creates a conundrum, if one has ideas that should be disseminated and that one supports the boycott, then those ideas are not heard in the forum of the conference. Yet other ideas promoted by the socially retarded Americans will be heard and be used by others to develop policy and legislation

without having the benefit of hearing the ideas of the boycotting speakers. So the very act of boycotting the conference may have the effect of adversely affecting PLWAs by the adoption of US style draconian measures.

My platform is basic human rights and freedoms for prostitutes and transsexuals.

The US philosophy is that prostitution is immoral and therefore it should be abolished. Their laws reflect that attitude and upholding of the law is paramount even if it compromises effective health promotion/AIDS prevention initiatives. In relation to the public health issues of prostitutes with HIV/AIDS, their initiatives for this are that any known HIV+ prostitute arrested is charged and convicted of Felony/Murder, irrespective of the type of sexual services that the prostitute was offering or performs. It is obvious, that to American legislators, safer sex is ineffective and that HIV can be transmitted by hand masturbation and the exchange of money and credit cards.

There are also countries that use the policy of registering and regularly screening prostitutes for HIV and removing their registration if they test HIV+. This often creates the situation where the HIV- prostitutes have health and counselling support plus free condoms and the HIV+ prostitutes have little or no health

support and no condoms. Some countries have isolation policies for HIV+ prostitutes whether or not they have the same policies for other HIV+ persons. These policies are promoted as the ideal.

...there are very few voices advocating for prostitutes' rights, even within PWA groups. Yet prostitutes are frequently the first groups targeted by oppressive legislation in respect to sexually transmissible diseases.

Generally gay communities throughout the world have a politically active voice, especially those communities that are affected by HIV/AIDS. There are quite a number of voices for HIV/AIDS affected non-gays, however there are very few voices advocating for prostitutes' rights, even within PWA groups. Yet prostitutes are frequently the first groups targeted by op-

pressive legislation in respect to sexually transmissible diseases.

The overwhelming majority of prostitutes in this world are selling sex to survive, they do not have the resources to advocate on their own behalf. They don't have the time to join prostitute rights groups even if they existed in their area, they are too busy getting enough for themselves and their family to survive. So it must be left for the few northern world prostitute rights activists to have their message heard and to reject morality beliefs that some would pro-

mote as AIDS prevention. The venue for those words to be heard is in international forums such as the International Conference on AIDS irrespective of any boycott disputing the Immigration Policy of the USA.

FOR PROSTITUTE RIGHTS
I BROKE THE BOYCOTT OF
THE CONFERENCE!

- Diana Lynne Alan

Hombre quienes se relacionan sexualmente con hombres y mujeres

Si tu eres hombre que tiene relaciones sexuales con hombres y mujeres, el SIDA Council de NSW esta llevando a cabo un nuevo proyecto de informacion, consejo y apoyo. Favor contactarse con Philip, (02)283.3222 ext. 202



DDI, AZT, DDC, Compound Q.....

DDI

Enrolments in the NH and MRC trial of DDI for people with AIDS who are intolerant or resistant to AZT have begun and the start of the trial is imminent. While nowhere near the expected numbers have yet been recruited, the trial is expected to fill quickly and those already enrolled do not have to wait to begin treatment.

DDI is a drug long available as an alternative to AZT in the United States yet it has not reached Australians in need because, amongst other things, of reluctance on the part of Bristol-Myer, the company producing the drug, to extend its trials to out-of-the-way places like Australia.

Australia joins the UK/French trial, rather than the US trial because, researchers say, the European design is more accessible those in need of the drug. This broad accessibility has been achieved through the provision of two trial arm options to patients, one randomised to two doses of the drug, and another randomised to a placebo.

Australian researchers con-

tinued to believe, even in a study of a drug already under observation in the US for over 12 months, that some valuable information can be gathered from placebo randomising. Researchers expect the drug will be most effective for those with reasonably good immune systems and fewer opportunistic infections, though it is acknowledged that antivirals only slow progression of disease and do not provide a 'cure'.

While hospitals in Sydney, Brisbane and Melbourne are currently enrolling, other capital cities, except poor old Hobart, await approval of the trial by their respective ethics committees. One may ask why it is that there needs to be such a process for every hospital?

In addition, the Albion St Clinic is conducting a separate trial, as part of the US ACTG DDI trial.

COMMUNITY CUCUMBER BOUNCES BACK

Martin Delaney of San Francisco's Project Inform/Community Research Alliance (PI) created some controversy at the VI International Conference in June by presenting preliminary data

on the group's 're-treatment' study of our favourite cucumber, Compound Q (see *Talkabout* nos. 3 & 5).

The study was innovative (part of the reason for scientists' scepticism) in that no controls were used to match patients' responses to the drug except their own clinical histories.

Delaney reported that in all but eight of the 46 people with immune disorders treated with the substance, CD4 (T cell) levels rose by an average of 40%. Thus, while at the start of the study the average level was CD4 100, at the last point of data collection, the average had risen to CD4 400.

The Project reports overcoming the initial toxicities and limited efficacy of the substance through redesigning the administration technique. An initial short high dose is immediately followed by a longer slow intravenous administration over a two hour period. Phase II of the trial is to be negotiated this month.

Compound Q is available from the buyers club 'Healing Alternatives Foundation' in San

TREATMENT NEWS

Project Inform, HIV strains, Isoprinosine..

Francisco for \$US37.35 for ten vials. Considering the dosages recommended by PI, you'd need all of that for one effective infusion. PI continues to warn that expert clinical supervision is necessary when taking Q.

PI reports discouraging results from its study of Oral Alpha Interferon (*Talkabout* #9).

EARLY INTERVENTION

The strongest message from the conference this year regarding treatment was in respect of early intervention. Studies of AZT strongly suggest that early use of the drug produces fewer side effects and delays progres-

sion of the disease. Lower doses, perhaps as little as 200mg/day for some, appear to be as effective as the traditional high doses.

On the taking of such drugs, evidence suggested that HIV is active in a 24 hour cycle and that it therefore makes no real difference when you take a drug within that cycle. Perhaps we should all throw away our beepers!

On resistance, it was suggested that HIV does not necessarily develop resistant strains, but rather that pre-existing resistant strains are merely becoming more evident over time.

Little new was reported on

DDI beyond confirmation that patient's CD4 counts increase modestly on its use and that antiviral activity is evident in doses as low as 200mg. PI suggests patients on DDI try reducing their doses before abandoning the drug altogether.

On the drug DDC (as yet unavailable in Australia), greatest efficacy and less toxicity was reported when used in combination with AZT. Activists are keen on the drug because of its low production costs. However they believe access to the drug should be wider than it presently is and on the same grounds as that for DDI.

OLD DRUG, NEW TRICKS

The old drug Isoprinosine resurfaced, this time for use in asymptomatic infection. Studies indicated rate of progression could be slowed with the drug with no risk of toxicity.

Activists strongly criticised the focus of treatment research on antivirals and demanded greater effort be made into the development of treatments for opportunistic infections and immunorestoratives.

ACT UP called for a 'Manhattan Project' to be immediately coordinated and implemented at the national level which would throw all resources available into developing such badly needed treatments.



THE ONE EXTRA COMPANY

is preparing a production for early next year and seeks assistance from PLWAs to voice some of their feelings. Scripts of these will be compiled and edited into a major production which combines words, dance, and accompanied singing voices.

Writings, diary entries - from a few sentences to pages - are welcome in the following areas:

- * Your initial reaction to the HIV+ news and your changes of plan
- * your most treasured moments and wildest fantasies
- * the most important things to you now

Please send to "3 Messiahs Project", Kai Tai Chan, Artistic Director, The One Extra Company, 2/15 Broughton St, Milson's Point NSW 2061.

New PLWA Committee

At the AGM in May the following people were elected to the new PLWA (NSW) Committee:

Robert Ariss (Convenor)

Barry Fitzgerald (Deputy Convenor)

Ross Duffin (Treasurer)

Lloyd Grosse (Secretary)

Deborah Giblett

Terry Giblett

Stuart Linnett

Amelia Tyler

Kathy Trifitt

Adam Marriot was co-opted to the committee at a later date. Anyone interested in applying for the remaining committee position please contact PLWA.

AIDS and Discrimination

More than 50 people came to a public consultation held at the NSW Anti-Discrimination Board on July 4, including representatives of PLWA Inc (NSW), ACON and other AIDS community organisations, members of the health profession and government departments. People reported on the various forms of discrimination which PWAs face; voiced criticisms about ADB complaints procedure, and made calls for action.

An AIDS Working Party has been set up as a result of the consultation. This will include members of PLWA Inc (NSW), ACON and State and Federal Health Departments and will act on law reform issues as well as target positive strategies to help eliminate AIDS-related discrimination.

For more information contact Alison Orme, AIDS Project Officer, NSW Anti-Discrimination Board on (02)224.8200.

Australia may join ACTG

Negotiations are underway to enable Australian AIDS centres to join the top US AIDS Clinical Trials Group (ACTG), following the invitation of ACTG's Dr Dan Hoth, Professor Peter MacDonald told the final plenary of the 4th National Conference on AIDS.

The ACTG is a network of 45 Clinical Trials Units supported by a Statistical and Data Analysis Centre which has been established by the US Government to trial drugs, treatments and vaccines for HIV infection.

Dr. Hoth gave four conference presentations outlining the structure of the ACTG, and reporting on progress on treatments and vaccines. From these it was obvious that ACTG is now ex-

tremely well resourced (of the order of a billion bucks a year) and extremely well organised.

The group has received a lot of criticism in the past but seems to have responded positively to it, for example in giving higher priority to treatments for OI's. They currently have 84 active studies, 27 in development and 24 completed, with 1,100 enrolled in trials.

Quite apart from the obvious advantage of joining in with the top HIV trialling network in the world this proposal could remove what I believe to be the major obstacle to early access to new and experimental drugs in Australia. At present the hard-nosed executives at the top of US drug companies are loath to let their drugs out of their immediate control.

To do this would raise a real possibility of delays in the approval process which may cost their companies literally millions of dollars. These executives are at the top because they are able to make such hard economic decisions, without considering the effect on people's lives.

The ACTG proposal would get around this obstacle by taking out of the sponsors' hands the decision whether to allow a drug to be trialled in Australia. It is probably the only way this could be achieved.

Rolf Petherbridge

NEWS

TALKABOUT DIARY

Talkabout Diary is a new feature designed to publicise any regular events like meditation or self defence classes, or support groups, or anything else you want people to know about. Because *Talkabout* is a Bi-monthly publication, it's a bit more difficult to publicise one-off occasions, but we can try! Just send your information to *Talkabout* by post, or phone it through, (283.3220) or drop by to the office.

**ARE YOU A
MAN
WHO HAS
SEX WITH
MEN
AND
WOMEN?**



ACON is setting up a new project for men who have sex with men & women. To provide information on safe sex, confidential advice, HIV & AIDS info and to set up peer support groups. The project officer is currently looking for men who have sex with men and women to talk to about specific issues and difficulties experienced by this section of the community. If you are a man who has sex with men and women, please contact Philip on (02)283.3222 ext.202, or (TTY)283.2088 (10am - 6pm).

NEW HIV SERVICE

At the Sydney Hospital STD Centre
Macquarie St, Sydney,

Monday mornings: 8.30 - 12.30

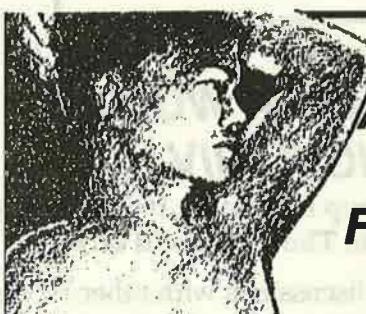
Comprehensive medical assessment and counselling, general practitioner liaison, AZT open therapy according to current indications plus early intervention drug trials.

Please note that acute and routine care of persons with HIV as well as HIV screening and management of other STDs are available whenever the centre is open.

All appointments: Phone 223.7066.

Interpreters available by appointment

ASIANS AND FRIENDS



A new support group for Asian gay men and their friends has just been established. It aims to promote an opportunity for people coming from an Asian background to meet others who share the same interests.

Meetings are held every Friday night from 6 to 9pm. Coffee, tea and biscuits are provided.

It is friendly, social and educational. It provides a place for Asian men to get together, enjoy a cuppa and a bickie and chat about current issues that concern them.

Other activities for the near future are a night out, video nights, special guests and speakers, info nights etc, etc, etc. and much more. If you're interested, just give us a yell on (02)283.3222. Ask for Arnel or Ken.

**EVERYBODY IS WELCOME!
COME ONE, COME ALL!**

TALKABOUT DIARY

AIDS INFORMATION LINES

ILLAWARRA

Arabic	(042)74 2184
Serbo/Croatian	(042) 74 2282
Greek	(042)74 2580
Italian	(042) 74 2298
Macedonian	(042) 74 2247
Polish	(042) 74 2368
Portuguese	(042)74 2636
Spanish	(042) 76 2153
Turkish	(042)76 2309
Vietnamese	(042)76 2353

MEDITATION AND RELAXATION CLASSES

With Mac McMahon, at the Albion St Centre, Tuesdays, 6pm. These are free and open to everybody.

HANDS ON

is a group of trained volunteers who can offer a FREE massage to all PLWAs. If you would like a massage, or if you would like to join Hands On as a volunteer, contact our co-ordinator, Richard, on 660.6392(h) or 477.8255 (w)

ARE YOU A WOMAN WHO IS HIV+?

A support group is forming for North Coast women. The group will offer:

- * Meeting and discussions with other HIV+ women
- * Information on treatments
- * Information on your rights
- * Information on services for women and children
- * Pregnancy counselling
- * Information about safe sex practices
- * Information on safe IV use
- * A safe place to come and talk with caring professionals

Address enquiries to the Women & AIDS Worker, AIDS Council of NSW, PO Box 63 Lismore 2480, NSW. (066)221.555

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL

AIDS INFORMATION LINES

Arabic	(02) 11503
Cantonese	(02) 11516
Croatian	(02) 11663
Greek	(02) 11580
Italian	(02) 11595
Khmer	(02) 11674
Korean	(02) 11518
Laotian	(02) 11519
Macedonian	(02) 11669
Polish	(02) 11579
Portuguese	(02) 11629
Serbian	(02) 11550
Spanish	(02) 11603
Thai	(02) 11579
Turkish	(02) 11684
Vietnamese	(02) 11627

Recorded Message



TALKABOUT DIARY

SACBE
El Nuevo Camino
GRUPO IBERO AMERICANO
Apoyo para Personas con SIDA
e/o AIDS COUNCIL OF NEW SOUTH WALES (ACON)

SACBE es un grupo de gente de habla hispana.

Nos dedicamos a apoyar, aconsejar y educar acerca del SIDA.

En nuestra propia lengua. El español.

Nelson quiere comenzar un grupo de apoyo para todos nosotros los infectados con el HIV.

Podemos hablar del SIDA, política, tango, la Lola Flores o de lo que tu quieras.

No dudes en llamarme al 662.2720 aunque mas no sea que para que nos conozcamos telefónicamente.

Salud, amor y pesetas...



QUE HACEMOS ???
Charla de prevencion en la salud de la mujer que incluyen:

NUTRICION

MENOPAUSIA

SEXUALIDAD

EXAMEN DE LOS SENOS

RELAJACION Y EJERCICIOS

EMBARAZO

PAPANICOLAU

DESARROLLAR LA PERSONALIDAD APRECIARSE
A SI MISMA

ESTAS CLASES PUEDEN SER EFECTUADAS

EN ESPANOL

ESTA INVITADA A VENIR AL CENTRO A CONVERSAR CON NOSOTROS DE SUS NECESIDADES

HABRA UN SERVICIO DE GUARDERIA INFANTIL

GRATIS

PARA MAYOR INFORMACION COTACTE:
IMAN O ANH THU
en PH: 7264059

ADONDE ESTAMOS ????

OFICINE NO.7, 25 BARBARA ST,
FAIRFIELD.

IMMIGRANT WOMEN'S HEALTH INFORMATION SERVICE

خدمات صحة النساء
ما هي خدماتنا
دورات عن الوقاية الصحية للنساء
انقطاع الطمث التغذية
تجنب سرطان الثدي
الاسترخاء وتمارين رياضية
استئصال الرحم
الحمل تجنب سرطان عنق الرحم
مفع العمل

لadies health services
ستتعدد هذه الدورات باختلاف مجاناً
نريدها لك وبما يتعلق بعاجاتك الصناعية
خدمات الرعاية للأطفال متوفرة
للمزيد من المعلومات زيارة الانترنت
ـ إيمان أو آن تو
ـ تليفون: ٧٣٤٥٩
ـ أين نحن؟
ـ في مكتب ٧:٢٥ باربر ستريت



..... BEFORE YOU LEAP



PHOTOGRAPH BY KIND PERMISSION ANN NOON

WOMEN AND AIDS FORUM

13 SEPTEMBER 1990 6.30PM

THE GALLERY
LEVEL 6
UNIVERSITY OF TECHNOLOGY
BROADWAY

Women have been part of the AIDS issue since the beginning
as - carers, relatives, organisers, friends, lovers and
people living with AIDS/HIV.

Listen, question and discuss with speakers on issues that affect us:
NEGOTIATING SAFE SEX, IV DRUG USE, MULTICULTURAL ISSUES AND PREGNANCY.

SPEAKERS FROM THE AIDS COUNCIL OF NSW, ALBION STREET,
NSW USERS AND AIDS ASSOCIATION, PRINCE OF WALES HOSPITAL AND MACQUARIE UNIVERSITY.

THE WOMEN AND AIDS WORKING GROUP
THE AIDS COUNCIL OF NEW SOUTH WALES

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

GENERAL

Australian Federation of AIDS Organisations (AFAO): Umbrella organisation for Australian state and territory AIDS Councils. (06)247.3411.

AIDS Coalition to Unleash Power (ACT UP): A diverse, non-partisan group united in anger and committed to direct action to end the AIDS crisis. Phone the info line (02)283.3550. PO Box A1242, Sydney South 2000.

AIDS Council of New South Wales (ACON): The Council provides services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst 2010. (02)283.3222.

ACON Hunter Branch: PO Box 124 Islington 2296 (049)29.3464.

ACON North Coast Branch: PO Box 63 Sth Lismore 2480. (066)22.1555.

Albion Street AIDS Centre: (Sydney Hospital AIDS Centre) Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. Also 'Just Positive' and 'Being Positive' Support Groups for people with HIV. (02)332.1090.

Bobby Goldsmith Foundation: A charity organisation, established in 1983 in the name of the first Sydney man to die of AIDS, providing financial and material assistance to people with AIDS. (02)360.9755.

Civil Rehabilitation Committee Family Sup-

port Centre. HIV education for families of prisoners at Long bay Jail. Call David Bunker (02)289.2670.

Community Support Network (CSN): Trained volunteers providing practical home/personal care for people with AIDS. Established in 1984. (02)283.222.

CSN Wollongong: Contact Joley Mallia. (042)75.2609.

CSN Newcastle: Contact Andrew Hope, ACON Hunter Branch. (049)29.3464.

Deaf Community Aids Project: Contact Clin Allen at ACON (Sydney) (02)283.3222, or (TTY only) (02)283.2088.

Euthenasia: Voluntary Euthenasia Society of NSW Inc. PO Box 25 Broadway, 2007. (02)212.4782.

Friends of People With AIDS: A peer support group for friends, lovers, partners and spouses of people with AIDS. Provides emotional support. Please phone to indicate attendance. Contact Nigel, Albion Street Centre, 150 Albion St, Surry Hills 2010. (02)332.4000. 1st & 3rd Wednesday every month, 7.30pm.

Living Well Support Groups: For long term HIV positive people. Contact HIV support officers (02)283.3222/2453

Metropolitan Community Church (MCC): International gay church. Ph: (02)638.3298.

National Centre in HIV Epidemiology & Clinical Research: Federal research centre conduct

ing trials for AIDS treatments and other AIDS related research. (02)332.4648.

National People Living With AIDS Coalition (NPLWAC): PO box 1359 Darlinghurst NSW 2010. (02)283.3535.

North Coast "Positive Time" group: a support and social group for PLWAs in the North Coast region. Contact ACON North Coast Branch (066)22.1555

NSW Anti-Discrimination Board: Takes complaints of AIDS-related discrimination and attempts to resolve them by a confidential process of conciliation. Currently employs a full time AIDS Project Officer Sydney (02)224.8200. Newcastle (049)26.4300. Wollongong (042)26.8190.

NSW Users and AIDS Association (NUAA): NUAA is a community/peer based organisation concerned primarily with harm reduction, including HIV prevention and support of HIV+ people, advocacy, general support, referral and community development. Contact Julie at 24 Darlinghurst Rd Kings Cross. (02)357.1666.

Parents' Group (and relatives): A support group for the parents or relatives of people with AIDS. Please phone to indicate attendance. Lesley Painter, 2nd Floor 276 Victoria St Darlinghurst 2010. (02)332.4000. Every 2nd Thursday 12.00 - 1.30pm.

Positive Women's Support Group: Contact Women in AIDS Project Officer (02)283.2222.

Quest For Life Foundation: offers emotional support and education to people with life-threatening diseases, their families and loved ones and the health professionals who care for them. Support groups & meditation/relaxation classes are run at Crows Nest and Albion Street Clinic on Thursdays. Counselling on a one-to-one basis is also offered. (02)906.3112.

Quilt Project: Memorial project for those who have died of AIDS consisting of fabric panels and completed by friends and lovers of those to be remembered. (02)283.3222.

Penrith PLWA Support Group: Support, information & referrals. Phone Wendy at penrith Youth Health Centre: (047)21.8330. Meetings are held weekly.

SACBE - El Camino Nuevo: A group to educate the Spanish speaking community about AIDS SACBE is also a Spanish speaking community support network. Contact Pedro Manzur, (02)283.3222.

Sex Workers' Outreach Project (SWOP): 391 Riley St, Surry Hills NSW 2010. (02)212.2600.

Start Making Sense: Peer support group for young men under 26 who have sex with men. Runs workshops, drop-ins and outings with the emphasis on fun. Contact Brent or Tim for further information between 3.00 - 6.00 most afternoons on (02)283.3222.

Sydney West Group: A Parramatta based support group. Contact Pip Bowden (02)635.4595.

Transfusion Related AIDS: A support group for people acquiring HIV through a blood transfusion. Please phone to indicate attendance. **Parramatta Hospital**, Marsden St Parramatta. Contact Jenny (02)262.1764. Pam (02)635.0333 ext.343. Meetings are held on the last Tuesday of each month at 10.30am.

Transport Service for PLWAs (in Sydney area): Contact CSN on (02)283.3222.

ACCOMODATION

Share Accommodation Register: for people affected by HIV/AIDS and others seeking accommodation. Free, not restricted to HIV+ people.

DAY CENTRES

Blue Mountains PLWA Support Centre - Operates Wednesday from 11.00am - 2.30pm - lunch served. Fridays from 6.30 - 9.30pm - dinner served. Tuesdays from 10am/noon for individual or group counselling. For further information Ph: (047)82.2119.

Newcastle (Karumah): Operates every Friday from 11.00am - 4.00pm at McKillop House, Carrington. Contact John (049)62.1140 or the Hunter Branch of the AIDS Council on (049)29.3464.

Sydney (Maitraya): Daytime recreation/relaxation centre for people with AIDS run partly by volunteers and funded by the NSW Department of Health. 396 Bourke St, Surry Hills 2010. Enquiries: Irwin Diefenthaler (02)361.0893.

HOSPITALS

Prince Henry (Special Care Unit): Anzac Parade Little Bay (Sydney) (02)694.5237 or

JOIN US IN THE FIGHT AGAINST AIDS SUBSCRIBE NOW!

PLWA Inc. (NSW) is part of a world-wide movement to empower people with HIV infection, their friends, supporters, family and lovers to live full, creative and meaningful lives free from fear, ignorance and prejudice. Help yourself and other affected by HIV to create a positive, friendly and supportive environment in which we can all live with AIDS.

Name: _____

Postal Address: _____

P'code: _____

Phone: _____

I wish to apply for membership of PLWA Inc. (NSW):
Y/N

(02)661.0111.

Prince of Wales: High St, Randwick (Sydney) (02)399.0111.

Royal North Shore: Pacific Highway, St Leonards (Sydney) (02)438.7414/7415.

Royal Prince Alfred Hospital AIDS Ward: Missenden Rd, Camperdown (Sydney) (02)516.6437.

St Vincents Hospital 7th Floor South (AIDS Ward): Victoria St, Darlinghurst (Sydney) (02)361.2236/2213.

Sydney STD Clinic HIV Service: Monday 8.30am - 12.00 noon. Sydney Hospital, Maquarie St, Sydney. Appointments Ph: 223.7066.

Westmead Centre (Westmead and Parramatta Hospitals): (Sydney) Phone (02)633.6333 (Westmead); (02)635.0333 (Parramatta). Fax (02)633.4984.

PLEASE LET US KNOW OF ANY RELEVANT CONTACTS FOR THE NEXT ISSUE

I wish to subscribe to TALKABOUT*: Y/N

I enclose: \$_____

In the interests of your confidentiality:

I agree to have other members know my name and address: Y/N

I am publicly open about my membership: Y/N

Annual rates are:

Membership of PLWA Inc. (NSW) \$ 2.00

* Subscription donation to TALKABOUT: \$10.00
(Individual) (Optional for people receiving benefits)

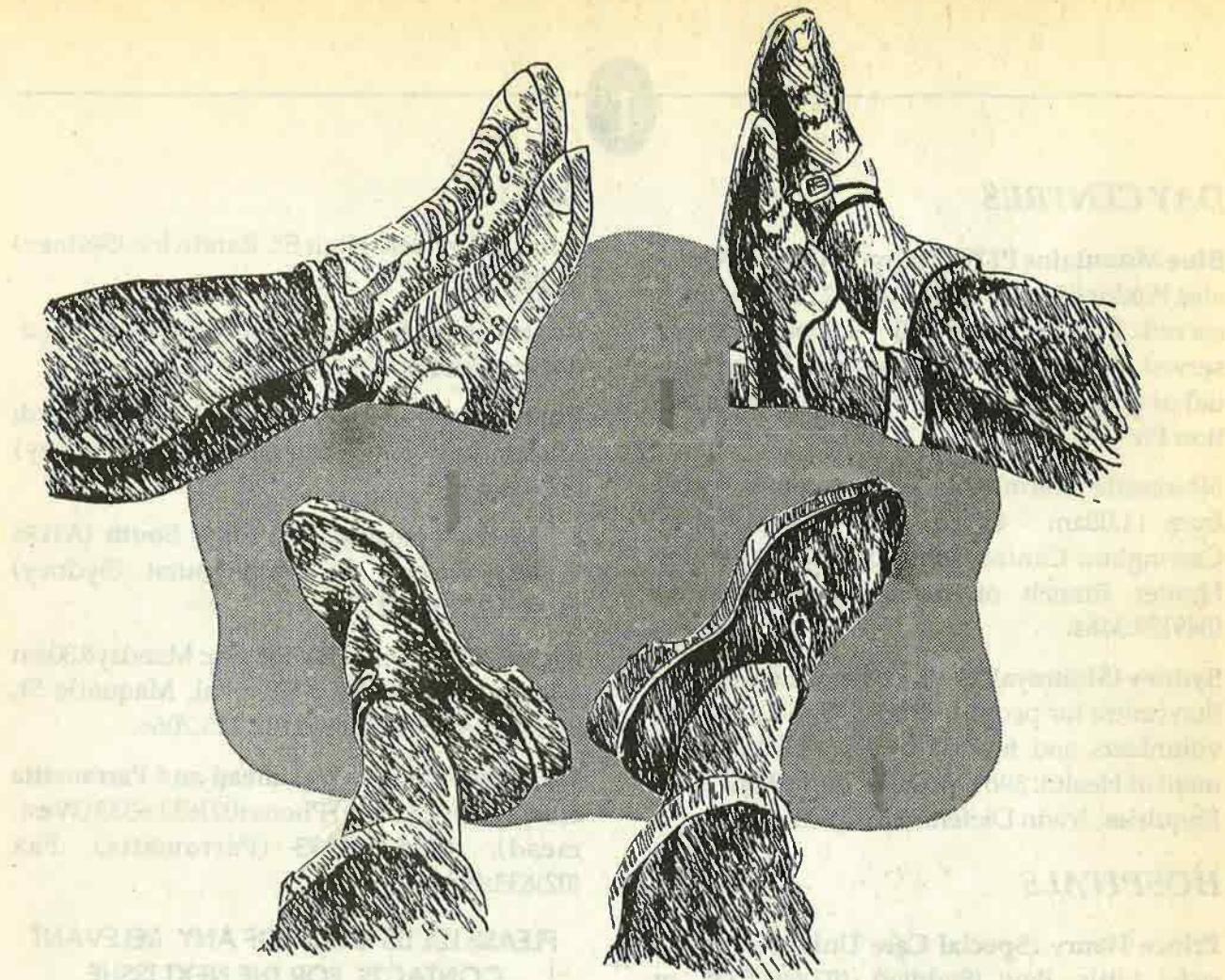
* Subscription donation to TALKABOUT \$20.00
(Organisation)

Please make all subscriptions to TALKABOUT and/or memberships of PLWA payable to PLWA Inc. (NSW).

Please forward this completed form with all subscriptions/memberships to PLWA Inc. (NSW), PO Box 1359, Darlinghurst NSW 2010.

Signature: _____

Date: _____



Let's PUT OUR FEET UP!

Attitudes have changed. So have our options. Those of us with HIV can now even choose the type of **support** we'd like. Either one-to-one or in a group, many of us find that it does improve our lives. It may be a bit awkward at first. But after a while, being in a **support** group is like relaxing with friends. Kicking your shoes off, even.

STEP BY STEP

Now We're Getting Somewhere!

For more about the support we offer, call us (10am-6pm weekdays) on (02) 283 2453/283 3222 or TTY only (02) 283 2088 or the AIDS HOTLINE (9am-8pm) on (02) 332 4000 or 008 451 600

AIDS Council of New South Wales