

The Magazine of People Living With HIV/AIDS NSW Inc.

No.106 March 2000

# Talkabout

◆ Where We Speak for Ourselves ◆

housing

... give me shelter

after 50

life and diagnosis

urban jungle

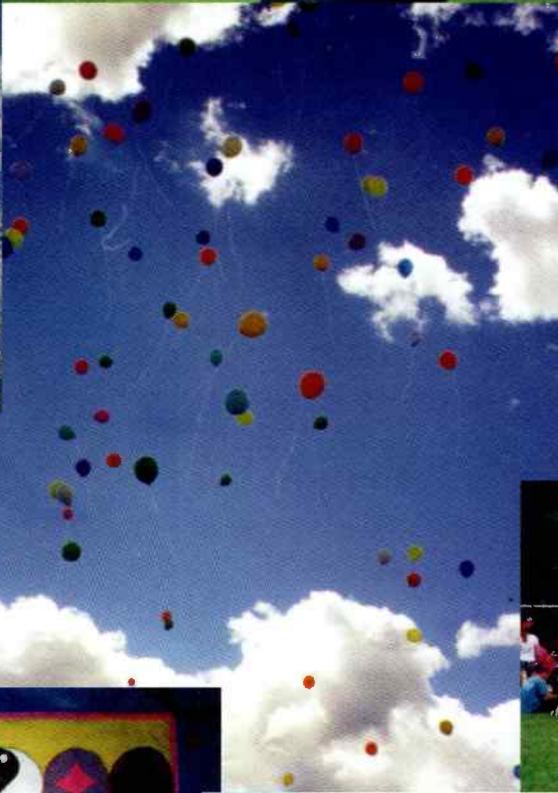
a green light in the

what's so good about

camp goodtime

PLUS PULSE trial, ATPA news, multicultural news, our arts update and a giveaway

# Camp Goodtime 2000



a photographic memory

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our cover features the magical work of children at camp goodtime



camp goodtime



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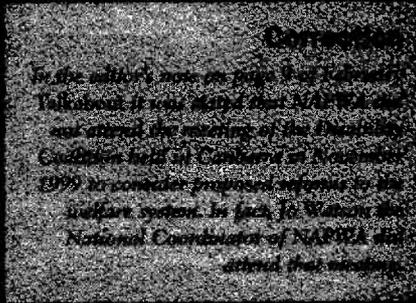
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thank you to our volunteers **back cover**



**FROM THE PUBLICATIONS WORKING GROUP**

In this month's *Talkabout* you will read about issues that are very close to my heart. I had a child after my positive diagnosis so I am pleased to see the review of the *Your Child and HIV* booklet, published by the Sydney Children's Hospital. The father of a positive child reviews the booklet and I think it is important to acknowledge that there are different dynamics within positive families. Angela Stewart reports on the effects of a positive diagnosis on families and children. The story on Camp Goodtime is also an opportunity to read about why families enjoy the chance to spend a few days together. In the last futures survey 50% of positive women had a dependent child living with them. It will be interesting to see if that figure has increased when the next survey results are released in the next few months.

With improved treatment options available for pregnant women these days more women may choose to have a child. The more information and support available helps in making the choice best for you.

Appropriate housing is a basic need of all people. For people living with HIV stable housing is an important start to living well with HIV. This issue deals with a variety of housing options for people.

Affordable housing is always a problem and as people are living longer with HIV it is in the communities best interest to work out better ways in supporting the needs of positive people.

Another issue raised in this issue is that some people are diagnosed later in life. A positive diagnosis in middle age or later raises very different issues to deal with as both Douglas and Pat reveal in their moving personal stories. Now that treatments have introduced the possibility of living longer with the virus it is becoming timely to consider the differences and similarities of living with the virus into our middle and older years.

Si eres de los  
**OTROS**  
eres como  
**NOSOTROS**

55  
SIXO

**Everybody's  
Business**

A Booklet on  
HIV, AIDS and  
Herpes C  
for Men and  
Women

# Amelia McLoughlin

*[The text in this section is extremely faint and illegible due to the high contrast and grain of the scan.]*



**PLWHA (NSW)**  
People Living With HIV/AIDS

## PositiveAction with Ryan McGlaughlin

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## Talkabout

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# 'Forging the future' ... with a lot of help from our friends

### Cooling down

As *Talkabout* hits the streets PLWHA (NSW) is just cooling down from Mardi Gras fever. February is always a frenetic and worthwhile time for the organisation. Lots of volunteers join us for our fundraising and outreach work. This year the addition of a Summer Raffle has been a great success. Antony Nichols, Charlotte Long, Norman Last and the band of volunteers are all to be congratulated for their hard work over the party month. Fundraising to extend our tight budget has become a vital part of our work, both raising the organisation's profile and facilitating our advocacy work.

### Santa Claude

Mardi Gras 2000 will be our eleventh parade. Our entry this year will 'Remember the Past and Forge the Future'. Join us or look out for us on the TV as we celebrate positive life and its diversity in a changing epidemic. Thanks to Claude Fabian for steering the construction of the float with his inimitable passion and thanks also to Sam ... who unfortunately had to pull out of the project. Oh, and rumour has it that

a well known positive identity will be joining our float, so watch out.

### Introducing ...

PLWHA (NSW) has two new members to the team. James Urban who has had a professional and volunteer involvement with the HIV/AIDS sector takes on the temporary position of Publications Assistant. James has already made a great contribution to the Publications team and will be a great asset as they continue to develop the scope and quality of the Publications Unit. Also making an impact is Jonathan Mercer. Jonathan brings his international event skills to the task of producing our 2000 Celebrity Auction.

### Enriching our lives

The successful Reconstruction Project reviewed in last month's *Talkabout* (page 18) will coordinate a second series of workshops from our offices over the next four months. The Project has clearly filled a gap in service delivery for positive people. Project Coordinator, Pene Manolas and the steering committee are to be congratulated. This innovative project now has the potential to evolve and further enrich the lives of positive people.

### Positively speaking

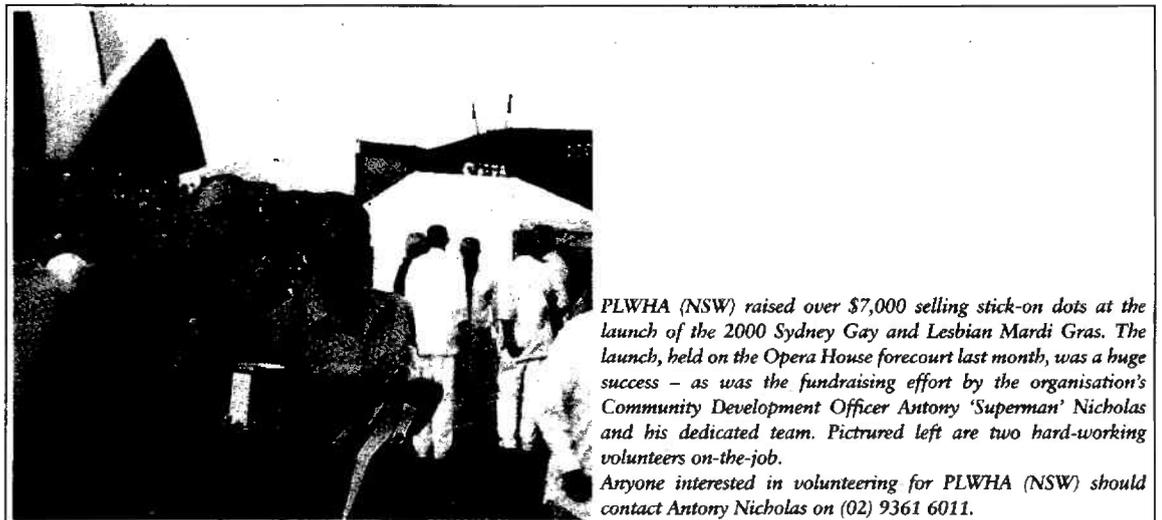
As school returns the Positive Speakers' Bureau (PSB) has completed a major promotion drive into government and catholic schools. The aim of the drive is to broaden the projects reach into the education system and coincides with the launch of the new information kit. The rural PSB video is in the final stages of editing and will be distributed to isolated country areas.

### Publications update

The 'green light' has been given to integrate the *Complementary Therapies Directory* (CTD) into *Contacts*, a service directory for people living with HIV/AIDS in New South Wales. PLWHA first produced a CTD in 1998 and by integrating it with *Contacts* we will be able to consolidate and develop a vital information resource for positive people.

### ACON's vision

The Board of the AIDS Council of New South Wales (ACON) has released its vision statement. This is to become much of meaningful conversation over the next few months as they consult key stakeholders and communities. PLWHA (NSW) will be advocating for the interests of positive people in this process. ■



PLWHA (NSW) raised over \$7,000 selling stick-on dots at the launch of the 2000 Sydney Gay and Lesbian Mardi Gras. The launch, held on the Opera House forecourt last month, was a huge success - as was the fundraising effort by the organisation's Community Development Officer Antony 'Superman' Nicholas and his dedicated team. Pictured left are two hard-working volunteers on-the-job.

Anyone interested in volunteering for PLWHA (NSW) should contact Antony Nicholas on (02) 9361 6011.

**New Abacavir Warning**

Following several overseas deaths among people taking abacavir, a reverse transcriptase inhibitor, the manufacturers have notified doctors of new symptoms that may lead to a potentially fatal hypersensitivity reaction. When the drug became available doctors were instructed to monitor their patients for fever, rash, nausea, diarrhoea and vomiting, all of which could indicate a potentially fatal reaction. The reaction occurs in 3% of patients taking abacavir, usually within the first six weeks of starting it but it is not fatal if the drug is discontinued. The recent deaths have been reported among a small number of patients on abacavir who were initially diagnosed with acute respiratory diseases (pneumonia, bronchitis or 'flu-like illness'). The symptoms were later recognised to be a hypersensitivity reaction to abacavir. The manufacturers have now urged doctors to seriously consider the possibility of a hypersensitivity reaction in their patients who present with these symptoms.

CATIE and Glaxo Wellcome

**Flu Vaccine**

The recent epidemic of the A/Sydney strain of flu in the UK has been partly attributed to the low rate of flu vaccination there. The World Health Organisation has urged Australians at risk to seek medical advice about flu vaccination for winter. A study in 1999 confirmed the effectiveness of flu vaccinations in people who are infected with HIV.

AAP. Reuters Health Information Services

**Lipodystrophy teleconference**

On February 10, ACON Sydney hosted a live teleconference link to a panel discussion in San Francisco on lipodystrophy. The panel of experts - including Professor David Cooper from Australia's National Centre in HIV Epidemiology and Clinical Research - summarised the findings on lipodystrophy that were presented at a recent conference in San Francisco. The panel also responded to phone calls from people with HIV across the US and beyond. Edited transcripts of the teleconference, are available from ACON.

**St John's Wort and Antivirals**

A new clinical study indicates that St John's Wort, the herbal antidepressant, significantly lowers indinavir concentrations in the blood, potentially increasing the risk of the virus developing resistance to indinavir. People on antiviral treatments should tell their HIV prescriber of any herbal or other products they are taking with their prescription medications.

The Lancet 2000; 355(9203)

Treatment Briefs are supplied by the ACON Treatment Officers. For more information about any of the items please contact John or Barrie on 02 9206 2036/2013 or Freecall 1800 816 518.



**Tell it like it is** is your opportunity to get a straight answer to questions about health, treatments and side effects. Send your questions to Tell it like it is, Talkabout, PO Box 831 Darlinghurst 1300 or fax 02 9360 3504 or email feonas@plwha.org.au

**Q** I have been on my current antiviral combination for two years now. I tolerate the medication well. Although my viral load is undetectable and my CD4 T cell count is high I am worried that I should change before the drugs stop working.

**A** If you have found a combination of antiviral agents that you can tolerate and that keeps your virus under control then stick to it. The drugs do not

**A** You're probably thinking of interleukin-2 (IL-2). This is a protein that CD4 T cells usually secrete to stimulate the action of other immune cells. Unfortunately most patients with HIV do not make enough IL-2. Earlier studies have demonstrated that replacing IL-2 in HIV positive people by injection leads to improvements in both CD4 counts and viral loads. New trials are about to commence in Australia to

**Q** I caught up with a long lost friend over the New Year. Luckily we are both well and have undetectable viral loads. We are both on indinavir. I take two capsules three times a day on an empty stomach and drink two extra litres of water daily. I am happy with my results but life can be fairly complicated at times. My friend takes two capsules of indinavir only twice a day and even on a full stomach. He seems to have no hassles with timing his drugs and is taking less indinavir. Is there anything I can do?

**A** Your friend is probably taking indinavir with a small dose of ritonavir. Taking ritonavir with indinavir raises the blood levels of indinavir. In this way you can take indinavir (and ritonavir) twice a day and still achieve drug levels more than adequate to stop the virus from multiplying. Furthermore, taking indinavir in this way removes the necessity to take the drug on an empty stomach. This of course is far more convenient than the regimen you use. While on face value this new regimen seems easy, it is critical not to miss a dose because if you miss one dose then you won't have drug for 24 hours! There is still some debate about the correct dose of indinavir and ritonavir to use and whether extra fluid is required. No long-term large trials have been conducted comparing the two regimens. You need to discuss the pros and cons with your doctor.

*... IL-2 is administered by subcutaneous (under the skin, like diabetics and insulin) injection twice daily for five days every eight weeks. The major draw back of this treatment is that most people experience 'flu-like symptoms when they take IL-2. The symptoms can be severe enough to prevent people from working. However they usually subside within one day or two of ceasing IL-2. This promising new therapy is the first of many to come which attempts to improve your immune system rather than the virus per se.*

have a 'shelf life'. They will continue to work for as long as you manage to take them regularly. The drugs will only stop working if your virus develops resistance to the drugs. The most likely reason for this is failure to take the drugs regularly. On the other hand, it is always important to review your treatment at least every six months to see if there are any new developments which may make taking the drugs easier.

**Q** I have heard of a new treatment for HIV that is given as an injection. It causes your T cells to increase and gives you the 'flu. What is it?

establish if IL-2 therapy results in slower progression rates to AIDS. In these trials, IL-2 is administered by subcutaneous (under the skin, like diabetics and insulin) injection twice daily for five days every eight weeks. The major draw back of this treatment is that most people experience flu-like symptoms when they take IL-2. The symptoms can be severe enough to prevent people from working. However, they usually subside within one day or two of ceasing IL-2. This promising new therapy is the first of many to come which attempts to improve your immune system rather than the virus per se.

Answers provided by Dr Virginia Furner and Dr Mark Kelly of the Albion Street Clinic. Decisions about treatments should be made in conjunction with your GP.

## Carers to be included in Anti-Discrimination Act

Proposed changes to the *Anti-Discrimination Act* will extend protection to employees forced to take leave in order to care for a partner, child or loved one. Legislation will be introduced into NSW Parliament this April. A spokesperson for the Attorney-General Jeff Shaw said that under the proposed legislation the definition of partner would extend to gay or lesbian de facto relationships. Shaw said that the changes honoured a commitment made by the Carr government prior to the 1999 election. "It is also in line with one of the major recommendations of the NSW Law Reform Commission in its recent review of the *Anti-Discrimination Act*," he said.

*Sydney Star Observer*

## ACON announce new direction

The board of ACON has announced a new direction. "ACON will be a progressive health organisation, based in the NSW gay and lesbian communities ... A continuing commitment to HIV will be complemented by an increased focus on the wider health needs of the gay and lesbian communities," the statement said. PLWHA (NSW) have expressed 'grave concern' that the mooted changes would dilute PLWHA services. PLWHA President Phillip Medcalf raised particular concerns for the future of services available to positive women, many of who had contracted the virus through heterosexual contact. ACON's Vice President Adrian Lovney has disputed the concerns. "Comments made about cuts to HIV services are completely inaccurate and ACON has a commitment to improving its services," he said. Both ACON and PLWHA have agreed to work through the issues raised. ACON has committed to "consult in a meaningful and extensive way with ACON's key stakeholders and communities". The feedback and consultation is expected to inform the development of ACON's next strategic plan.

*Sydney Star Observer*

## HIV tests are GST free

HIV tests will not attract the Goods and Services Tax (GST) so long as they are classified as "medical services" according to AFAO - Australia's peak AIDS organisation. "According to the initial legislation HIV tests would attract GST, but in the amendments to the legislation passed in late December, HIV tests were exempted," said AFAO's executive director Robin Gorna. "Any medical service that is generally accepted as being necessary for appropriate treatment will be GST-free. There is however an exception to the GST-free status of the HIV test: when it is performed for non-health related reasons such as insurance, immigration or other licensing purposes."

# Talkshop



PLWHA (NSW) staff and committee members are active in many projects, consultations and meetings that affect the interests of PLWHA. **Antony Nicholas** - our Community Development Project Worker - profiles what's happening in NSW this month.

## Thank you

THANK YOU to all the fabulous volunteers who have assisted PLWHA (NSW) during February for various Mardi Gras and fundraising activities. With your help the Festival Launch at the Opera House, the raffle at Fair Day in Victoria Park were a great success. Both Charlotte and I thank you for your efforts. To those participants and float builders here's wishing you a fabulous night.

## Decision out West delayed

The Western Suburbs Haven is waiting for a decision regarding the proposal for a jointly funded facility with ACON Western Sydney. A decision had been expected in December but Western Sydney Area Health is yet to respond. Anyone interested in volunteering at The Haven can contact 9672 3655.

## Positive Advocacy Project

PLWHA (NSW) is setting up a new project to assist positive people to get through the complicated processes of lodging complaints or seeking justice against discrimination.

The project aims to empower positive people to be their own advocates by matching them with an experienced peer. We hope to have the project running by mid year. Watch this space for further details.

## Police in training

The NSW Police Service has just completed its Disability Action Plan. PLWHA (NSW) and ACON represented the needs of positive people in the consultation process. This will ensure that new recruits and experienced officers are given training that will assist them to comply with standards of care when dealing with people with disabilities.

## Work experience project launched

PLWHA (NSW), with funding from the HIV/AIDS and Related Diseases Unit of South Eastern Sydney Area Health Service is set to embark on a training and on-the-job work program. It is hoped the program will allow positive people a chance to see if they are ready to return to work and update their skills. For

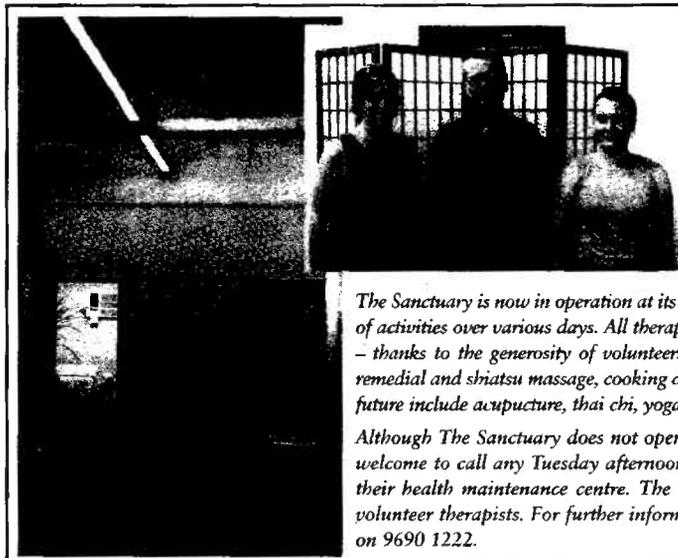
further information contact Antony between 10am and 5pm on 9361 6011.

## Northside garden project

Myrtle Place is looking for gardeners to assist the drop-in centre to set up a NorthSide Garden project. This is a wonderful opportunity for getting in touch with Mother Nature and getting your hands dirty. The project aims to provide fresh vegetables for Myrtle Place and Des Kilkeary Lodge. For further information please call Myrtle Place on 9929 4288.

## Travel information

Our Legal Working Group has been busy researching the entry requirements for positive people travelling overseas. A meeting with the American Consulate Office revealed the finer details on a Waiver process that HIV positive people can apply for to gain legal entry into the USA. The travel brochure will be launched in May. For further information about the Waiver Entry into the USA please call Antony on 9361 6011.



## Seeking a Sanctuary

Until August 1999, Central Sydney Area Health Service was operating The Sanctuary Holistic Centre out of rented rooms in Glebe. Although the service met many of the needs of PLWHA and their partners, space and time availability restricted the service. In August a more suitable location was found at 6 Mary Street, Newtown, and with the assistance of the HIV Area Coordinator, renovations proceeded.

The Sanctuary is now in operation at its new premises (pictured far left) and offers a range of activities over various days. All therapies and other services are provided free of charge - thanks to the generosity of volunteers. Some of the activities currently available are: remedial and shiatsu massage, cooking classes, art activities, haircuts - while plans for the future include acupuncture, thai chi, yoga and meditation.

Although The Sanctuary does not operate as a drop-in service, PLWHA and friends are welcome to call any Tuesday afternoon to have a look around at what is, essentially, their health maintenance centre. The Sanctuary is always on the look out for more volunteer therapists. For further information, bookings and other referrals call Robert on 9690 1222.



## Cheers for Chrissy

*Chrissy*, the documentary about the final year of Chrissy Napier's life has been selected for the prestigious Berlin International Film Festival.

*Chrissy*, made by local filmmaker Jacqui North, will screen in the Panorama section of new and innovative works. The Berlin Festival is considered to be the most prestigious international festival for screening new documentaries.

Jacqui, who was also a close friend of Chrissy, told *Talkabout* that the success felt like the end of an intense period of her life.

"The last two years have been about staying in Australia, so it feels like Chrissy is sending me off to the big world now."

*Chrissy's* first screening in Australia on SBS TV for World AIDS Day 1999 was a surprise ratings winner for the station. Mike Park, SBS Marketing Manager told *Talkabout* that the 400,000 viewers who watched the documentary is considered a good result for documentaries.

"We received many, many calls commending *Chrissy* and in a couple of states the documentary rated second to *South Park* our highest rating program at 1 million viewers a week," Park said.

## Something to sing about

Sydney Gay and Lesbian Choir (pictured above at the Gay Games in Amsterdam) will launch 'You can't stop the music' on April 1 at the Angel Place Recital Hall in the heart of Sydney. The show features a kaleidoscope of tunes from the 50s to the 90s. Joining the Choir will be special guest Wendy Stapleton, direct from her hit tributes to Dusty Springfield and Doris Day.

Mac McMahon (inset) has been a member of the award-winning choir for nine years and HIV positive for fifteen years. He has shared in the choir's triumph at the Australian National Choral Championships in 1992, a televised performance, and accompanied the choir on its 1998 European Tour. He told *Talkabout* that finding a project that was fulfilling when you lived with HIV/AIDS and could no longer work could be difficult but that he found satisfaction with the choir.

"Musical excellence in gay and lesbian performance is something to strive for and being a part of that experience has contributed to my self-esteem and enjoyment of life.

The SGLC will next play with the Sydney Dance Company in Mythologia, a piece commissioned by SOCOG and due to premier in August. ■

# giveaways

*Talkabout* has double passes to give away to ten *Talkabout* readers for the Sydney Gay and Lesbian Choir's performance of *You Can't Stop The Music* on April 1 at the Sydney City Recital Hall. Call Mac on (02) 9568 5331 at 10am on Tuesday March 7.

## NorthAIDS Supported Housing Coordinator

**We are currently seeking a Coordinator for Des Kilkeary Lodge: our supported accommodation service in Dee Why for people living with HIV/AIDS.**

Essential requirements include: strong leadership skills; proficiency in administering a community organisation; experience in formulating and implementing strategies to ensure financial security of the organisation; understanding of the challenges facing HIV positive people; knowledge of current HIV/AIDS issues and major NSW HIV/AIDS organisations; experience in managing staff; high standard of communication and computer skills; and a current NSW driver's licence.

Full time 40 hours weekly, initial contract to June 30, 2000 Salary SACS (State) Award, Category 2.

**A position description and selection criteria must be obtained before applying by telephoning (02) 9929 4288.**

NorthAIDS is an equal opportunity employer. Funded by the NSW Health Department.

Dear Editor

Heterosexual men and women living with HIV/AIDS support PLWHA (NSW) call on ACON to guarantee positive services under its proposed change to a gay and lesbian health service organisation.

We support the efforts of any group in the community to establish health care services that meet its needs. That's what those of us who've been working in HIV/AIDS have been doing for many years. However ACON's decision to reinvent itself as a gay and lesbian health organisation is very disappointing. HIV/AIDS, an illness suffered by diverse groups of people, is being used by one group to secure their own ends. This proposal is at the expense of those who don't fit within the gay and lesbian frame.

It's a risky exercise for everybody and will result in a drop in HIV/AIDS services. How can the Board's 'commitment to HIV/AIDS' be maintained in the face of demands of a broader health agenda? This is exactly the fear PLWHA have always had about mainstream health services swallowing up HIV/AIDS. What guarantees are there that this won't happen to PLWHA, whatever their background, in a gay and lesbian health service?

A gay and lesbian health service is a great idea for gays

and lesbians. However it's a retrograde step for HIV/AIDS as a whole. It harks back to the days when HIV was stereotyped as the disease of one sexuality. If you were gay of course you were HIV positive, and if you were HIV positive you must be gay. Over a long time a lot of effort has been put into dispelling the myth that only gay men get HIV. In one move ACON's 'talking heads' will undo all that hard work.

ACON will become a house divided. All those people living with HIV/AIDS who don't identify as gay, whose primary concern is another sexuality, or other ethnicity, gender, living in the bush and so on will be asked to mobilise under the catch all banner of gay and lesbian health. At the same time the genuine concerns of HIV positive gay men and women will lose out in this general health scenario.

Positive heterosexual men and women can only support this proposal if pro rata funding is removed from ACON's budget and reallocated to services dedicated to heterosexual people living with HIV/AIDS. Only then can an equitable response be made to ACON's proposal to abandon some of the groups it is paid to support.

*David Barton*  
Coordinator

*Positive Heterosexuals*

Letters to the editor are welcomed and encouraged. Please include your full name and address (name and suburb will be published, unless a request to withhold this information is included). Letters should be addressed to The Editor, Talkabout PO Box 831 Darlinghurst 1300, fax: 02 9360 3504 or email: feonas@plwha.org.au. Letters should generally be up to 300 words and may be edited.

### What is community gardening all about?

The first thing that comes to mind when I think of community gardening is growing our own food. This is a fantastic way of taking responsibility for what we eat and how it is produced. A community garden can reduce the amount of money we spend on food, and reduce - if only in a small way - the environmental impact of transporting, marketing and packaging food.

Community gardening is also about people coming together. It creates opportunities for socialising and meeting people, cooperating, sharing our skills and rebuilding a sense of community. These are opportunities that are becoming more precious.

Community gardening is not only a valid use of urban land; it's a necessary part of any socially and ecologically sustainable society.

### What's happening at Street Jungle?

It's just four months since the launch last November and Street Jungle is flat out. The Waterloo garden is up and running and we have been offered additional space, so if you live in the area and want to get down and dirty give Robert a call on 9690 1222.

We are establishing a new garden in Woolloomooloo. The great part about this garden is that the gardeners are going to come up with an ideal design, and South Sydney Council is going to do all the construction work. This really is effortless gardening. To be involved in the design process and ensure your place in the garden contact Michael on 9206 2122.

### Working in Partnership

The recent announcement of a partnership between Street Jungle and PLWHA (NSW) demonstrates the important role Street Jungle is playing to assist PLWHA with quality of life issues. Watch this space for updates on gardens in your area, until next month happy gardening from Street Jungle.

*Michael Reid is the HIV Health Promotion Officer at ACON. Street Jungle is a joint partnership between SESAHIS, CSAHIS, South Sydney Council, The Sanctuary, ACON and PLWHA (NSW).*



# Are you getting it monthly?



Subscribe to **Talkabout** and support your monthly magazine. If you are a PLWHA on a pension and living in NSW, you can get your copy of **Talkabout** delivered **FREE OF CHARGE**. To subscribe, please fill out the form on page 29. Subscription renewals are due by 30 June, 2000.

*Thank you for your support*

**The AFAO/NAPWA Education team will be working in partnership across Australia in 2000 to develop treatments and lifestyle information for people with HIV/AIDS.**

The team will put a lot of effort into our National Compliance Education project that looks at a range of strategies to help people comply with their treatment regimes. A joint action-research project with the University of Western Sydney and ACON Western Sydney will look at how a technique called 'memory-work' can help people take their treatments regularly and on time. We've also developed a cooking and nutrition workshop with South Eastern Area Health and HIV Living at ACON. We'll be expanding on this to develop a series of workshops for PLWHA around a range of issues to do with compliance. These will be piloted at a weekend retreat being run with PLWHA South Australia, and will be made available to other organisations through a training manual. We've also funded five small compliance resource projects around the country, and a national resource around women-specific compliance issues, due out in May.

A new and expanded version of *Treat Yourself Right*, a health and treatments resource for women with HIV will shortly be available. The booklet is a joint production with Positive Women Victoria. Launched last month in Melbourne. Later this year there will be an updated version of *New Tests and Treatments* and a booklet on nutrition and HIV.

Other projects on the drawing board include a treatments and health information resource for Indigenous people with HIV/AIDS; and a resource on self-managing psychosocial issues.

*PositiveLiving* appears every eight weeks and is distributed via the gay media and direct mail. *HIV Herald*, our more in-depth treatments and health maintenance publication appears on alternate months. Subscription to both publications is free, and the publications are posted on our website. Go to [www.afao.org.au](http://www.afao.org.au). Also on the website, this year will see the redesign and launch of a comprehensive health information sub-site, which will replace the 1 800 telephone service.

## a successful transition

The AIDS Treatment Project Australia (ATPA) has made a successful transition to a national project. **Jo Watson** gives the lowdown on plans for 2000.



**1999 was an exciting year for the AIDS Treatment Project Australia (ATPA) with a relocation to premises shared with National Association of People Living With AIDS (NAPWA), and a formal transition from a state based project to one with national reach around the country. We completed the first National Treatments Roadshow, a national training course in HIV medicine for treatment officers and other community workers, and a series of workshops and forums focused on health maintenance and HIV treatment issues. The ATPA formally finished their pilot program of activities in January this year, and have set out another program to run to November 2000.**

The success of the Short Course in HIV Medicine, in collaboration with the NSW Prescribers Course, means we will run a second course for those on the waiting list, and other community based HIV workers. The first group, who completed the 1999 course, will be invited back to proceed to a next level of seminars and workshops, with a particular focus on mental health issues, and long term health management for PLWHA.

The Roadshow continues its trek around the country. New locations are being negotiated, and once again we are

being asked to come into regional and isolated parts to hold PLWHA forums, and liaise with local health care providers. The speakers include HIV specialist medical prescribers, as well as NAPWA treatment advocates. An exciting development this year will be the collaboration with the National Indigenous project, exploring ways we can assist their own health promotion projects.

The social educator workshops, targeting entertainers, venue workers, and drag performers, are evolving into some serious health promotion for live audiences. This year we will host at least one public show with workshop participants performing to a crowd. Stay tuned to see action research become live entertainment.

Other ongoing activities for 2000 include our national treatments advocacy that runs as a foundation through our public outreach work, and our collaborations with HIV medical practitioners, and other community organisations. We will also launch two fact sheets, one on lipodystrophy and another covering breaks from HIV treatment, or 'drug holidays'.

Also in 2000 we'll continue to respond to the many requests for presentations, community meetings, and workshops that come to us from various groups and services around the country. Last year we were able to participate in more than 15 of these community activities. The ATPA will also continue coordinating the national Treatment Officers Network (TON) in collaboration with AFAO. Year 2000 is off and we are looking forward to another successful collaboration with all our contacts and partners again, as well as meeting many new ones. ■

*Jo Watson is the National Coordinator of NAPWA and ATPA and a member of the Talkabout Editorial Working Group*

# HALC

## HIV/AIDS Legal Centre

The HIV/AIDS Legal Centre is a community legal centre. We provide free legal advice and referral to people living with and affected by HIV/AIDS in NSW. A staff solicitor is available Monday to Friday from 10.00am to 6.00pm. Alternatively HALC holds an information night on alternate Monday evenings where volunteer solicitors give free advice sessions. We deal with topics such as superannuation, discrimination, social security issues and more.

To make an appointment please call us on

**02 9206 2060.**

*All information is kept strictly confidential.*

### HALC

HIV/AIDS Legal Centre Incorporated  
9 Commonwealth Street, Sully Hills NSW 2010  
PO Box 350 Darlinghurst NSW 1300  
Telephone (02) 9206 2060 Fax (02) 9206 2053  
email [halc@halc.net](mailto:halc@halc.net)  
Freecall 1800 063 060



## ACON/CSN HUNTER BRANCH

129 Maitland Road  
ISLINGTON NSW 2296  
Ph: 02 4927 6808  
email: [hunter@acon.org.au](mailto:hunter@acon.org.au)

### Our services include:

- Community Support Network (CSN) providing physical, emotional and practical support to PLWHAs – including advocacy and referrals, support groups and laundry co-op.
- Positive Speakers' Association
- Counselling
- Vitamin service
- Provision of condoms, lube, dams and fit packs
- Sexual Health testing (Hunter Area Outreach Service)
- Groups and activities for gay and bisexual men
- Hunter-wide magazine *Out Now* for the gay and lesbian communities
- Sex Worker Outreach Project (SWOP) providing advocacy, education/information, condoms and lube, referral and support services
- Volunteer Program

Enquiries are very welcome Monday to Friday  
between 9am and 5pm

Quilt Project Sydney  
presents  
**A Full Display of the Australian  
Aids Memorial  
Quilt**  
At Sydney  
Convention & Exhibition Centre  
Darling Harbour  
on Sat 29 & Sun 30 April  
for more information call 9392-9336

Every year at Camp Goodtime a remembrance ceremony is held to remember parents and children who attended camp and are no longer with us. It is always an emotional occasion with some people reciting, singing or just sharing a story. It ends with everyone writing a message on a balloon and sending it to the sky. To see the sky filled with colourful balloons always reminds me of hundreds and thousands.

## camp goodtime

Five year old Maisie is already asking her mum about the next Camp Goodtime.

**Amelia McLoughlin** reports back from a weekend of relaxation, comfort and glitter.

**“When is camp Goodtime Mum?” The Camp for positive kids and families is one of the highlights of my daughter’s year. When the Camp information and program arrive I have to read it to her over and over until it’s time to go to camp. When she arrives and meets the other children for the first time you can see the excitement is the same for them all.**

This year the Olympics made it difficult to find a suitable site for all the families so families with regular camps in their own State were asked to wait until next year. There were also a lot of families attending camp for the first time, including a few from Queensland and one from Darwin.

Eventually the organisers found a property on the outskirts of Sydney called Gilbulla. It’s a lovely old homestead with long cool verandahs that were the favoured place for tea, coffee and a chat. The day we arrived was a hot summer’s day and it was a relief to see at the end of the sweeping lawns, just beyond the rose gardens, a cool, inviting swimming pool. Next to the pool is a tennis court, and what I first took to be a log cabin turned out to be a rustic chapel that people used as a peaceful retreat.

Once the kids were settled with their volunteers the parents met to introduce themselves and hear about the activities taking place over the next few days.

The kids were kept busy riding horses, water sliding, visiting the beach, treasure hunting and making fantastic costumes while the parents relaxed and got to know each other in workshops on aromatherapy, creative memory work, medical updates, participating in yoga and meditation and a Body Shop manicure.

Many of the adults spoke of their family’s sense of isolation at not feeling able to disclose their status; the family from Darwin spoke of being the only known positive family in that city. Coming to camp is a great relief as you can mix with people who understand the issues you face. I’m sure the HIV positive kids feel less obvious when they see other kids taking medication. For the children with positive parents I hope mixing with other positive families means when they do know their parents’ status they have already established networks of friends who will understand.

Every year at Camp Goodtime a remembrance ceremony is held to remember parents and children who attended camp and are no longer with us. It is always an emotional occasion with some people reciting, singing or just sharing a story. It ends with everyone writing a message on a balloon and sending it to the sky. To see the sky filled with colourful balloons always reminds me of hundreds and thousands. This year my daughter asked a lot about death during the ceremony. I hope my answers prepare her for the remote possibility that I might not always be around.

A section of quilt is also decorated at each Camp Goodtime and becomes a fantastic opportunity to spend time as a family painting, sewing, gluing and glittering together talking about why we attend camp and anything else that may come up for our children over the weekend.

Leaving is always the hardest part of camp as you and your children have made good friends and spent some special moments with other families. At the end of the camp people talked about the great venue and the friendly atmosphere, and my daughter is already asking: “when is the next camp?” ■

*Amelia McLoughlin is a member of the PLWHA (NSW) Committee and the Talkabout Editorial Working Group*



Let's talk ...  
**Compliance**

**Are you taking  
HIV treatments?  
We want to hear  
about your  
experiences!**

**Come along to a new  
group for positive  
people to share their  
experiences of taking  
treatments ... sharing  
what works and what  
you don't like about  
taking the pills.**

**Give us a call  
Joseph 9204 2403 or  
Niamh 9685 9007**

*This group is a pilot project  
so you will be reimbursed \$25  
for travel and your time  
for each group meeting.*

An AFAO funded project

## the forgotten children

Children are often forgotten in the equation of a positive community. **Angela Stewart** reports on the current issues facing positive children and children affected by HIV/AIDS.

**There are approximately 140 children living with HIV/AIDS in Australia – a relatively small number considering the global picture. However, the statistic fails to take into account the large number of children living in a family where someone significant, be it parent or sibling, is HIV positive. We call these children – for want of a better term – ‘affected children’ and the book *Forgotten Children of the AIDS Epidemic* thoroughly acknowledges their plight.**

The dilemma for families living with and affected by HIV/AIDS starts before conception with much deliberation about getting pregnant and what it may mean. For those who didn't choose to become pregnant the pink line on the pregnancy indicator can be a shock sending women reeling with fear and anxiety.

Thanks to the advances made in reducing the rate of vertical (mother to baby) transmission to as low as 2 percent it is heartening to see that many more women now choose to become pregnant or continue with their unplanned pregnancy. Many more families are now contemplating a second child.

It is well known that after the child is born their sero status is indeterminate for a number of months. This is significantly less time than the eighteen months it used to be. I can't underestimate the emotional roller coaster ride that concerned parents experience during this vulnerable time.

Negative children grow up in a family where one or both of their parents and maybe a sibling are positive. They too live with a family secret that threatens to take away their primary carer(s) and maybe a brother or sister. They too fear the impact of disclosure on them and their family.

Positive children live with the constant threat of potential disclosure and discrimination. Eva Van Grafhurst's story still haunts many families. It is heartening to know that since Eva, there has been a great deal of support for families who have chosen to disclose to their child(ren)'s school.

Blood tests, hospital visits, treatment regimes and their side effects have become a part of every day life. Two wonderful side effects of treatments have been the growth in height and energy experienced by positive children. Being 8 but looking 5 and not able to keep up with your peers did little to enhance self-esteem.

New treatments are also keeping children alive long enough to experience adolescence. Adolescence is difficult enough but having to negotiate your burgeoning sexuality and be positive must be a nightmare. As this is a relatively new issue little is known about what these young people experience and the strategies they have used to cope.

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*New treatments are also keeping  
children alive long enough to  
experience adolescence.*

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Families living with and affected by HIV/AIDS are not fortunate enough to have the sense of community that many gay positive men appear to have established. Geographic isolation and poverty enhance feelings of loneliness. Opportunities for families to get together – such as Camp Goodtime – are integral to supporting families who must deal with the issues that HIV brings to family life. ■

*Angela Stewart is the Family Support Officer at the AIDS Council of NSW.*

# knowledge is a comfort

**M**, the father of a positive child reviews *Your Child and HIV*, a booklet produced by the Sydney Children's Hospital.



**It is often said that knowledge is power. As the father of a beautiful seven year old girl who is living with HIV, I have come to be concerned with things that are a little less frivolous than having power. I'm as concerned with the future of my child as most parents. Unlike the parents of HIV negative children, for me the effect of the virus on my child is an added concern. *Your Child and HIV*, aims to help families cope with the virus by providing knowledge and understanding. In my case this aim has been achieved because for me it is a case of 'knowledge is comforting'.**

The circumstances for each child with HIV are of course unique. It should go without saying that my comments reflect our experiences. We know most of the people involved with the production of the booklet. In fact some of them are directly involved with my daughter's medical care at the Sydney Children's Hospital so for us *Your Child and HIV* is simply an extension of this care. We have already been given this information first hand during visits to Randwick so the booklet tends to fill the gaps and reaffirm what we had already learnt or forgotten. In that sense it is sometimes a ready reckoner. It was several months after discovering my daughter's HIV status that we began treatment at the Children's Hospital and when I think back to that time I realise that the booklet would have been of great value then.

A major success of *Your Child and HIV* is the professional and confident style and language. Considerate care and loving friendliness is in abundant supply in

Randwick but it is reassuring and beneficial to receive this care and information in a professional and confident manner. The manner is not over the top and stern but just well balanced. This style encourages me to relate to the statement "Be positive about being positive". Although shock and melancholy are often unavoidable they are mostly detrimental and the booklet assists my family to push these feelings away.

The booklet includes an impressive range of questions and answers - I guess the writers having been asked every imaginable question during many appointments. Also included are references to other books and websites for further information.

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*A major success of Your Child and HIV is the professional and confident style and language.*

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I believe the booklet will also benefit HIV positive kids and their families if all families were to read it. Issues such as 'How is HIV transmitted', 'Worried about biting', 'Fear of infecting others' or just the sections about symptoms, or treatment of the disease are issues that I wish all people were aware of. I fear for my daughter because I'm not sure if everyone does know. There are other books that address these issues but the difference of *Your Child and HIV* is that it is written in such a way that puts the reader in our shoes.

*Your Child and HIV* extends the excellent care provided by the Sydney Children's Hospital for kids with HIV between appointments or is a good substitute for those families who are unable to attend the hospital. ■

Finding an appropriate and secure home is a basic need that can have all sorts of positive spinoffs when you're living with HIV/AIDS. But in Sydney this year the rental market and supported housing options for PLWHA are increasingly difficult. This month, *Talkabout* asked several PLWHA to share their stories. We also asked two service providers to give their view of current housing issues.

## give me shelter

Secure housing is the ground stone in rebuilding a lifestyle that promotes health and wellbeing. But as **Julie Callaghan** reports, 2000 may be a difficult year for PLWHA in Sydney and some regions of NSW who are attempting to secure adequate, long term, safe housing.



**Secure social housing - meaning, a roof over one's head, a fridge to put medications in, a stove to cook a meal on, and a place to invite friends and family back to - has been in short supply for a number of years in inner city areas due to high demand. This demand will increase over the next twelve months as people opt for long-term secure, affordable housing, and as the difficulty of securing rental in the private sector increases.**

The Department of Housing (DOH) has recently instigated changes that target those in greatest need - specifically those PLWHA eligible for priority housing assistance. The aim is to reduce the waiting time, give clients better information about the waiting time, services available, and the support services they will need. Over the last few years all housing providers including the DOH have recognised that many PLWHA who request housing assistance are dealing with an array of complex issues.

Accessing the private rental market - even for those who receive the DOH's rental subsidy - can be a nightmare. Recent reports from real estate groups

indicate that the residential vacancy rate has dropped to 2.1% - well under the 3% level considered a tight market. Finding a property within the Special Assistance Subsidy (SAS) allocated benchmark for your preferred area can be extremely difficult. Competing against other eager renters only exacerbates the competition faced by PLWHA. Although the DOH has the flexibility to approve above the benchmark the necessary process can add extra time for PLWHA, particularly when PLWHA continue to experience difficulties with some real estate agents who are unwilling to accept applications from potential tenants who receive the subsidy.

The availability of rental stock is also likely to be affected by the introduction of GST. Although rents themselves are not subject to GST it is anticipated that they will rise in response to capital improvements, repairs and maintenance etc.

issue. Many inner city budget hotels are occupied by medium to long term residents because they are more affordable in comparison to the private rental market. This in turn places extreme pressure on the supported accommodation services such as Stanford House, Des Kilkeary Lodge and MacKillop House. In short, there are no longer guarantees that there will be housing for those in a crisis situation. This particularly affects those clients with more complex issues who have difficulty in maintaining a tenancy, and who, for various reasons will often be in a crisis situation.

The long term future of funding for supported housing is uncertain. The funding agreement that provides NSW with the framework for short term funding is the Commonwealth State Housing Agreement (CSHA). The most recent agreement was finalised in late 1999 and provides NSW funding certainty, although

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*This year the Olympics has added even greater pressure to the private rental market. Tenants in the inner city and Olympic corridor are experiencing a high level of uncertainty leading up to the Olympics as properties are upgraded and the rent increased.*

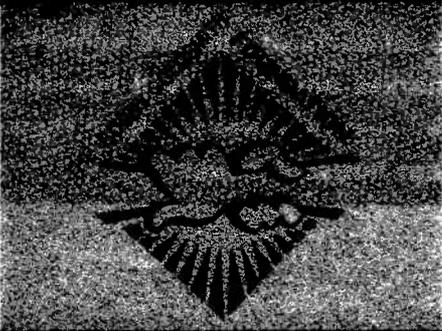
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This year the Olympics has added even greater pressure to the private rental market. Tenants in the inner city and Olympic corridor are experiencing a high level of uncertainty leading up to the Olympics as properties are upgraded and the rent increased. If you are looking to secure a new tenancy, you should try to negotiate a new lease agreement that goes beyond the Olympic period.

The lack of short term, crisis accommodation in the inner city is a major

reduced, until 2003. Negotiations for the next round of funding are expected to begin by mid 2001. A background paper titled *Directions for Housing Beyond 2000* has been produced by the NSW DOH. The paper aims to generate discussion and debate and look at the best ways to use available resources in meeting housing need. ■

*Julie Callaghan is the Housing Project Officer at ACON*



**The Bobby Goldsmith Foundation will officially launch the Floating Care Initiative this month.**

The Project provides up to twenty units of community-based rental accommodation for clients with complex needs. A primary aim is to improve client access to necessary support services. Currently, the FCI provides tenancy for clients in Mosman, Manly, Redfern, Liverpool, Blacktown, Marrickville, Newtown, Surry Hills, Potts Point, Randwick and Neutral Bay.

The FCI is the second housing service to be established by BGF in partnership with other agencies.

## coming to kilkeary

Short term accommodation like Des Kilkeary Lodge in Sydney's northern suburbs can offer PLWHA an important break from the stress of their lives. **Glen**, his carer **Peter** and **Heather** told *Talkabout* that the service has helped them re-evaluate their lives.

**Glen came to Des Kilkeary Lodge (DKL) for his overall health. His housing situation had been inadequate and there were stresses in his life including dealing with drugs and other service providers. It all added up to a bad effect on Glen's general sense of well being.**

Glen stayed at DKL for three weeks and is enthusiastic about the experience.

"It's been excellent – I have a sense of independence but by the same token, the volunteers are there to help with preparing meals and working out a food budget if I need it. I want to review my spending habits so that I'll be able to start again. It's also been great that my carer can stay at the house and go with us on our trips out.

"Staying here has given me a sense of security from the outside world. I get sick of watching TV all the time and feeling useless to society. I want to play a part in society and meeting people, the volunteers, staff and other guests has been fantastic. I feel secure and safe.

"I have medically prescribed and social drug related issues and time out from these negative influences in my life has had a positive influence on my wellbeing. The people at DKL are not judgmental and this was very important for me."

Peter is Glen's carer, he has been able to stay at the house with Glen. He told *Talkabout* that he saw Glen's wellbeing improve after just a couple of days at DKL.

"Glen has become more relaxed and calm as a direct result of staying at DKL. Now that he's away from the stress caused by his homophobic neighbours he is eating better. He has a beautiful view from the balcony and is beginning to appreciate the local area."

Glen is convinced that his stay at DKL has changed his perspective on his previous stress.

"I hope to deal differently with the problems facing me when I go back home. I used to feel that I had one foot in the grave, but now I feel as if I've got a new lease on life and that there is a life after AIDS.

"I also think that the time apart has made Peter and I appreciate each other more – you can get into a rut – the change of routine has been good."

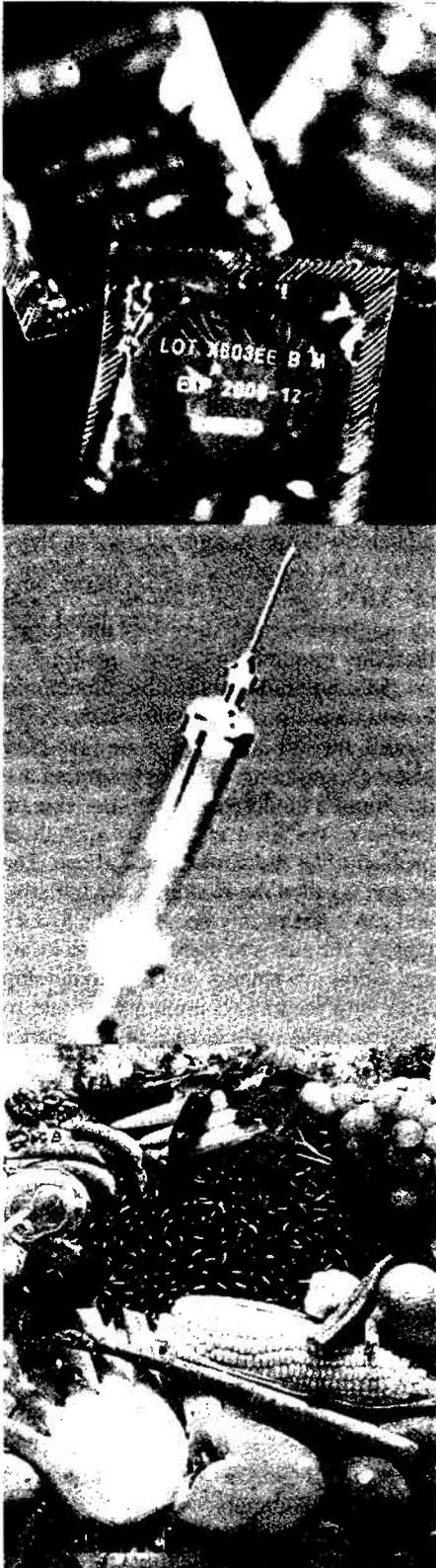
Heather is another resident at DKL. Similarly to Glen, Heather's health and the stress in her life were the major factors that led to her stay at the Lodge. She told *Talkabout* that the time out from stress and general support has been excellent.

"The first week, I got to know people – then I started to come out of my shell. The people here listen to you and are ready to help. You have time for yourself – if you want to lie down in your room, you can. Then when you want to talk to the volunteers or guests, you can."

During the four weeks of her stay Heather has had time to make some decisions about her future.

"Staying here has opened my mind. I probably would not have been able to make the decisions that I have without the support of a place like DKL. The experience has been good for me. I hope I can go into my future now and realise my dreams."

Des Kilkeary Lodge offers support and short term respite for PLWHA. It is located in the Northern Beaches area and offers a maximum stay of four weeks. There are four rooms, a full time coordinator, part time administrative assistant and a team of volunteers. Des Kilkeary Lodge is operated by the community organisation, NorthAIDS. ■



## sex, drugs ... and food

More and more organisations that provide financial and housing assistance to PLWHA are seeing a growing problem with significant rent arrears. **David** is a client of BGF Floating Care Initiative. Coming to grips with his housing situation has meant facing complex issues.

**I was getting Special Rent Assistance from the Department of Housing – that covers about 75% of my rent – and went to the real estate. But I hadn't paid any of my own money for four years and so the arrears built up and up and up. After a while I wanted to move out of my house because there was a drug atmosphere and I was bored and stale there. But I couldn't afford to because I was behind in my rent and I'd damaged the house when I got angry.**

I was spending all my money on drugs, so finding and keeping secure housing was a problem. I knew that if I went somewhere else and didn't pay the rent I wouldn't last four years.

I was a nurse for five or six years but I don't think I'd ever go back. The job was starting to drive me crazy – all these whingeing patients and their relatives and whingeing bosses – I ripped up my uniform and registration papers and swore I'd never do it again.

I was diagnosed when I was 17 and expected to be dead at 20 so I didn't make any plans. I'm still not dead and I still haven't made plans. A lot of people say you should find an interest but there is nothing that interests me except sex and drugs and if I'm not doing that I'm not doing anything.

I've never been on any medication and I tend to ignore my HIV. I eat mainly at the Positive Living Centre (PLC). I used to be a nurse and went on the Disability Support Pension after I retired in 1994. I retired without thinking about it and I have regrets now. I used to take drugs on special occasions but now I binge every two or three days. I've gone through a lot of

money. My superannuation didn't last twelve months; I bought a car and lots of furniture. Then I sold the furniture and sold the car and shot that money up – everything except the bed the coffee table and the lounge.

My anger has to do with being bored, but I think it's become a cycle of drugs, coming down off the drugs, not having any food, a whole lot of things.

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*... but when payday comes it's still  
the drug dealer between me and  
the supermarket.*

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BGF got me a one bedroom flat. I've got the furniture I didn't sell and I collected a bit here and there. I don't feel that settled but that's because I'm still doing drugs. I know once I get the food situation sorted out and get to know people I'll feel settled. I had a few problems with the rent to start with because I still spent my pension on drugs. Now I've started a direct debit for the rent. I enjoy cooking and I want to buy a fridge full of food and eat at home – I can say now, "next week when I get paid I'll manage to buy food", but when payday comes it's still the drug dealer between me and the supermarket.

I'd like to be able to manage my drug taking. I don't want to give up but I don't want to rely on PLC for food every day either. I keep saying this word, but I actually want to be more like a 'normal' person; have something to do during the day, have a routine. ■

*David – not his real name – is a positive person.*

*Bobby Goldsmith House  
officially launched  
21 August, 1997*



## independent living

Two innovative housing support projects managed by the Bobby Goldsmith Foundation are a direct response to the changing needs of PLWHA. **Bill Patterson** reports.

**The Bobby Goldsmith Foundation (BGF) first began to look at the housing needs of PLWHA in the early 1990s. This was the time - after the introduction of antiviral therapy - when people were beginning to talk about HIV as a chronic, manageable illness.**

The question then was, what are the housing options for positive people living with a long term, debilitating illness and what impact was the condition known as AIDS Dementia Complex going to have in terms of the housing needs of PLWHA?

When BGF received a large bequest, during this time, it was seen as an opportunity to develop some kind of accommodation service for those PLWHA who were unable to live on their own in the community but wished to maintain their independence. BGF and the Department of Housing entered into a partnership to develop ten purpose built flats in a congregate setting that had 24 hour support available on site. This project is known as the Bobby Goldsmith House and has been operating since June 1997.

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*Without adequate shelter, it is not possible to address the many issues that face people living with HIV/AIDS.*

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The experience gained through the operation of Bobby Goldsmith House gave staff at BGF an insight into the key issues around housing for PLWHA. Issues as simple as access to housing. Income, disability and cultural needs are just some of the factors that influence access to housing. The issue of access to housing highlights the need for the availability of appropriate

housing to address the access issues for PLWHA with specific needs. Often PLWHA with quite special needs in terms of housing are denied access due to lack of suitable housing or housing providers lack the flexibility to provide the most appropriate housing for the client.

Housing providers in the HIV sector have identified this lack of appropriate, affordable housing, particularly for those PLWHA who also struggle with the challenge of AIDS Dementia Complex, mental illness, personality disorder, intellectual disability or addictions.

In response the Bobby Goldsmith Foundation in partnership with NSW Health, the Office of Community Housing and the Community Options Program have developed a model to assist PLWHA who are unable to sustain a tenancy as a result of problems like those mentioned above. The project is called the Floating Care Initiative and can assist twenty people in the Sydney region. The aim is to assist people to locate and establish a tenancy and then to develop links with the local community services to assist with the maintenance of the tenancy and then when the time is right Floating Care will withdraw and this will create capacity for another client.

Shelter is a basic need. Without adequate shelter, it is not possible to address the many issues that face people living with HIV/AIDS. When a person has somewhere to live, to feel safe, to be secure, they are in a much better position to deal with all of the other problems that they face in life, including HIV. Without fail, all of the tenants in both of our housing programs have benefited from the provision of appropriate, affordable housing linked with a level of support that aims to sustain independent living in the community. ■

*Bill Patterson is the Housing Project Officer at the Bobby Goldsmith Foundation.*

# fending for ourselves

Bobby Goldsmith House is the first secure housing **Kevin** has had for ten years. He shares his experiences.

**I moved into Bobby Goldsmith House just before November (1999). I was sleeping out on the streets and eating at Mathew Talbot Hostel. I just got sick of it. I was getting a bit paranoid about what people at the hostel might think, so someone at the hostel got in contact with the HIV people. I've got the HIV status. Living here at Bobby Goldsmith House has helped me a lot, and I got myself stabilised.**

All the people here are nice and I get along well with the staff. The rooms are very comfortable and quite spacious. I volunteer at the food co-op. I love it and I do that Tuesdays and Thursdays. I prefer to go out on the trucks rather than stay in the office.

I was in a bit of turmoil because I was sleeping out with a group of friends. We all

kids that were just living out on the street and didn't give a bugger about anything or anyone. It's tough, you know, and it can be very dangerous. I've seen a lot of things in the past ten years since I've been out and it really opened up my eyes.

I still see my friends from the street but once you get out of the hostel environment it's better not to hang around with them all the time. I was drinking and gambling, you know letting myself go. But I've stopped that now.

I mean to stay healthy, I don't give up on anything you know - I'm not the sort for giving up.

I've been in contact with my family. It's a bit of a shock because I've got nephews and nieces that are 20 and 30 years old. I was apprehensive to start off with but I said to my Goddaughter, "you can either accept it or be scared of it." In the end she was cool. There are ten of us in



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looked after each other but I just kept on thinking to myself "I've got to get out of this - it's not safe".

I didn't think people would stoop to be so low just to fend for themselves. How they were fending for themselves is what amazed me, especially the street kids, the

the family and eight know. I'm learning about being positive myself; this is my education. I'm the youngest of ten so I've learnt a lot, and I've been on both sides, you know, the greener side and the darker side. I understand the street people and I can live on the rich side. ■

# there is no place like home

For **Irwin Diefenthaler**, turning 60 was a milestone that coincided with an important decision to be made about his housing.



**In 1998 I was very happy living in my two-bedroom house at Millers Point, provided by the Department of Housing (DOH). Until then I enjoyed good health and was house-proud. I owned my own furniture and household effects. I was self-sufficient and worked as a volunteer for the Metropolitan Community Church, running their welfare shop, Out of Closet Emporium. In November 1998, I turned 60 years of age and reached another milestone in my life; it seemed I could live forever.**

In July of 1998, I came down with a chest infection that turned into Pseudomonas Pneumonia. I was hospitalised for three weeks followed by three weeks convalescence at the Hospice. Originally weighing around 63 kilos, I lost over 13 kilos and was just under 50 kilos. I was weak and lethargic. I realised while in the Hospice that I probably could not look after myself and stay healthy if I continued with my lifestyle. so I started exploring

what future arrangements and accommodation would best suit my needs. After six weeks I went home and relied on Meals on Wheels, Community Support Network (CSN) and the Community Bus service to take me shopping. The problem was that I couldn't cope with all these strangers. Although the services were good, I felt it was a loss of my independence to have to rely on other people.

My application to Bobby Goldsmith House was accepted. I had to give this move a lot of thought, as in my case this would be a permanent move; there would be no turning back. I was assured that if I didn't like the accommodation or preferred my own place again, they would assist me. The staff at Bobby Goldsmith House are helpful and honest about their house and the living arrangements. I would be moving from a large

etc – things I didn't need anyway. I was able to keep all my valuable personal possessions and made my new apartment comfortable. Even though I had been assured that the staff would allow me my independence, I was truly surprised when this proved to be the case. It's no different than living in a home unit or apartment house. When I first arrived, I found out it was easy for me to maintain this new apartment, it was centrally located and I can honestly say the staff are fantastic. I realised that I didn't need much assistance at all. I took advantage of some extra services provided, ie scooter, meal service, cleaning and laundry. I was able to rest and recuperate and eventually nine months later I regained my weight loss and was healthy enough to return to volunteer work in the MCC Office for four to five hours a day.

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*Today, I am happy, active and leading a good lifestyle; my health has improved tremendously. I give a lot of credit for this to living in Bobby Goldsmith House.*

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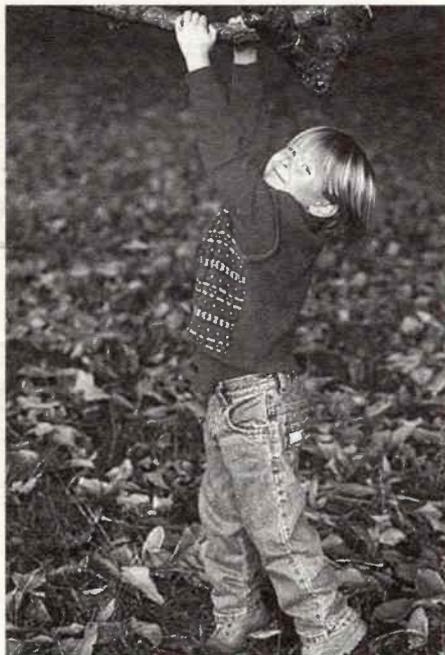
two-bedroom townhouse to a small one-bedroom apartment. They also assured me that I could have as much independence and privacy as I wanted. Physically, I was still weak and frail. I made my decision to move and closed the book on my previous lifestyle.

I moved into Bobby Goldsmith House in October 1998. One truckload of household goods and furniture were donated to Out of the Closet Emporium and only half a truckload went with me. I no longer had forty pairs of shoes, forty pairs of jeans, and over one hundred shirts

Today, I am happy, active and leading a good lifestyle; my health has improved tremendously. I give a lot of credit for this to living in Bobby Goldsmith House. Only six months ago I was hospitalised again for just on two weeks, with a minor chest infection. The hospital wanted me to spend a week at the Hospice to recuperate before going home. I replied, "What for, I live at Bobby Goldsmith House". Why should I sleep in the Hospice bed, when I have my own comfortable bed? It may be called Bobby Goldsmith House, but to me it is home. ■

## being alive

For **Douglas Barry** being positive and over fifty has everything to do with the sheer wonder and joy of being alive.



**It's over fourteen years since I started living with HIV. I was in the legal profession, and very much in denial. I gave it all away in 1993, not because of illness, but because my life was getting out of control. My world became distorted and I think I was just waiting for the inevitable. Slowly, value and meaning had seeped from my existence. My T cell count had dropped to single figures.**

Then combination therapies came along, my viral load hid from detection and, yes, suddenly I could hope, I was told, for the life expectancy of any other fifty year old (give or take a few years!). It seemed that, somehow, I was being given a second chance. I'd have been a mug to mess things up a second time around.

So I spent months with a counsellor, sorting out a few emotional perspectives; I was rejuvenated by a Positive Retreat; I learned about the lives of my positive brothers in an ACON support group; I recovered motivational skills with Coláo. I may be something of a self-starter, but the support services offered to me by the community were without price.

But, above all else, I volunteered – first with Ankali, then with PLWHA (NSW) Inc. By contributing, I was, at last, doing something of value again. In return, this involvement has heaped on me reward upon reward. From my Ankali client, I understood in the last months of his life, the true meaning of empathy. From committee meetings and working groups, I came to know the value of community advocacy, so different from the narrow scope of a lawyer's work.

My self-confidence and self-esteem has soared as I perform tasks which use the skills and abilities developed in my professional life. Moreover, I have acquired knowledge about myself and about the world of suffering and hope.

In late 1997, I wrote a piece for *Talkabout*, in which I reflected on how my experiences with the virus could be a source of spiritual strength. I spoke of needing to find the courage to dream of the future and how much of a challenge that was for one who is in middle life. I talked of my attraction to the world of Ideas. Now, I am doing post-graduate study in Applied Ethics. On the Disability Support Pension, it's a 'no-frills' existence, but with the love and encouragement of family and friends, anything is possible.

So what's age got to do with it? It would be too easy to talk glibly about maturity and experience and nothing more. There is content to be found in those words, but it doesn't fall into your lap. In

this society, particularly in a gay community, the focus is on youth and appearance. Too bad if your hair is greying and the pecs are drooping. At my age, you tend to be invisible in bars.

I discovered that it takes a conscious effort to adjust to living in such a community. I have had to question myself about just how I see myself – what is the authentic ME? When I have answered those questions, honestly, I have been able to attempt the necessary adjustments. For instance, at committee meetings, I get in first with the 'old jokes' and volunteer to do the submission on ageing.

Seriously, by reaching this understanding of myself, of how and where I now fit in, I can comfortably let go of my old values. I feel at ease with the idea of myself having my head in the books, exploring the world of learning for its own sake – for me, a whole new set of pleasures. And when I want the physical pleasures, they are not too hard to find.

Above all, on the death of friends, amidst the grief and loss, I manage to reflect on their lives with this scourge. From that instruction, I have taken the virus fully into my life and being. It's there, where I want it.

My life has been a good one. I enjoy every day of it and I have high expectations of the future. But my heart aches for the twenty-somethings just starting their journey with the virus.

Perhaps my survival is just a matter of luck and a good set of genes. Who knows? I have a lot to be grateful for – there are minimal side-effects with my medication; I rarely get to have a good gossip with my excellent doctor; I have lots of energy and the sun is shining.

Being alive at 53? Bloody great! ■

*Douglas Barry is a member of PLWHA (NSW) Committee*



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## Got a story to tell?

Talkabout welcomes stories and letters from PLWHA.

In our April issue *Talkabout* looks at sex, including positive sex and women; the ACSHP Millennium Bugs seminar; recent safe sex campaigns; how living with HIV affects self/sexual identity, positive men and fathering issues ... and much more!

For more information please call The Editor,  
feona studdert on (02) 9361 6750,  
or email your story to feonas@plwha.org.au

*Talkabout* welcomes your feedback on future directions for the magazine - so get involved ... it's your magazine.

Deadline for the April issue is 10 March, 2000



Contributors fees available for PLWHA receiving disability pension or similar low income.

## starting again

Pat shares her experiences of what it takes to live - and love - with HIV.

### How can I express how I feel?

How do you tell your children aged 38, 40 and 42 that their mother's partner has AIDS and she is being tested for HIV, gonorrhoea and hepatitis. Their 64 year old mother: the librarian, A-Grade tennis player, golfer, Secretary of the P&C, President of the local VIEW Club, a Volunteer Director of the Women's Refuge for seventeen years, and Secretary of the YWCA, the Emergency Housing, Support Accommodation Committee, and Meals on Wheels.

Results all OK except Positive for HIV.

How can you express how you feel when you witness your son with tears streaming down his face and your grown-up grandson sobbing. One daughter had her family tested because I had used my grandchildren's toothbrush a couple of times. I was terrified that I had infected them; I was ignorant of the disease myself then.

When my partner was so ill and in hospital friends found out quickly. I was in shock and unable to hide my grief. If only his doctor had listened to me. Country doctors are often ignorant of HIV. They have to be made aware how serious this can be. The many people living like us, in retirement villages, are vulnerable to infection from other lonely people who are not even aware that they are infected. When you are older chest infections, skin rashes, lumps under the skin, excessive tiredness, heat exhaustion seem commonplace.

I stayed with my partner but my children will not speak to him and do not visit or allow my grandchildren to come to my house. I visit them, but it is very stressful, particularly when I'm told to keep my cup and not let anyone else use it.

How do I stop feeling dirty when I'm with people. I look around and wonder to myself, "what would they do if they knew". I swing between depression, anger and feeling sorry for myself.

There are no support groups where we live, and we don't know anyone here who is positive. At the local hospital pharmacy, where my partner gets his medication, the window is in the main foyer; they argue with you within earshot of patients in the foyer and the staff at the hospital reception desk. Our immunologist comes once a fortnight from Sydney. We are lucky that our local STD Nurse is very helpful because it's so hard to differentiate between normal illnesses and HIV-related problems.

Our friends have been great, but from loyalty to me they are angry at my partner. It would be so easy to just retreat; in fact if it wasn't for David at POZHET, Positive Women, Jenny McDonald, and Margaret at Tree of Hope, I am sure I wouldn't be here today.

*How do you tell your children aged 38, 40 and 42 that their mother's partner has AIDS and she is being tested for HIV?*

Recently as we were arriving at a music festival everyone welcomed us with hugs and kisses, but one person pushed me away saying "he didn't want to catch anything". I immediately retreated into myself thinking, "have I been forcing myself on to others, maybe they don't want to hug or kiss me". It took a lot of courage to come into the open and ask them about it but I know I will have to deal with this attitude in the future.

In retrospect, you might think it's better not to tell anyone; but then you are completely alone. Could you handle it alone with only doctors and nurses to talk to? I know I can't. ■

## working positively

The success of Australia's first specialist employment agency for PLWHA, innovative support services and a report that finds return to work is seriously overrated. Heads are spinning over the return to work issue. **feona studdert** reports.



**PLWHA have been through the revolving door with the return-to-work issue. Prior to 1996 people were often advised to retire – however, with the advent of combination therapy PLWHA were asked to consider returning to work. Now those same treatments are causing side effects that, for many, affect their sense of ease in the workplace or, at worst, their ability to do their job.**

In the last two years particularly we've seen innovative support programs like Reconstruction and the Positive Working Project aiming to get back to the basics of why people might want to work and what work means to them. We've also watched the opening and recent expansion of the first specialist PLWHA employment service in Australia – Options.

But late in 1999, the *Positively Working Report* could still find that the “blanket use of the term ‘return to work’ and frequently associated references to the success of combination therapies is ... a misrepresentation of the concerns and needs of PLWHA communities in Sydney.” The report concluded that “PLWHA have been, and continue to be, in a state of transition and continue to be presented

with a range of uncertainties about HIV/AIDS, their futures and lives.” The report makes nineteen recommendations and singles out Centrelink as a site for much needed reform.

Options is the only member of the Job Network to offer an Intensive Assistance, Job Search Training and, since February, Jobmatching services for PLWHA. In January, Options announced the expansion of their Intensive Assistance services to Chatswood and Parramatta in NSW, and Prahran in Victoria. In a press release, Peter Garven, General Manager Employment and Support Services, reported that Options “had assisted in excess of 300 PLWHA to return to casual, part time and full time employment across a range of industries including both white and blue collar occupations” in the 21 months since opening in May 1998.

### Discrimination

Legislation supporting people with disabilities in Australia is not as extensive as that in the United States where they have the comprehensive *Americans with Disability Act*. Australian PLWHA are protected by the federal *Disability Discrimination Act (1993)* and the *Privacy Act (1988)* as well as Equal Employment Opportunity guidelines, Occupational Health and Safety guidelines and universal protection procedures.

Peter Garven told *Talkabout* that over the last four years the Australian workplace has changed in its attitude towards disability employment issues.

“Many companies and organisations have policies that are proactive in employment and practise positive affirmation in respect to employees with a disability. Options, for example, has such a policy – as do Telstra and IBM.”

The *Positively Working Report* draws a pessimistic conclusion, however, saying that despite this protection “this research shows that, in general, the labour market and workplace are yet to deal with fear and discrimination related to HIV/AIDS.”

Recently the American magazine *POZ* published a list of the top twenty-five HIV-friendly companies in the States. In Australia, according to Nadine Binstead – Team Coordinator at Options – it appears we are struggling to get five.

“There aren't any employers that we go back to time and time again because each client has a picture in their mind of what work they want and who they want to work for. The employers that are particularly good come from America because they were the first to have affirmative action: Macdonalds, IBM, and Sizzler had a very good reputation at one stage. Of the Australian companies, Telstra is a good employer,” Binstead said.

### An improved Job Network?

There is much disagreement on whether the new system of privatised employment assistance by Job Network – that includes church, business and community groups – is better for PLWHA than the state-based system it replaced.

According to Nadine Binsetad, “A specialist agency means that people know that if HIV becomes an issue for them it's not going to be an issue for the service. One of the comments that I had from a client was that he was sick of teaching people about HIV when it was him who needed assistance.”

“The fact that the government acknowledges that positive people require HIV friendly service is an improvement. There is a difficulty because Centrelink

*continued on page 22*

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continued from page 21

staff has to learn a lot of information. Under the old system they either had to know payments or employment assistance but now they have to know everything. In some offices they are introducing one contact officer for each job seeker, that's also an improvement.

"We've found that Centrelink offices now know that there are privacy obligations. This is an improvement from three years ago. I haven't come across an instance where a Centrelink officer has asked me if they need to disclose someone's status to an employer. I think the issue with Centrelink staff is to educate them about the issues for people with HIV returning to work so they've got an idea of the context in which people come to them."

### Centrelink: in need of training

This view is reflected in the *Positively Working Report*. Service providers that specialise in providing intensive assistance for PLWHA were considered by participants to be excellent. It is not surprising, then, that the report calls for education and awareness training for all operational Centrelink staff, the allocation of at least one specialist HIV/AIDS officer at each Centrelink site and maintenance of job seeker confidentiality by Centrelink staff in line with the *Privacy Act 1986*.

For some time, HIV communities have been grappling with the relative place of HIV in the lives of positive people. With regard to PLWHA who wish to return to work, Nadine Binstead believes that for many HIV is not the central issue.

"There are considerations around treatments. People say to me, "I'm fairly confident I'm not gonna die today, I'm fairly confident I'm not going to die tomorrow, I don't know how much time I've got left but I've gotta do something".

"Initially some clients question whether they should disclose. When you explain that it isn't necessary, or address why they want to, they often decide not to. If they make the

choice to disclose we help people develop a good way to disclose and explain to them their rights and obligations. Once you get that out of the way people start to talk about not having worked for a long time – that's the barrier – it's not HIV that's the barrier. They are worried that the employer will wonder why there is this big gap in their resumé. Often people want to change their career, but they think their age is a barrier or are concerned about their irregular work history."

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*What seems clear from the research to date is that the return to work issue for PLWHA is complex, personalised, full of pitfalls and requires a broad interpretation of what 'work' means.*

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What seems clear from the research to date is that the return to work issue for PLWHA is complex, personalised, full of pitfalls and requires a broad interpretation of what 'work' means. The *Positively Working Report* dedicates eight of its nineteen recommendations to advocating this holistic approach. Equally, the radical change in the delivery of employment assistance has caused heads to spin with confusion. The report calls for user-friendly information on current services, the Job Network, Centrelink and relevant agencies. What is clear is that within the HIV/AIDS sector there are skilled and compassionate people on the job to make return to work as easy as possible for those who wish to explore it. ■

*Jeona Studdert is the editor of Talkabout*

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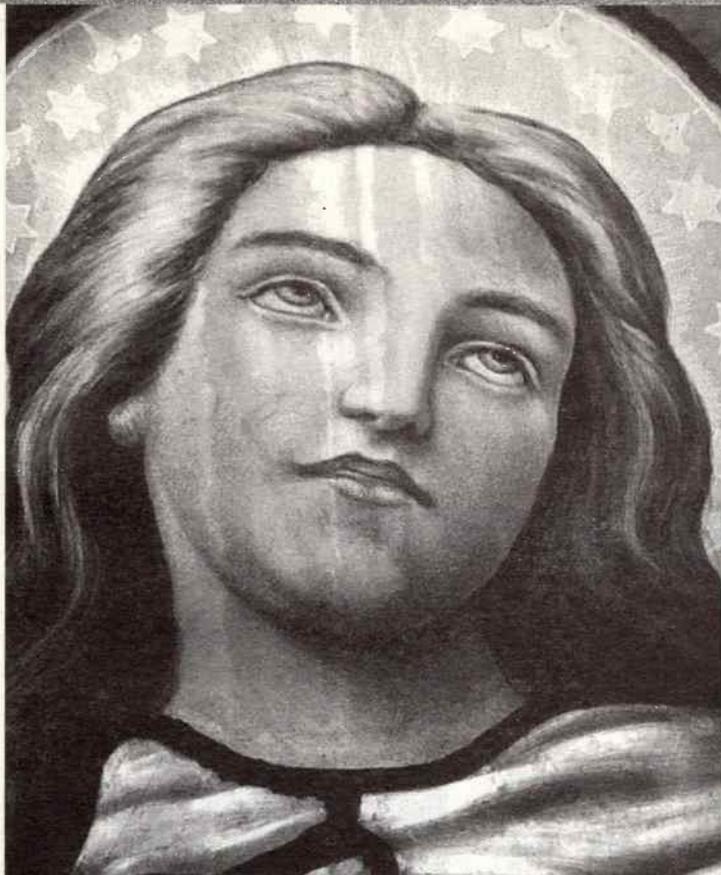
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## Central Coast's Positive people are alive!

### Do you live on the Central Coast of NSW?

Are you interested in meeting other Positive people on the coast? I am currently trying to get together Positive people from the Central coast to form a **Support/Social group**, focusing on the positive worker and or positive persons who cannot make the daytime. **This is a group for all positive people.**

If you are interested you can give Norman a call on 4396 2422 or 0410 640 416



## epistle-ette #4

**Mother Helen Highwater OPI (ret\*)** – on what pisses her off!

**Blessings, a Perpetual Indulgence and I hope you all had a merry Mardi Gras, a faaabulous February festival and a raucous, but restful Recovery.**

This month will be, as I clatter away on my trusty Rimigton, a gripe entitled 'Just a few things that piss me off':

- "Australia's leading Gay and Lesbian newspaper", failed to report the suspension of the Monday lunches at the Luncheon Club, even though its rival weekly did so the following day. Was this deemed not newsworthy enough?
- The withdrawal of yet another service, namely the Taxi PIN numbers used by the Community Support Network (CSN) Transport Service. This service has been of great value when CSN transport is not available, for weekend treatments for example. The decision, in effect, makes us housebound on the weekends unless we can give CSN advance notice; not always possible.
- Having been subjected to the benefits of Efavirenz, I ask, is it all worth it? My medical provider (pc talk for doctor) advised me to take them just before going to bed otherwise the consequences would be dire. She forgot to tell me about the faaabulous dreams, waking up 90 minutes later and not being able to sleep or that my Temezepam consumption would go up from 20 to 80mg per night. And then another doc advised me to take them in the morning! Well, gentle readers, 'twas like being on the Titanic – not a pretty sight – I had a fight with CSN, missed several appointments, thought that the whole world was conspiring against me, and found out that Temezepam capsules were in short supply. This has now been resolved with MHH OPI on a different regime, grinning from wimple to veil.

Till next time, I love you all for being so indulgent (every pun intended) to allow me into your headspace.

PS. To Michael – the Sisters buy their shoes from the Special Sisters Shoe Shop or just wear everyday gumboots!!

PPS. My permanent, stable, and final e-mail address is Mthrhell@zip.com.au

*\*retired/retarded*

## want to **stop injecting** but can't?

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about alternatives  
to injecting?**

The National Drug and Alcohol Research Centre is running a clinical trial for people who inject drugs. The trial involves six free sessions with a clinical psychologist at Randwick.

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## paying the rent

More and more at BGF, staff are seeing a disturbing trend of people who are receiving the Special Rental Subsidy – now known as the Special Assistance Subsidy (SAS) – falling behind in their rent. **Mark Tietjen** reports.

**People who receive Special Assistance Subsidy (SAS) only have to pay 20% of their basic income as rent. This amounts to \$36.65 per week for a single person on the pension. This is the same amount a Department of Housing (DOH) tenant pays. People receiving the SAS are now required to pay any rental assistance they are receiving with their benefits – this is generally \$38 per week, so for most people the total payment is \$74.65 per week.**

The SAS can be difficult to manage because often the cheques from the Department of Housing are for large amounts of money. Some people with other expenses think they might be able to get away with paying just the Housing SAS component of their rent and catch up with the rest of their rent later. The reality is that for most people who receive the SAS, the pension or other benefit is their only income, and to try and catch up at a later date is very difficult.

The Department of Housing pays the SAS in advance every four weeks, not monthly. For most people when they move into a new residence, the DOH gives them the bond plus the first SAS cheque. It is important that people begin to pay their share of the rent from the first day of their tenancy otherwise they will definitely get behind in their rent.

BGF recommends that on every pension or pay day, people pay their share of the rent. This is the only way it is manageable when money is tight.

We also feel that many real estate agents and landlords do a great dis-service to their tenants by not following up on arrears soon enough. We see too many

people who have very high rental arrears. This usually means that they have not paid their share of the rent for a long time. When there is a large amount of money owing it is very difficult to catch up and often too much for an organisation such as BGF to provide any useful help.

For BGF or other organisations that provide some form of rental assistance, it is hard to justify helping someone with rental arrears when that person is already receiving a very generous rental subsidy from the government. If the people who donate to BGF knew that BGF was using their money to pay rental arrears for SAS recipients, they would soon stop donating.

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*BGF staff explain frequently to people that if you don't pay your rent, you'll be on the street, and that everyone has to pay rent in one way or another. No matter what else is happening in someone's life, paying the rent should be the highest priority.*

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BGF staff explain frequently to people that if you don't pay your rent, you'll be on the street, and that everyone has to pay rent in one way or another. No matter what else is happening in someone's life, paying the rent should be the highest priority. Believe me, at BGF we have heard every story about why the rent hasn't been paid. When people are given a termination notice it usually makes them realise how important it is to pay the rent. ■

*Mark Tietjen is a Client Liaison Officer at the Bobby Goldsmith Foundation*

## take my pulse

An unusual response of one HIV positive man to treatment holidays is behind an experimental trial that began earlier this year in Sydney. **Barrie Harrison** reports.



**You will probably have read or heard about the famous 'Berlin' patient but you may not know that because of him, and a small number of similar cases, a new clinical trial, called the PULSE trial, began in Sydney at the beginning of this year.**

The 'Berlin' patient came into the HIV spotlight more than three years ago because after two short treatment interruptions his viral load remained undetectable when he decided to go off treatments altogether.

He has now had an undetectable viral load for more than two years without taking antiretroviral medications. The virus can still be found in his body but only at very low levels. It would seem that his immune system is containing the virus without the help of antivirals.

It is clear that there is something unusual and interesting about the Berlin patient and the handful of cases like his but nobody is yet able to offer a full explanation as to why the virus is well controlled in these cases. We know that for

most people who interrupt their treatments, even when they start treatments soon after infection and even when the virus has been suppressed below the level of detection for months or years, it is usual for the viral load to rebound in a matter of weeks.

On the other hand, we also know that a small percentage of people who are HIV positive appear to be able to control the virus without the need for antiviral treatments. These are the so-called long term non-progressors. One reason why HIV appears to be well controlled in these people is their immune systems retain the ability to kill cells in their bodies. For most people with HIV this capacity of the immune system to eliminate HIV infected cells is usually lost within six to twelve months from becoming positive. It is thought to be advantageous to start treatment soon after becoming positive in order to preserve this important immune function.

may be that in order to maximise the effectiveness of this function the immune system needs to be primed or 'pulsed' with low levels of virus, rather like a self-vaccination process.

One of the aims of the PULSE trial is to determine whether the immune system can be stimulated, by the use of planned and carefully monitored interruptions in treatment, to eventually control HIV in the absence of treatments. Participants will be people who have tested positive to HIV within six months of starting the trial. Everyone will receive ddI, d4T, indinavir, ritonavir and, in addition, half of the participants will be chosen at random to receive hydroxyurea. This treatment will be interrupted after one year provided that a person's viral load has been below 50 copies/ml for the previous three months. Viral load will then be monitored every week and treatment will be resumed if and when the viral load climbs above 5000 copies/ml. Treatment will again be

*One of the aims of the PULSE trial is to determine whether the immune system can be stimulated, by the use of planned and carefully monitored interruptions in treatment, to eventually control HIV in the absence of treatments.*

Why then does the viral load usually bound back when treatment is stopped in people that have started treatments early after seroconversion? If this special killing function of their immune system is preserved why can it not control the virus? Again nobody knows the answer to this but one theory is that because antiviral therapy is so effective at suppressing the virus, the immune system is not sufficiently exposed to the virus for this killing function to remain fully effective. It

interrupted when the viral load has been below 50 copies/ml for three months. The trial will allow a maximum of three cycles of interrupted treatment.

It is very important to point out that treatment interruptions are highly experimental and should only be considered under trial conditions or under close medical supervision. ■

*Barrie Harrison is a Treatments Information Officer at the AIDS Council of New South Wales.*

**Adherence** Often shorthand for 'strict adherence to therapy', meaning pills are taken exactly as prescribed – on time, every time, and observing any specific dietary requirements. Also referred to as 'compliance'; less frequently, as 'concordance'

**AIDS** 'acquired immunodeficiency syndrome'

**Antiviral** A simplified term for antiretroviral drugs. Both terms refers to any drugs which are designed to inhibit the process by which HIV replicates. The more technical term antiretroviral refers to the fact that HIV is a retrovirus.

**Antiretroviral** a scientific term for antiviral drugs.

**Below level of detection** See *undetectable viral load*

**CD4 cells** (also called *T cells* or *T helper cells*) A type of blood cell involved in protecting the body against viral, fungal and protozoan infections. CD4 cells are part of the human immune response. The CD4+ test is a measure of how your immune system is coping.

**Clinical trial** Studies which test experimental medicines in humans, in order to establish that they are safe and effective. Clinical trials are staged in 'phases', beginning with small numbers of people, then tested more widely as data on safety and efficacy is established.

**Combination therapy** Treating HIV with a combination of two or more antiviral drugs at once to suppress viral replication and minimise the opportunities for the virus to become drug resistant.

**Complementary therapies** A term used to describe therapies that follow holistic, traditional, or culturally diverse philosophies and practices of healing, which can be used alongside medical treatment. The term 'alternative therapies' is related, but refers to practices and philosophies that are used instead of (not in addition to) medical treatment.

**Compliance** see *adherence*

**Cross-resistance** Virus that is resistant to several or all of the drugs within a particular class of drugs (eg. to several or all protease inhibitors)

#### **Drugs that directly treat HIV (antiviral drugs)**

There are three different classes of drugs currently in use, which block HIV replication at different points in the life cycle of the virus.

#### **Nucleoside reverse transcriptase inhibitors**

- Abacavir (Ziagen) also known as 1592
- AZT (Retrovir) – also known as zidovudine
- AZT/3TC (Combivir) – combined pill
- ddC (HIVID) – also known as zalcitabine
- ddl (Videx) – also known as didanosine
- d4T (Zerit) – also known as stavudine
- 3TC (EpiVir) – also known as lamivudine

#### **Non-nucleoside reverse transcriptase inhibitors**

- nevirapine (Viramune)
- delavirdine (Rescriptor)
- efavirenz (Sustiva or Stocrin)

#### **Protease Inhibitors**

- Amprenavir (formerly known as GW 141): still in development
- indinavir (Brand name: Crixivan)
- nelfinavir (Viracept)
- ritonavir (Norvir)
- saquinavir hard gel capsule (Invirase)
- saquinavir soft gel capsule (Fortavase)

**HIV** Stands for 'human immunodeficiency virus', the virus that causes AIDS.

**Hydroxyurea** An anti-cancer treatment which is also thought by some to have a beneficial effect against HIV. In Australia, some doctors prescribe it 'off label' for HIV (off label means you use a drug for treating a condition other than for which it is officially approved).

**Immune-based therapies** Anti-HIV treatment that aims to improve, maintain or extend the capacities of the body's immune system against HIV infection, or other diseases. This usually means maintaining a functional immune response in the presence of HIV, or repairing/improving immune response if HIV has already caused damage. Immune-based therapies include therapeutic vaccines and IL-2.

**Immune system** The body's natural defence system that seeks out and destroys invading organisms.

**Lipodystrophy** A clinical condition involving body fat redistribution and high levels of glucose, cholesterol and triglyceride levels. Men commonly experience increased fat around the stomach and upper back and women can experience a narrowing of the hips and breast enlargement. Thought by many to be associated with the use of protease inhibitors.

**Resistance** The ability of a micro-organism like HIV to escape the control of the drugs used to fight it. In terms of HIV, this happens when the virus mutates during the replication process. Viruses like HIV, which have their genetic material encoded in DNA, lack critical genetic 'proofreading' mechanisms. So when new copies of HIV are created, often, minute errors in the genetic translation will occur. Over time, HIV may develop small changes to its structure which means that anti-HIV drugs, which are designed to interfere with the virus in quite specific ways, will not be able to control it.

**Resistance test** A test which looks at the genetic structure of HIV to determine if any mutations in the virus would make it likely to be resistant to particular antiretroviral drugs. Sometimes referred to as resistance assays.

**Reverse transcriptase inhibitor** A kind of drug which works to inhibit HIV by interfering with the enzyme which allows HIV cells to replicate. There are two kinds of HIV reverse transcriptase inhibitor: the nucleosides (sometimes called nucleoside analogues), and the non-nucleosides.

**s100 drugs** licensed under section 100 of the *National Health Act*, and mainly, but not exclusively, antiretroviral drugs.

**Seroconversion** When a person develops antibodies to HIV, after being exposed to HIV. HIV starts to infect cells, which it then sets up as 'factories' that produce more HIV. The body defends itself against this invasion by producing antibodies that help to keep levels of viral replication low. It takes about three months after infection for antibodies to show up on an HIV test. Standard HIV tests test, not for the presence

# Glossary

**field goal** ...  
**drug abuse** ...  
**drug lord** ...  
**drugstore** ...  
**Druid** 1. a member of a sect of ancient priests of Britain and Ireland 2. a member of several modern movements to revive druidism, meet seasonally in special costume to conduct ceremonies

**of HIV, but for the presence of these antibodies.**  
**The presence of HIV antibodies shows that a person has been exposed to HIV, hence the term 'HIV positive'. After a person has been exposed to HIV, but before he or she develops antibodies, viral load tends to be very high. It then drops to 5, the 'set point' when the immune system starts to control viral replication. Later, prior to disease progressing, the viral load starts to climb.**

**Special Access Scheme** A scheme that allows access to experimental drugs prior to being licensed in Australia.

**T cells** See *CD4 cells*

**Treatment holiday 'Breaks'** from antiviral therapy. Should be distinguished from structured interruptions to therapy under medical conditions.

**Undetectable viral load** Tests currently licensed in Australia cannot reliably detect and quantify virus particles if there are less than 400 or 500 per millilitre of blood. An undetectable viral load result does not mean that there is not virus present, or that replication is not occurring. It means HIV is there in levels too low to accurately measure. An ultra-sensitive viral load test that will be able to measure down to as few as 50 copies per ml of blood is expected to become commercially available soon.

**Vaccine (therapeutic)** An agent introduced into the body that is designed to stimulate an immune response to a virus or infection that is already in the body.

**Viral load** The quantity of virus measurable in blood serum or other fluid or tissue. This test is used to show how active the virus is at any particular time. The test is also used to show whether the treatments you are on are having any effect.

- ACON** AIDS Council of NSW
- AFAO** Australian Federation of AIDS Organisations
- NAPWA** National Association of People with AIDS
- PSB** Positive Speakers' Bureau
- PLWHA** People living with HIV/AIDS

**Sources**  
Terms taken from, but not exclusive to, the following:  
*Dorland's Medical Dictionary*, 28th edition, 1994  
*Taking Care of Yourself*, AFAO NAPWA, July 1999  
*HIV Drug Book*, AFAO, 1998  
*Living With HIV/AIDS*, Peter de Ruyter, Allen & Unwin, 1996  
*Positive Living*, various, AFAO 1999/2000



## Outings

Outings are free events for positive people, carers and friends coordinated by South Eastern Sydney Area Health Service. Coming up is a Zoo Walk on March 24. Contact Brett Callinan. An International Women's Day event is also planned for the March 24. For details call Lisa Parcsi (02) 9690 1222.

## Post-Party Blues

The AIDS Council of NSW will run a phone counselling service for people who experience drug-related depression after the Mardi Gras Party. The free service will run from 8am Sunday March 5, to midnight Wednesday March 8. The number to call is 02 9207 2822.

## Positive Heterosexuals

Positive Heterosexuals is a peer support and education project. Positive Heterosexuals is having an open house on Friday March 31 entitled 'train again' with guest speaker Jan Smallwood, Vocational Counsellor, TAFE. Positive people and their families and friends are welcome to attend. Contact: 1800 812 404.

Pozhetwest, Western Sydney peer support and education for men and women living heterosexually with HIV/AIDS. Coming up is an "open house" with guest speaker Jan Gall, HIV Educator with the Wentworth Area Health Service. Contact (02)9671 4100.

## Grief support for young people and Youth Suicide Project

The Project provides individual counselling, support for schools after a suicide, community education and a schools program promoting mental health. This is a free service available for young people aged 15 - 25 living in the Eastern Suburbs. Ph: 9360 3232

## Shopping spree

The Newtown Neighbourhood Centre runs a shopping service six times a week to Marrickville Metro and Market Town, Leichhardt. They'll pick you up from home, give you two hours to shop, then drop you off again. \$4.00. Available to residents in Dulwich Hill, St Peters, Tempe, Newtown, Enmore, Marrickville, Camperdown, Stanmore, Petersham, Erskineville or Darlington. Call Diana on 9516 4755.

## Living with loss

Evening groups (six weeks) for people who have had someone close to them die within the last two years. If you are interested phone the Sacred Heart Hospice on (02) 9380 7674.

## Events

### Significant Others of People with HIV/AIDS Dementia

We are a newly established support group formed and run by significant others for significant others who have a loved one with HIV/AIDS Dementia. We meet at 6:30pm on the last Wednesday of every month at the Tree of Hope, cnr Riley and Devonshire Streets, Surry Hills. For more information call Carole Knox (02) 9580 5718 or Angela Kelly (02) 9829 4242.

## Support

### Free Courses

Wesley Mission is conducting free courses in film and video, plants and gardens, hospitality, and sales and marketing. Call Vicki or Anna on (02) 9261 4855.

### Your Community Gym Fit X Gym

Fit X Gym is at the Community Pride Centre, Hutchinson St, Surry Hills. Positive Access Project offers qualified instructors, free assessments, free nutritional advice, free individual programs and free session to try out gym. \$2 a session = \$18 - 10 visit pass. Contact Ingrid on (02) 9517 9118 leave a message and your call will be returned. Telephone Fit X Gym (02) 9361 3311 4pm-7pm Mon to Friday.

### Women Learning Together

A free eight week Women's Health Course. Learning Together has information on how to keep well and healthy. Small, safe, and private classes with other women. Childcare is available on request. At the Women and Girls Health Centre 6 Prince St Blacktown - a ten minute walk from Blacktown railway station. If you have difficulty with travel arrangements please phone Marie 9515 3098, Violet 9827 8022 or Julie 9843 3124

### Home and Away

Wanted: Gay men (HIV positive and negative) to talk about travel experiences overseas or interstate for a national research and education project. Interviews will take approximately one hour. Confidentiality assured. Call Dean on 9281 1999.

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gym

# Olga's

# Personals

**Guy 51, lives Ryde area, HIV+ and healthy.** Good shape 6'1" 85kgs. Businessman. Enjoys entertainment, music, movies, videos, and a quiet drink. Would like to meet female for friendship, outings, companionship and home relationship. Please include phone number. **Reply 020200**

**Hetero female 35yr HIV+,** employed, fit and healthy. Likes going out, swimming, relaxing, family, GSOH and honesty. Looking for male of similar disposition with positive attitude to correspond with a view to meeting. This is a first for me discretion a must. **Reply 010200**

**Serene caring sincere passionate 39 year old HIV+ female,** seeking friendship with sincere fun-loving passionate gent, for quiet memorable times together. view to relationship if compatible. All replies answered. Please, no baggage. **Reply 010300**

**Sydney:** Youngish houseboy wanted, student, studying this year, or just want free accommodation. Sporty yuppie, broad-minded, fun, generous, discreet address, near City. I might have solution. If 18-23 yrs. Big, hot tool, 19cm rage

passion and pleasure, interested safe r'ship, huge bonus! For interview, send personals/phone number please. **Reply 020300**

**Poz het male 24, single dad of 1, seeks poz het female,** Northern Rivers area, to correspond with a view to meet. Am fairly quiet type, honest and caring. Discretion assured. Enjoy nights in, eating out and movies. **Reply 030300**

**30 yrs old, positive, little bear cub.** Try anything once. Looking for gym and swim partner as well as a mate to have some close times with from 18 to 30 years. I work heaps and love life. I hope you love life too. **Reply 031199**

**36 hetero male, American, new to Sydney,** healthy, very good shape, successful professional, discreet about status, living totally "normal life", never been sick, no baggage, seeks female who likes to laugh for friendship/relationship. **Reply 021199**

**Gay Guy, 50s,** lives in NSW country, seeks any other HIV + person to share my house and quiet times. All I ask is for someone honest, reliable. Please include phone number. **Reply 011199**

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# Hyperactive



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## **Positive Women**

<http://www.home.oone.net/poswomen/>

**Rating** The web site of Positive Women Victoria. The site offers support and advocacy for women with HIV/AIDS, by women with HIV/AIDS.

Index on left of page leads to 'What We Offer' with information and links to support services, *The Rose Newsletter*, the Drop In Centre, free massage, information and referrals, Retreats and social events, the Speakers' Bureau, and a brief history of the group.

'Women Like Us' is a useful section that deals with frequently asked questions (FAQ). The organisation recently celebrated its '10th Birthday' and the site includes a brief article and photos of the event. There are also various links to useful information and other sites including a link to the HIV/AIDS Documentary site. There is also an email link.

## **AIDSKIDS**

<http://www.aidskids.org>

**Rating** The Children with AIDS Project Website. I was disappointed that this site does not include interactive stuff for kids.

'Read Our Story' is the personal story of the founders of CWA. The 'Donations and Gift Shop' link leads to other links for 'Who We Are and What We Do', and a link to their gift shop with listings of videos, books and a T-shirt. An online order form is provided. There is a listing of events, and a 'Thanks', and links to several projects, Children with AIDS Interactive Bulletin Board, and a Guest Book. There is also a selection of links on adoption.

## **ALIVE AND WELL**

<http://www.aliveandwell.org>

**Rating** Believe me, this site is controversial. The 'Welcome' will either have you stay and browse, or you will surf on. When I visited the site, I could only find two stories confirming their beliefs.

Links lead to 'Who We Are', 'Why Question AIDS?' '60 Reasons to Question a Positive HIV Result' (there are actually more than 60 reasons), 'Life After HIV', 'Before You Take A Test', 'Before You Take or Give Treatment', 'Vital Information', 'Resources', 'Wall of Shame', 'Can You Help?' 'Past Events', 'News and Views', 'Q&A With Christine', 'We Need To Talk', 'International Petition for the Reappraisal of the HIV Hypothesis' (yes, I'm serious!), 'AIDS War Targets Women and Children', 'Alive and Well in Mexico' and a selection of pieces on AIDS dissidents.

## **People Living with HIV/AIDS (NSW) Inc (PLWHA (NSW) Inc)**

<http://www.plwha.org.au>

**Rating** At last the site is up and running.

Click on the invitation to 'Come In', which opens to the welcome page with the site index on the left. Much of the site is still under construction, but there are links to the organisation's structure and objectives. Also included are the various advocacy projects the organisation is undertaking with email addresses for each project's Working Group. There are links to 'Talk Shop', a monthly update of what is happening with HIV/AIDS service providers. There is also the monthly column 'Positive Action' written by the Manager, Ryan McLaughlin, and giving a summary of the organisation's activities over the previous month. 'Upcoming Events' and 'Media Releases' are also available. Still under construction are the *Contacts Resource Directory* page and the *Talkabout* page. As a temporary measure, there will shortly be a link to the HIV/AIDS @ Webcentral site that will feature archived feature articles from *Talkabout*. There is a rundown on the Positive Speakers' Bureau, and the Research Project. 'Your Feedback' is your opportunity to tell the organisation what you think.

*Tim Alderman is on the Talkabout Editorial Working Group.*

Subscribe now

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empowerment  
advocacy  
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for positive people

JOIN TODAY

**PLWHA Membership** Yes! I want to apply for membership of PLWHA (NSW) Inc.

- \$ 2 Full member (NSW resident with HIV/AIDS receiving benefits)  \$15 Full member (NSW resident with HIV/AIDS in employment)
- \$15 Associate member (NSW residents affected by HIV/AIDS)

Disclosure of HIV status entitles you to full membership of PLWHA, with the right to vote for all management committee positions. Membership status is strictly confidential. Members of PLWHA automatically receive a subscription to *Talkabout*.

**Talkabout Annual Subscription Rates**

*Talkabout* subscribers also receive *With Compliments* newsletter eight times a year **FREE**. NSW *Talkabout* subscribers also receive *Contacts* resource directory.

- Individuals**
- I am not a member of PLWHA (NSW) and/or I live outside NSW **\$30 per year**
  - I am receiving benefits and living in New South Wales (enclose proof of concession) **FREE**
  - I am an individual living overseas **AUS\$70 per year**

- Organisations**
- Full** (business, government, universities, hospitals, schools etc.) **\$80 per year** Please specify number of extra copies @ \$30 each per year
  - Concession** (PLWHA organisations, non-funded community owned groups etc.) **\$40 per year** Please specify number of extra copies @ \$13 each per year
  - Overseas** **AUS\$120 per year** Please specify number of extra copies @ \$40 each per year

**Donations** Yes! I want to make a donation to  PLWHA  *Talkabout*

\$100  \$50  \$20  \$10 Other amount \$  Total amount forwarded \$  (include membership fee if applicable and fees for extra copies)

**Method of payment**  Cash  Cheque  Money Order  Mastercard  Bankcard  Diners Club  AMEX  Visa

Card number      Expiry date

Signature  Date

Please make cheques payable to PLWHA (NSW) Inc. A receipt will be sent upon request. **Donations \$2 and over are tax deductible.**

Please note that the Membership and Subscriber database is totally confidential. **Publishers** — talk to us about exchanges with your publication.

First name  Last name

Postal address  Postcode

Phone (h)  (w)  Mobile

Please forward this completed form to: **Talkabout Subscriptions, PO Box 831, Darlinghurst NSW 1300**

Thank you for your support



**Talkabout** is published monthly by PLWHA (NSW) Inc and covers areas of interest to people living with HIV and AIDS including treatments, news, features and personal stories. 3,000 copies of *Talkabout* are distributed throughout the Sydney metropolitan area and regional New South Wales. *Talkabout* is also distributed to AIDS organisations and libraries nationally. **If you would like to advertise in *Talkabout's* Services Directory, please contact Rosi on (02) 9361 6750.**

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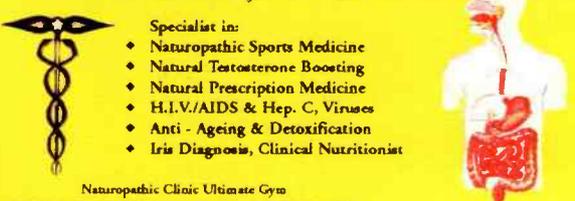
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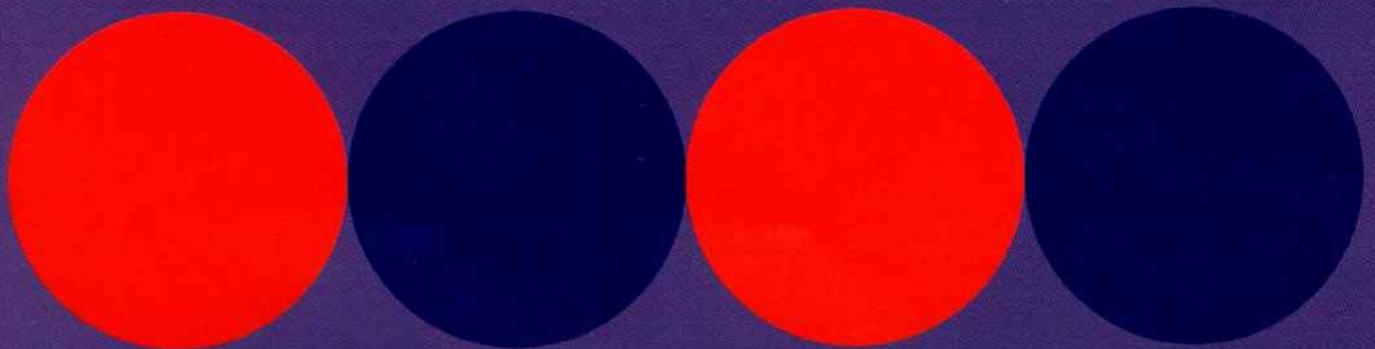
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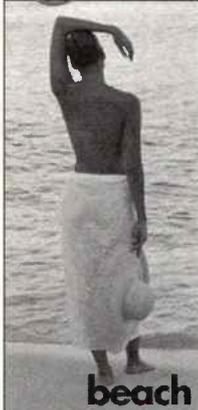
**To all the fabulous volunteers who have assisted PLWHA (NSW)  
with our Mardi Gras and fundraising activities ...**

**THANK YOU**

**With your help, our fundraising stickers at the  
Mardi Gras Launch, and the raffle at Fair Day  
and Shop Yourself Stupid were a great success!**



**Love and happy Mardi Gras  
from the Staff and Committee of PLWHA (NSW)**



beach



shopping



grief support

## Outings

**Outings** are free events for positive people, carers and friends coordinated by South Eastern Sydney Area Health Service. Coming up on April 7 is a visit to the Museum of Contemporary Art. Contact Jane on 9319 4439 or Carolyn on 9382 8374.

**The Central Coast Coastal Connections group** is for PLWHA living on the Central Coast. They have several outings and events planned for April. For information or to get on their mailing list call 024975 1242

## Support

### Positive Heterosexuals

A peer support and education project: Friday April 14 Open House at Our Pathways in Wollongong. This is an evening event to welcome Illawarra HIV+ Heterosexual men and women, their partners and families. Friday April 28 Open House meeting to welcome Nepalese PLWHA. Saturday and Sunday May 6 and 7: Pozhet-by-the-sea at Shellharbour beach for HIV+ heterosexual men, women their partners and families. Details: Trent (02) 4229 2944 or David: Freecall 1 800 812 404

**Pozhetwest:** Western Sydney peer support and education for heterosexual men and women living with HIV/AIDS. Contact (02) 9671 4100.

### Telephone support for Mothers

The Ankali Project is currently planning a telephone support group for mothers living outside the Sydney metropolitan area who have adult children infected by HIV/AIDS. The group will start in June and run for eight weeks. For information ring Mary Bayldon on 02 332 9742.

### Grief support for young people and Youth Suicide Project

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### HIV living peer support groups

Joining a support group can be a great way to meet other positive guys and to share experiences of what it means to be HIV positive. For more information about when the next support group is starting, contact the HIV Living Project at ACON on 9026 2037.

## Learn

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### Yoga for people with HIV/AIDS

Special weekly classes at Acharya's Yoga Centre. Call 9264 3765 for more information.

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# Olga's

# Personals

**HIV+ Hetero Guy, 36.** Lives Coffs Harbour Area, self employed Carpenter. Enjoys fitness and healthy lifestyle. Likes socialising, cooking, swimming, walking and quiet times. Seeking caring sharing female for life of fun and companionship. **Reply 010400**

**Handsome, happy, professional gay man, 34,** HIV positive and in excellent health, seeks female partner to jointly conceive and raise a child. A sense of humour, love of children and optimistic nature required. Practical details negotiable. **Reply 020400**

**Serene caring sincere passionate 39 HIV+ female,** seeking friendship with sincere fun-loving passionate gent, for quiet memorable times together, view to relationship if compatible. All replies answered. Please, no baggage. **Reply 010300**

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**Active sailor seeks HIV+ girl to 35ish** for friendship and sailing comfortable 35' cruising yacht. No need for sailing experience, my aim is for friendship and maybe a relationship. Might even take the boat (and you!) to the Whitsundays. **Reply 041199**

**36 hetero male, American, new to Sydney,** healthy, very good shape, successful professional, discreet about status, living totally normal life, never been sick, no baggage, seeks female who likes to laugh for friendship/relationship. **Reply 021199**

**Hetero guy 38 HIV+,** employed, easy going, positive attitude with sense of humour needs a mate, HIV+ or - to share life with. Eventually would like to have HIV- children. Nobody knows I'm HIV+ so discretion a must. **Reply 021099**

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# Hyperactive



... anywhere in the world  
with **tim alderman**

## My Cell Doctor

<http://www.mycelldoctor.com>

**Rating** I was handed a leaflet on Fair Day with this site on it, and was curious enough to check it out. The site looks good, and isn't as far-fetched as I expected. The site has only two pages in total, and no gimmicks.

According to the main page, this is 'The dawning of a new age in medicine'. They claim to be Natural Health Consultants working in conjunction with the Medical Profession. Click on HIV Info to access the second longer page. It opens to a disclaimer, and a blurb on 'What Everyone Needs to Know about Supplements and Nutrition'. There follows a series of steps to take for natural good health, ways to control Candida, and foods to avoid while undergoing the program (all my favourite foods are out, so I won't be following the plan!). ways to assist digestion, and some sample menus which include snacking. There is also advice on natural and synthetic vitamins.

Although the site impressed me, and seemed to be genuinely intended, you should consult your doctor before commencing the program.

## HIV Medication Guide

<http://www.jag.on.ca/hiv>

**Rating** This is an informative site, though not intended to replace professional medical advice. The listings are comprehensive, and the site is in English and French.

The home page opens with a disclaimer. Click 'Enter'. Medication Schedule lists anti-virals, and drugs used to combat Opportunistic Infections. Check the box next to the drug you want information on. Pathology gives you the choice of Primary Prophylaxis; Treatment; Secondary Prophylaxis; and medical information. Patient Drug Information takes you to individual pamphlets on a range of drugs. There's also information

on single and double drug interactions. References lists all drug interactions, and there is a User Guide to tell you how to maximise your usage of the site.

## National AIDS Treatment Advocacy Project

<http://www.natap.org>

**Rating** This site is comprehensive, and has been recently updated. You will need Acrobat Reader for some documents.

Links to left of page lead to information about NATAP, and the project Newsletters that date back to 1997, Conference Reports including reports on Efavirenz. There is a Users Guide on how to maximise the benefits of Protease Inhibitors. There is a zipped MS Word document on Hepatitis that you can download for information and FAQ. There are reports from all NATAP's forums, a comprehensive archive going back to 1998, and the expected links to other useful sites.

## short clicks

Two sites not comprehensive enough to thoroughly review, but with information relevant to interested persons:

### Federal Drug Administration

<http://www.fda.gov>

For those who wish to know the ins and outs of the USA drug approval organisation. It does contain some information on HIV drugs, warnings and alerts, and some trial information.

### HIV Infoweb

<http://www.infoweb.org>

An on-line library of links for HIV and AIDS-related information.

Subscribe now

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- Individuals**
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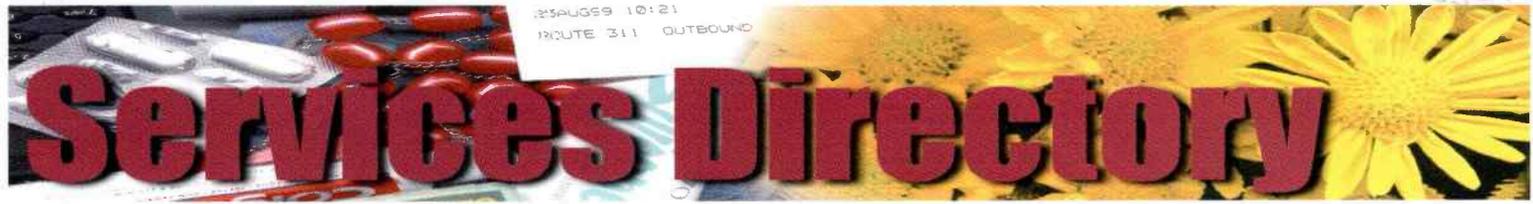
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# IL-2 treatment approaches

The AIDS Treatment Project Australia (ATPA), in collaboration with the National Centre in HIV Epidemiology and Clinical Research (NCHECR), presents a series of national forums discussing the latest developments in the HIV immune based therapy Interleukin-2 (IL-2). We will look at Australian clinical studies, investigating the agent IL-2 as a treatment approach with existing HIV drugs.

Each city forum will also discuss the clinical trials operating out of the local research sites in that state, and introduce the local investigator teams.

This is a free, public forum open to PLWHA, clinicians and other community and health care workers. Refreshments will be provided.

## Speakers include:

Peter Canavan • President • National Association of People Living With HIV/AIDS (NAPWA)

Dr Sarah Pett • Clinical Project Leader • NCHECR

Dr David Sundin • Medical Monitor • SILCAAT Study • Chiron Corporation

### Perth

**Monday 10 April 2000 at 6.30pm**

Venue: Hyatt Regency Perth

The Traders Lounge

99 Adelaide Terrace

Tel: 08 9225 1212

### Melbourne

**Tuesday 11 April 2000 at 6.30pm**

Venue: NOVOTEL

Marina Room

270 Collins Street

Tel: 03 9667 5800

### Surfers Paradise

**Mon 17 April 2000 at 2.30pm**

Venue: Concorde Hotel

The Riverview Room

Pier 42

Tel: 07 5539 0444

### Sydney

**Wed 12 April 2000 at 6.30pm**

Venue: Millennium, Room Kellet 2

At The Top of Williams Street

Kings Cross

Tel: 02 9356 1234

### Newcastle

**Tues 18 April 2000 at 2.30pm**

Venue: Noah's on the Beach

The Promenade Room

Cnr Shortland and Zaana Street

Tel: 02 4929 5181

For further details contact the ATPA office

Email: [nat.coord@napwa.org.au](mailto:nat.coord@napwa.org.au)

Tel: 02 9281 0555

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