

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

No.107 April 2000

# Talkabout

Where We Speak

LIFE

LOVE

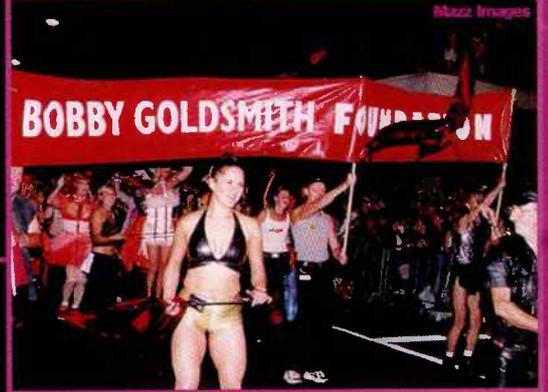
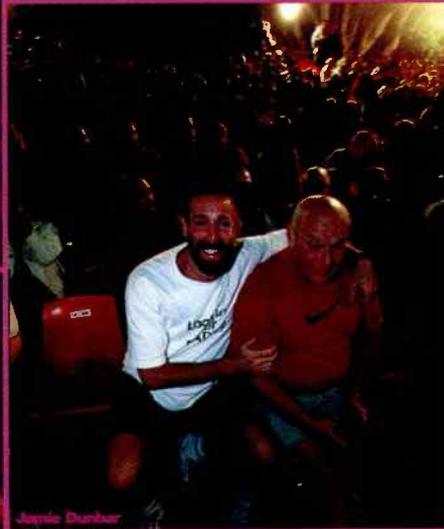
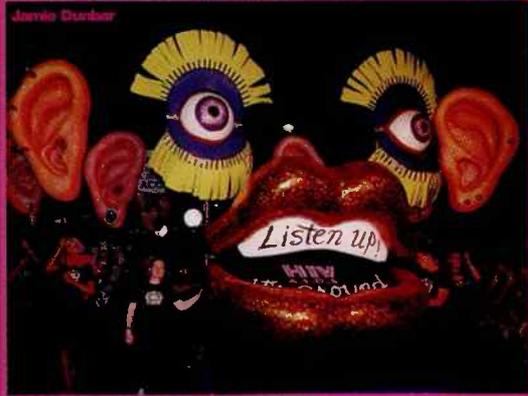
JOY

THE SEX ISSUE

ACON's future, oral sex news, our arts update, Mardi Gras and our POZTALK winners

Photographers Mazz Images and Jamie Dunbar take us back to the magical evening which was the Sydney Gay and Lesbian Mardi Gras 2000

# Parade



C O V E R

(W) entry  
ardi gras  
aph is by  
studios.  
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we're delighted to present the first two stories from the inaugural writing competition

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in this month's **community briefing** *lindsay varcoe* wonders if the AIDS Council of New South Wales have headed up the road to success – or if they have taken a wrong turn

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*amelia mcloughlin* reports on a new look for women living with HIV/AIDS; *maria petrohilos* and *julie howell* explore issues faced by plwha who use the multicultural HIV/AIDS service; *mandy, sara, roger, darryl, tim, david, peter* and *bill* share their experience of negotiating sex as positive people **▶** and *mark anns* puts thirteen common sexual downers on the couch

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**"Sexuality – it's more than just sex or safe sex. It's who we are as men and women and how we express our sexual feelings and emotions." (From the glossary of *Love, Lust & Latex* – reviewed on page 6.)**

Don't you just love the way glossaries can make the most complex topic sound straightforward? We come to the Positive Sex Issue – a brief and by no means comprehensive look at how positive people are negotiating sex, intimacy and everything that flows from that. It's a huge topic. We would have liked to include, for example, a review of safe sex education and the latest news on STDs – but pages are scarce in a community publication so the Publications Working Group decided to let eight personal stories from positive people do all the talking. Every one of these stories reveals a great deal and each of the authors are to be commended for sharing their truth about a personal and often controversial topic.

In the *HIV Futures 2* report released in late March the authors draw attention to the complexities faced by PLWHA who attempt to define their lives outside their HIV status. They use the example of sexuality to demonstrate their point that "there are balances to be sought between the advantages of moving in a world dominated by HIV in terms of greater acceptance and the disadvantages in terms of greater stress and anxiety." This tightrope that the authors refer to is one which the PLWHA who have chosen to speak out in this issue tread every day.

In our Community Briefing this issue, we canvass the early responses of representative HIV/AIDS community organisations to the ACON Future Directions statement. I say 'early' because as ACON develops its vision – through consultation – into a working blueprint, PLWHA must be there at every step, asking questions, putting their views, and clarifying what they want from ACON services. The future of ACON is integral to the way the HIV/AIDS sector in New South Wales will work in partnership to defeat and manage HIV and support those people who are living with it. *Talkabout* is a vital public forum where positive people can put their view. The Publications Working Group intends that *Talkabout* will cover this issue regularly and comprehensively and we hope you will drive our reportage with letters to the editor and articles.

Shortly, those of you who subscribe to *Talkabout* (and by the way, thanks your support) will receive a letter from myself and the Publications Working Group. In it we explain why we have taken the decision – reluctantly – to combine six issues of *Talkabout* into three this year. This is a temporary change to our publication schedule that will allow crucial work to be done behind the scenes. In the time saved we will run a subscriber drive for instance. We'll also expand and improve our other key publication – *contacts* – by incorporating a guide to Complementary Therapy services. As ever, your feedback about any of the issues raised here is welcome and encouraged. This is your magazine – I urge you to participate.

*feona struddert*





# THANKYOU!

PLWHA (NSW) Inc. wishes to extend a warm thankyou to the many people who helped make our Mardi Gras 2000 a success.

To **The Sydney Gay & Lesbian Mardi Gras** thanks for once again supporting HIV positive people through the annual Time-Out room. Thanks also to **Sharpe's Pharmacy** whose generous donation enabled us to produce our Mardi Gras 2000 float.

A **BIG** thankyou to all the sponsors and volunteers who assisted with our Millennium Summer Raffle. With your invaluable help it was a great success. The Raffle was drawn by Levinia Crooks, President of the Bobby Goldsmith Foundation and our congratulations go to the following lucky winners:  
**1st** John Turvey – return trip to Europe **2nd** Shane Hewitt – two nights accomodation & dinner  
**3rd** Anne Wright – lunch for two



PLWHA (NSW) Inc. would also like to thank the following sponsors:

**Gypsy Road • Los Galos • Synergy Hair • Vaultier Hair • EAT 'N' RUN • Butch Clothing • Bacardi Breezers  
HIV/AIDS Legal Link • Department of Gender, Sydney University • Leader of the Oposition, Kerry Chikarovski  
Clover Moore, Member for Bligh • Office of the Honourable Arthur Chesterfield-Evans  
Central Sydney Area Sexual Health • Options Employment Services • HIV Allied Team in Redfern  
Youth & AIDS Project • Clarence Valley PLWHA Support • Karumah Inc. • BGF • South Sydney Council  
ACON • ADAHPS • NAPWA • ACON Western Sydney • Broadway and Ultimate Gym, Newtown**

## The IL-2 diary

Australian patients with less than 300 T cells are now enrolling in the SHCAAT trial, which examines the T cell boosting benefits of interleukin-2 (IL-2). *Talkabout* would like to give trial participants the opportunity to write anonymously about their experiences.

## Efavirenz lowers levels of ABT-378

A recent study conducted by the manufacturers of the experimental protease inhibitor ABT-378 found that the non-nucleoside drug efavirenz lowers the levels of ABT-378, also known as lopinavir, by about 20-40%. It is thought that in patients who have not previously taken protease inhibitors, the decreased levels of ABT-378 would remain effective. Patients on efavirenz and ABT-378 who have developed resistance to other protease inhibitors may require an increased dose of ABT-378. The current dose of ABT-378 is three 135 mg capsules twice a day. Abbott officials recommend that protease inhibitor experienced patients increase the dose of ABT-378 to four capsules twice a day, when taken with efavirenz.

The Centre for AIDS  
(<http://www.centerfortids.org>)

## A new treatment for KS

Australia's National Centre in HIV Epidemiology and Clinical Research is participating in an international study of IM862, a very simple protein (or peptide) designed to help make Kaposi's sarcoma (KS) tumours go away. IM862 is an angiogenesis inhibitor, which means that it may prevent the formation of new blood vessels that are essential for KS tumours to survive and grow. IM862 is taken as nasal drops that are inhaled once every other day. Half of the patients in this study will receive IM862 and one half placebo nasal drops (with no medication). For information about the trial criteria and where to enrol, please contact ACON's Treatment Information Officers.

## St John's Wort

The herbal antidepressant St John's Wort may lower blood levels of all protease inhibitors and of the non-nucleoside drugs efavirenz and nevirapine, the UK's Medicines Control Agency has warned. The agency suggests that people taking anti-HIV drugs and St John's Wort should have a blood load test to check if the herbal medicine has had any adverse effect on levels of prescribed medication. The MCA also warns that people who stop taking St John's Wort may experience side effects caused by a rapid rebound in blood levels of anti-HIV drugs.

Keith Alcorn, [aidsmap.com](http://aidsmap.com)

Treatment Briefs are supplied by ACON Treatment Officers. For more information please contact John Cumming or Barrie Harrison, phone 02 8206 2013/2036, freecall 1800 816 518, [mail.treatmts@acon.org.au](mailto:mail.treatmts@acon.org.au)



**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](mailto:feonas@plwha.org.au)

**Q** I have just started on a new drug combination that includes abacavir (Ziagen). I am worried about possible side effects?

**A** A hypersensitivity (allergic) reaction is the main concern. This may occur in approximately three percent of people who take this drug. Symptoms of this side effect are varied and include fever, rash, nausea, vomiting, diarrhoea or abdominal pain, and severe fatigue. It has now been recognised that chest symptoms like cough, shortness of breath and sore throat, or symptoms of the flu, may also indicate a hypersensitivity reaction. It is extremely important that a hypersensitivity reaction is diagnosed early. Many other conditions people experience may produce these symptoms so it is important to consult your doctor immediately if you experience any of these symptoms.

**Q** I want to have a flu shot this year, will it affect my HIV infection in any way?

**A** Even though there is no evidence that people with HIV infection are at increased risk, the flu is best avoided particularly if you have had previous chest infections such as pneumonia or bronchitis, or have a history of asthma, or are over 60 years old. In the past there was concern that vaccination may cause a transient rise in HIV viral load. Nowadays, this is of less concern because HIV is usually well controlled by treatment. A study published last year that reported on results in a military outpatient clinic, found no change in viral load following vaccination and 100 percent effectiveness in preventing influenza. A recent development

has been the availability of a new drug to treat the flu, zanamivir (Relenza), which is given through an inhaler and must be commenced within 48 hours of the start of symptoms. This drug appears effective in relieving flu symptoms and studies have shown that it may also be 80 percent effective in preventing influenza.

pathway. For this reason, it is now recommended that St John's Wort should not be combined with protease inhibitors or NNRTIs. I can understand your concern about this new information, because a lot of people have been using hypericin for a long time. I can only assure you that if you are continuing to maintain good

A study conducted in the US has indicated that people taking St John's Wort with Crixivan (indinivir) experience a decrease in the overall blood levels of Crixivan by an average of 57 percent and a decrease in the critical trough levels by 80 percent. St John's Wort appears to increase the elimination of HIV drugs by induction of the cytochrome P450 metabolic pathway.

For this reason, it is now recommended that St John's Wort should not be combined with protease inhibitors or NNRTIs.

**Q** I have been using St John's Wort (hypericum/hypericin) for a long time and now I hear that it cannot be used with my HIV drug combination. I am worried that I may have risked my treatment.

**A** A study conducted in the US has indicated that people taking St John's Wort with indinivir (Crixivan) experience a decrease in the overall blood levels of indinivir by an average of 57 percent and a decrease in the critical trough levels by 80 percent. St John's Wort appears to increase the elimination of HIV drugs by induction of the cytochrome P450 metabolic

results, you may not have come to any harm. You should discuss your concerns and the findings of this study with your doctor. Many complementary therapies have not been evaluated in regard to interactions with any of the anti-viral drugs.

Answers provided by Virginia Furner and Mark Kelly - both Doctors at the Albion Street Clinic and members of PLWHA (NSW) Treatments Working Group. Decisions about treatments should be made in conjunction with your GP.



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.

## Gay, lesbian and PLWHA voices

ACON Illawarra has announced a new project to publish an anthology of gay, lesbian and PLWHA voices, stories and history. The project hopes to bring together writing that depicts the experience of being gay, lesbian or HIV positive in the Illawarra. The project will start soon so if you're interested call Michael at ACON Illawarra on 4226 1163.

## Mardi Gras

Thank you to all the fabulous volunteers who assisted PLWHA (NSW) with our parade entry for Mardi Gras. Sharpe's Pharmacy generously donated the money to create, paint, stitch and glitter our entry. People from the Positive Living Centre joined us and brought along their very useful bus, excellent for a rest along the way and a seat to have a drink. To all the participants, designers and float builders thank you for a fabulous night and all your hard work.

Thank you also to BGF for providing the Positive Seating area so PLWHA who needed more

comfortable facilities could view the parade. Finally a big thanks to Sydney Gay and Lesbian Mardi Gras especially Kirsten, Katrina and Alison for their help with the Time Out room for PLWHA at the party. A big thank you to everyone.

## No barriers to good services

PLWHA (NSW) along with other HIV and Home and Community Care (HACC) projects have been working on a training and information project to increase access and equity for positive people. Two projects have been set up, one in the eastern suburbs and the other through the inner west to Sutherland. The training is based on educating many of the volunteers and staff of HACC services about HIV to break down barriers and long held misconceptions. Training will take place through the next half of the year, with the aim to provide safe and supportive services for positive people.

## Looking for work

If you're thinking about getting back into an office environment

PLWHA (NSW) has announced a training and on-the-job experience, work program. The program will centre on gaining office and administrative experience and skills. The course will take three months with two days on the job experience and one-day training each week. It is hoped the program will allow positive people the opportunity – in a supportive environment – to assess if they are ready to return to work and update their skills. Funding for the project comes from the HIV/AIDS and Related Diseases Unit of South Eastern Sydney Area Health Service. For further information contact Antony between 10am and 5pm on 9361 6011.

## Party PLWHA

The Luncheon Club's annual Mardi Gras party ticket ballot was in hot demand again. This year PLWHA (NSW) and Sharpe's Pharmacy donated the twenty concession tickets that are drawn. We hope that a good time was had by all the PLWHA who attended the party through this worthwhile scheme.

## Officially open again

The renovated Positive Living Centre re-opened last month with a colourful ceremony featuring an Aboriginal smoking ceremony and speeches from community members. Ms Sylvia Scott a representative of the Wiradjuri Aboriginal nation welcomed guests and PLC regulars onto what was traditionally the land of the Eora People. Justice Michael Kirby a well-known supporter of the rights of PLWHA and gay and lesbian people officially opened the popular meals and drop-in service. The PLC offers a vital service for PLWHA in the inner city providing three meals, four days a week plus social support, transport, referrals and information.



Photos: Amelia McLoughlin

## HIV Futures 2 finds increasing inequity

The authors of the second national *HIV Futures Report* have called on social policy makers in the HIV/AIDS field to address "increasing divisions between those PLWHA who have good personal access to resources and support and those who are dependent on inadequate government and community resources." "This report has shown the extent to which poverty and needs across a range of social and health services are key barriers to the wellbeing of a sizeable group of PLWHA" said the authors in their concluding comments.

Another key finding is that "some evidence" reveals that "for many PLWHA it is important to find ways of defining life outside their HIV status."

The report, released in late March, is the second national survey of the health and wellbeing of PLWHA in Australia and follows the first HIV Futures survey published by the Australian Research Centre in Sex, Health and Society in 1997. The authors also detail a number of significant differences that have emerged between the two reports. The latest report shows an increase in the health conditions other than HIV/AIDS experienced by PLWHA: a decrease in the use of antiviral drugs; and a slight decrease in the number of people reporting side effects from their antiviral drugs. The report notes an increase in optimism about antiviral therapy, an increase in confidence about unprotected sex as a result of antiviral treatments, and a shift in the primary source of information about living with HIV/AIDS from doctors to the HIV/AIDS media. Also revealed is a considerable increase in the number of PLWHA who have returned to work, and an increase in the numbers of PLWHA who do not try to keep their HIV status confidential in the workplace. Of particular concern is the finding that women are now significantly more likely than men to fall below the poverty line despite being no less likely to be in paid employment.

## Hunter Valley to lose Housing Support

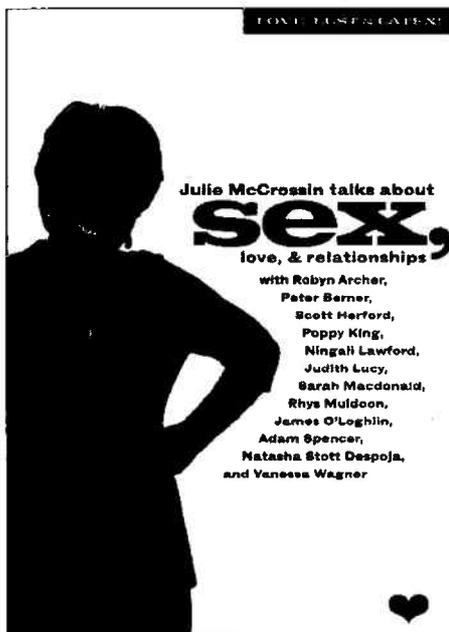
Hunter Valley PLWHA communities have formed a coalition to address the imminent closure of local residential care facility MacKillop House. The Sisters of St Joseph who have been running MacKillop House announced the closure in February this year. David Cook, Convenor of the Coalition, said there is likely to be a five to six month gap in services until the tendering process for a replacement service, now underway, is completed. The Coalition aims to minimise the impact of the closure by lobbying the Sisters of St Joseph to keep MacKillop open until replacement services can be found.

“...s like driving a car. If you drive drunk, or you close your eyes, you're going to crash and you'll kill yourself, and maybe someone else. If you apply that to your sexual habits and realise that you are in control of your own vehicle, then that's very empowering and exciting.

Vanessa Wagner (aka Tobin Saunders)

## love, lust & latex

feona studdert finds a glamorous little talking point for the coffee table.



This is a glamorous little talking point to keep on the coffee table for those awkward first date moments. It's full of direct, practical advice on what can be a complicated subject. Julie McCrossin - the suburban mum's pin-up girl, TV personality, and 'launcher' of big events' extraordinaire - has enticed a bunch of people in the public eye to share their secrets and street nous on the big issue - how to navigate a safe and happy sex life.

In twelve interviews Ms McCrossin goes in-depth across cultures, sexualities and ages to reveal all the hot topics and a few old furrphies. Along the way she discovers several themes that may just sum up the naughty noughties: including Catholics are different; 'I wish I'd been

around during the orgy', Choose your own parents. Myriad male sexualities and Talk to me baby! It's all delivered with a refreshing immediacy and frankness that will appeal to just about anyone except your basic anti-life model like John Howard and Melbourne's Archbishop - George Pell.

Most of the twelve celebrities interviewed are under 35, which means some (especially those whose sexual preference is heterosexual) describe negotiating sex and relationships in a 'post-AIDS' world. *Talkabout* readers (and HIV/AIDS educators) may think 'what's so post about it?' - but in this context it reflects more a 'I survived the grim reaper campaign and now I (almost always) use a condom' kind of attitude.

As *New Idea* discovered years ago, everyone loves to know celebrity secrets. But if the most intimate thoughts of Australia's alternative 'A' list isn't enough for you this book also features a sexual survival guide for the new millennium. Bookmark page 117 for the facts on your sexual rights; everything you need to know about contraception and latex; a glossary of sex words; and a list of useful resources for further information and advice; you'll never be stumped for small talk again.

With *Love Lust & Latex* FPA have made an important contribution to the stubbornly taboo subject of talking about sex in real life (as opposed to gossip, the movies, and porn mags). Take it to bed with you. ■

*Love Lust & Latex* is \$16.95 from bookstores or by mail order (\$20) from the publishers - FPA Health.



surfing

Talkabout

feature stories are now available on the internet @ [www.hivaid.webcentral.com.au](http://www.hivaid.webcentral.com.au)

## Letters

Dear Editor,  
'Comedown Tuesday' certainly had its effect on my girlfriend. I've been dumped! Severely, totally and forever it seems.

It was on the cards and in the tea leaves, she's been eyeing that pretty young thing called DEET funding and fundraising with ever increasing slurps of those dollar dazzler lips and she, GaLCONna (nee ACON) finally bit the biscuit.

This obviously means that there is a cure for AIDS now because there is no AIDS Council anymore – its just no one told anyone about it. Must have been Mardi Gras – obviously!

Me I was busy watching Futurama and logging onto gay.com in the vain hope that the mixture of futuristic fantasy and year 2000 status-honesty would be my path to true holy spirit – well for this year anyway.

But lets get serious here – ACON has to "seriously demonstrate" its ongoing commitment to those with HIV and those suffering from AIDS.

Those of us with full-blown, warts and all AIDS still need a strong ACON offering, or at

least funding, real programs that make a difference.

Having the President and Vice President quote the [line] "seriously demonstrate" is not good enough.

How, why, and when is what we need to know. An announcement and a half-policy does not good government or policy make! How in practical terms is ACON (GaLCON) to achieve this?

Personally I just refuse to die until I have a response that satisfies the ever urgent and ongoing needs of others like me who are overwhelmed by the Full-Blown Devil. I now have two T-Cells and I want more – ACON please deliver this.

*Paul Roberts, Potts Point*

To the Editor

We are writing in response to David Barton's letter about the ACON Board's Vision Statement in the last issue of *Talkabout*.

Since David sent his letter, he has been in discussion with ACON about his concerns. We believe we have addressed most of those issues with him. That said we are concerned to ensure

that we do the same for the widest audience so that we can have the debate that is needed about our future direction without raising unnecessary fears in people's minds.

David sought our assurance that ACON intends to continue to fulfil a number of roles, including: providing services to positive people regardless of their sexuality or gender; spearheading lobbying efforts on HIV issues with the NSW Government and, through AFAO, with the Federal Government; examining and improving the services we provide to positive women; and following through on the improved engagement we have been building with a number of communities marginalised in the epidemic, including Indigenous and transgender people, injecting drug users and people with multiple diagnoses.

We happily gave those undertakings. We are serious about the two main directions in our Vision Statement. The first is doing our HIV work better. For gay men, who are 85% of the epidemic, this means taking a more holistic view of health and recognising that many gay men, negative and positive, in common with many

other positive people, do not engage solely with HIV any more. The second is starting to address, in a careful and evolutionary fashion, some of the other pressing social health issues in the gay and lesbian communities.

This does not mean a reduction in our HIV effort, but can actually support better HIV work with all positive men and women. We recognise that the proof of the pudding will be in improved service delivery. The Board's Vision Statement forms the basis for our discussions with a whole range of people (during March) as to what that service delivery should look like. We will consider that feedback in drafting the organisation's next Strategic Plan and business plan.

*Yours sincerely*

*David Stone, President*

*Adrian Lounney, Vice-President*

*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.*

## 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 the inside back cover.

Subscription renewals are due by June 30.



*Thank you  
for your support*

## POSITION VACANT



**Australian Society for HIV Medicine**

## Administrative Assistant

10am – 4pm five days per week through May 2000

\$15.00 per hour

You will be required to have high level computing skills, be accurate, punctual and have an eye for detail. You will be responsible for reception, mail, ordering and purchasing, and making appointments as part of your daily routine. You will also be responsible for entering changes to our annual telephone directory.

### Essential

- Highly skilled in Microsoft Word and Outlook
  - Accurate typing and data entry skills
- Experience in reception/telephone work in a paid or unpaid capacity

### Desirable

- Interest in HIV and/or HIV treatment issues
  - Experience in taking minutes/or a desire to learn
- Three days, paid, on the job training will be provided by the incumbent.*

Written applications addressing the selection criteria should be mailed to Claire Koetsier, ASHM, 150 Albion Street, Surry Hills NSW 2010. Phone 9380 9525

**Well we made it! We've officially crossed the finishing line and we are delighted to announce that we have seven winners in our inaugural creative writing competition.**

This month we present the first and second winners for best fiction. These stories, by Ernie Blackmore and John Douglas are completely different in theme and tone but what they have in common is a clear, strong, original voice.

Thanks to our two judges, Robin Gorna, Executive Officer at the Australian Federation of AIDS Organisations (AFAO) and Marcus O'Donnell, Editor of the *Sydney Star Observer*. As well as key professional roles in the community both Robin and Marcus are, themselves, published writers.

Thanks of course to our many sponsors who have generously donated both cash and kind prizes.

We hope to run a second competition next year and look forward to your entries. The complete list of winners is on page 10.

**feona studdert**  
Editor

**PozTalk is proudly sponsored by**

**South East Sydney Area Health Service**



**Random House**



**Ariel Bookshop**



**Sydney Dance Company**



# positive expectations

by **Ernie Blackmore**



**I knew there was something wrong as soon as the phone began to ring. And I knew I ought not answer it.**

"Hello," I offered. Softly, almost silently. A victim of a timidity. I didn't understand.

"Hello," a familiar voice interrupted and yet not quite registering, bit like an echo. "Hello, is someone there?"

"Who's calling?"

"It's ..." Then silence.

I was suddenly afraid. A feeling that something was wrong permeated every fibre of my being. "Who is this? What do you want?"

"It's Geoffrey."

"Geoffrey? "Geoffrey who?"

"How many do you know?" he retorted. "Geoffrey Nieberg. Your son."

My son? Now this was different. It must be at least twenty years since I last saw them. It's not that long since I was paying for his schooling. Hang on, what's the boy saying?

"I need to see you."

"You might as well know there's no money left."

"I don't want your money."

"Well it's a long time between drinks and I'm not sure you can cope with how I live or ..."

"Please? Listen to me. I need to see you and soon, can I please come over?"

It wasn't as if he could do me any damage, not in my state. Besides why would he hurt me? It was just my paranoia. It wouldn't hurt to see him. Besides having a visitor was a good reason to tidy the flat.

"When would you care to visit?"

"Right now would be good. Before my courage runs out."

So! I wasn't the only one who was fearful.

"Where are you?" I asked, expecting he'd be somewhere out west.

"I'm outside."

I spun around to see out the window. On the other footpath, illuminated by the fluorescent streetlight was a man. A mobile phone stuck in one ear.

"Can I come in?"

I was unable to speak, but as soon as I nodded my head he left the footpath and slowly crossed the road. I was still looking out the window when the buzzer sounded. I automatically picked up the handset and issued instructions. "Up two flights on stairs turn left, third door on your right." Moments later I faced a younger version of myself. "Come in, I'm sorry the place is such a mess but I haven't been too good recently and cleaning up is low on the list of my priorities."

"No need to apologise, my place'd be the same except for the help I get in keeping up."

There it was again, the alarm bell. What was going on for me right then I didn't know. I was afraid to face this kid and tell him the truth about myself.

"Look," I said, words rushing out as I took the initiative. "You might as well know right from the jump, your old man's a poofter. Secondly, I've had prostate cancer for over ten years and I've just about lost the battle. The bloody thing has finally got into my liver and they've given me about three months. And I've got no money."

It'd been too hard to tell myself the truth. There, it was out there now. I'd done it through telling someone else. We faced off still standing, and then almost as if choreographed each of us took a step backwards and collapsed into a lounge chair. We sat and stared at one another for what seemed an eternity that stretched beyond the ten minutes or so that it took to smoke a cigarette.

"I'm gay too," Geoffrey whispered, exhaling the last puff from his cigarette. The smoke was creating one of those foggy images from the *X Files*. "And I've got AIDS."

"Does your mother know?"

"She's been dead for more than five years, and yes she did know. Not that she liked it much. She told me about you when I came out to her. She expected you'd been dead for years. I thought so too and then I saw your name in *Yarn Up*. I read the story and knew it was you. I'll bet she was pissed knowing you was a Koori. Christ, with her National Party background, how come you two got married?"

"Money and denial. I had money then. Your mother's family were 'old money', but broke. I was in denial, trying desperately to be straight, afraid that if I came out the bubble would burst and there'd be no more work. She decided to marry me and you know what happened once she made up her mind."

I stopped to get my breath; I was so 'wired up'. Then anger assailed me, like something out of left field. No reason for it and I felt like yelling at him. I knew it was stupid but I couldn't stop myself.

"How come you've got AIDS? Didn't you know to take care of yourself? Jesus Christ, you had a choice. I never got a choice with cancer but you had a choice, are you totally stupid?"

Geoffrey jumped to his feet, screaming. "I expected more than this from you. All she ever did was abuse me but I thought at least you might understand."

"I ..." I thought he was going to hit me. It'd serve me right if he did.

He turned away to leave. I was paralysed. This was madness, like a short film clip, making no sense. I couldn't let him go like this.

"Stop!" I screamed. "Please, stop." I felt like a fool at my outburst. "I'm sorry. I don't know what came over me. Please, give me a chance. You are my son. She kept you away from me for over twenty years, threatening to expose me if I tried to contact you. Then you ring. I thought at first you were after money and then I thought you were trying to punish me, as if she'd sent you to rub it in before I died. And when you turn up in the last few

weeks of my life you tell me you've got AIDS. It all seems like a cruel joke."

"Dad, I have been following you for several weeks now trying to get the courage to speak. The doctors at St Vincent's tell me that despite how well I look right now; I have lesions on the brain that will shortly take control, I ... well I don't have much time either. They don't know how long but they say it's more like a few weeks rather than a few months."

There was a calmness and an understanding. I felt to say anything would have destroyed whatever it was we were building in those moments. Geoffrey looked at me and slowly got to his feet. In what seemed like slow motion he crossed the small space separating us, bent down and kissed me on the forehead.

"I'll see you later, Dad."

"Yes, later."

But we both knew there would be no later. All that needed to be said and done had been accomplished, but neither of us was going to acknowledge that, at least not out loud.

"Don't get up, I'll let myself out." He said as he crossed to the door. "And thanks for being the father I thought you were." ■

*Wednesday 23, 2000 the Sydney Star Observer carried a story that read: "The Sydney Gay community is this week mourning the loss, to AIDS, of promising young playwright and gay activist, Geoffrey Nieberg. It is ironic that he was only reconciled with his father, noted Sixty's and Seventy's author and Pulitzer prize winning playwright, Richard Nieberg who also passed away this week losing his long running battle with prostate cancer."*

## First prize

Ernie Douglas

## Second prize

John Douglas

## Highly commended

Keith Jepson

Robert Baldwin

Gavin Austin

Dudly Roberts

Dan Forrester

# my life

by John Douglas

**I've decided to make some changes in my life. Not because of my sero-conversion, mind you. That was an effortless event, six years ago, with never an illness worth whining about. Although it does beg the question – if I am undetectable, then why am I so fat?**

However, I digress.

Following an embarrassing incident at a 'Gentleman's Club', where I inadvertently tried a brand new combination – simultaneously cumming, shitting in my pants and spewing Fettuccine Napoletana all over myself and my anonymous boyfriend in a Linda Blair-ish frenzy – then having to skulk home, covered in alien afterbirth and phlegm, I decided to become a recluse.

I began to haunt gay chatrooms on the Internet.

The best part about chatrooms is that you can be anyone – a 70 year old polio victim confined to an iron-lung and restricted to rasping through a voicebox. Other times, a crippled dwarf, typing on the computer keyboard with an insulated hook. Occasionally, Hilary Clinton looking for Bill. Sometimes Bill Clinton, not looking for Hilary.

One afternoon in the chatroom, I decided to describe myself as I really am. Mid 30s, HIV+, good looking, with a dick needing action. Response was rapid. His description of himself was sexy – 30s, fit, also HIV+, firm buns, into toys. I'm into toys. I have a selection of dildos that buggars the imagination.

Having established that we liked each other's stats and status, we edged around to more pertinent stuff, like where we both lived. I gave my potential fuck buddy my phone number.

Quicker than you can say 'Jackie Collins is a sad old bag', the phone rang. We arrange to get together, his place, next afternoon.

Now.

I'm looking good. I'd even put extra teeth whitener on before my Valium last night. It's time to go, so I pack a bag of dildos – just seventeen of my favourites – and my afternoon pills, just in case this turns out to be love.

Half way to paradise I pass an old trout in a motorised wheelchair creaking along at a land-speed record shattering velocity. It's pleasing to see that this respective Senior Citizen has wisely restrained herself in her chair. (I hate it when old people fall and break their hips on the footpath where I'm about to walk.) She's singing to herself. As I overtake the old dear I can make out her gnarly lips croaking ... "tonight I'm going to party like it's 1929 ..." Barely manage to resist the impulse to ask "Going my way, sister?"

Arrive at my destination.

Knock confidently on the weather-beaten door. It opens quickly and there he is. He looks like Ricky Martin after a nasty battery acid accident. He smiles and he shouldn't have. Teeth that only Helen Keller would have loved – to read. An upper lip in search of a lower to

commiserate with. Nostrils? More like collapsing mine shafts awaiting urgent evacuation. A luxuriant crop of blackheads threaten vigorously from the cusp of his chin.

“Baaaaaaaaa”.

“I beg your pardon?” I manage to splutter.

“Hi! Come on in.”

I’m led inside before I know it and despite slipping into shock I notice he has a fantastic body. Even so, mentally I spank myself for not being more skilful at the chat line thing. Still, I’m here now – may as well see it out. Or in, if he can just hide that face and put his backside in the air.

Tony ushers me briskly through the lounge room. Despite that hurried approach I do get time to spot some odd things – like a row of mutilated teddy bears sitting in military formation. Taped to the wall, each side of the single window, is a poster. On the right is Macaulay Culkin. To the left is one of the Baldwin Brothers. The ugly, untalented one, that nobody remembers the name of.

We enter his bedroom. There’s rubbish strewn everywhere. Blood-curdling childlike scrawls in crayon virtually obliterate the walls. A Julie Andrews doll wearing a muzzle is nailed to the back of the door. (No need for a muzzle now.)

“Sorry ’bout the mess,” Tony grins sheepishly. Or, at least how a sheep would look if it had clear-laquered its jaw into a re-enactment of the Challenger disaster.

He takes off his clothes and bends over.

There’s no denying it, he does have a luscious looking butt so I think – Aha, toy boy, let’s play!

I pull a smallish dildo out of my bag, lube it up, slide it up his arse. I work it in and out, benevolently coring his arse like it’s an apple.

But time is passing, and I wanna get something else up there. Also want to finish up and get home in time to watch ‘Out of the Wok & Into the Croset’ – a new sitcom, starring Richard Gere and the Dalai Lama as two fun-loving bachelors sharing a bedsit in LA.

Slowly, seductively, remove the dildo.

Tony’s arse gently sighs – a squelchy, watery, rotting, roadkill fart.

Struggle to the door, fling it open. Waiting on the other side are an aging couple with Downs Syndrome – Tony’s parents. Mother grabs the sex-toy out of my hands, I try to snatch it back, but the greasiness has worked in her favour. She runs into the lounge room brandishing the rubber cock like it’s a wand, Tony adding a James Bond-ish twist to the scenario by squirting molten Crisco from his bum as we race to catch magically elusive Mother.

Father stands in a corner beating his head.

Hours later, stagger home like I’m a slut who’s been fucked ten times bareback by Mr Ed. I’ve forgotten to take my pills, my legs are aching from the marathon, my clothes are clinging to me with bum mucus and lube.

Somewhere I can hear an old woman croaking “1929 ...”

My life is messier than Jocelyne Wildenstein’s surgery.

Maybe it’s time to look for a steady relationship. ■



# acon's future directions

ACON has announced a change of direction – but will PLWHA and their organisations travel the same road? **Lindsay Varcoe** reports.

## **ACON ignited great concern and debate over the future of HIV/AIDS advocacy and services in the State with the release, in February, of *Future Directions – An ACON Board Statement of a Vision for ACON.***

Reading like a political party's policy statement, *Future Directions* proposes ACON becomes a "progressive health organisation, based in the NSW gay and lesbian communities" with its "continuing commitment to HIV" to be "complemented by an increased focus on the wider health needs of the gay and lesbian communities".

Opponents of the plan have accused 'interest groups' within ACON of hijacking HIV for their own purposes, and have questioned the appropriateness of a gay and lesbian organisation representing and servicing all people living with HIV/AIDS.

ACON, however, has said its proposal is a useful catalyst for necessary debate over the future of the organisation, and has committed to consult widely and thoroughly to ensure no group is left behind.

One of those concerned at the implications of the plan is Positive Heterosexuals (PozHet) coordinator and PLWHA, David Barton.

"My concern is that ACON is trying to tie together two irreconcilable concepts – the broad health needs of the general gay and lesbian population and the specific needs of positive people," Barton said.

"ACON is the AIDS Council of New South Wales. Its primary concern should be people with HIV and AIDS.

"PozHet has men and women, young and old – including children – in its ranks, all of whom must continue to be championed by ACON", argues Barton.

"I'm not critical of a group in the HIV/AIDS communities approaching the ACON Board to say that they have a

broader gay and lesbian agenda, but in terms of being there for all positive people, ACON must hold the line" he said.

## **Promoting opinions and feedback**

ACON President Adrian Lovney said the purpose of putting forward a proposal outlining a specific direction for the Council was to promote opinions and feedback.

"ACON is focussed on uniting people," Lovney said. "We really believe we can bring about some significant improvements for everyone."

Lovney said ACON's review process was not something to be scared of – it should be seen as an "opportunity".

"It isn't about making massive shifts in services quickly," he said.

"Nothing we've said changes our commitment to positive women, positive heterosexuals, sex workers, IV-drug users

## **The interstate model**

However, many believe the reverse is true – other states will be looking to NSW to provide some sort of future direction for HIV/AIDS advocacy and service delivery.

Victorian AIDS Council Executive Director Mike Kennedy said the VAC was traditionally based on a health services model with much of its work focussing on or emanating from its Gay Men's Health Centre.

"In reality though, it's a community health centre that is inclusive rather than exclusive," Kennedy said.

"Groups such as Positive Women and Straight Arrows are heavily involved with the VAC and regularly refer people to VAC services routinely and seamlessly."

The VAC is also in the middle of reviewing the focus of its service delivery with a view to extending its reach into the lesbian community. But to do this, he said,

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*We absolutely accept that we need to continually demonstrate that commitment, over time*

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or any other group, but we absolutely accept we'll need to continually demonstrate that commitment, over time."

The impact of the review on rural and regional areas would "present a greater challenge" than city areas, Lovney said, but to some extent he believed the operation of ACON's regional offices was already quite similar to the direction the review was proposing.

Lovney said ACON was not, as some critics had suggested, planning to replicate the Queensland or Victorian models, "but we'd be fools not to look at what's happening in other states and learn from that," he said.

the VAC would need to be satisfied the move was viable, supported by the community, could satisfy an identifiable need and could be done with new funding, rather than displacing existing programs or services.

Kennedy is a former general manager of AIDS Action in the ACT and was the President of the Queensland AIDS Council. He agreed that smaller states would be guided, to some extent, by the reviews in NSW and Victoria.

## **Changes on the ground**

But what will the change mean on the ground, where it counts?

Gabe Andrew-Phillips and Barbara Delcasse from the Positive Living Centre (PLC) in Surry Hills have a number of reservations about the change in direction and have questioned ACON's ability to keep a "separate, focussed agenda for HIV positive people" in its proposed new "multi-focus environment".

The PLC has written to ACON arguing the changing nature of the HIV epidemic has led to a change in the nature of services that are needed by positive people, with a greater focus on rehabilitation and other services supporting independent living.

### **Assess the needs**

President of the Bobby Goldsmith Foundation, Levinia Crooks, is also hesitant over the proposed ACON shift.

"My primary concern is that ACON must still have a responsibility to meet the needs of people with HIV and AIDS," she said.

Crooks said a thorough "needs assessment" must be done across the entire positive community to ensure no group was alienated or disadvantaged by the proposed change.

"What needs to happen is a process by which ACON can identify the needs of positive people and demonstrate a willingness and ability to meet those needs," Crooks said.

"ACON must ask what are the needs, where are the needs, and how are they going to best meet those needs, and then be able to demonstrate a capacity to carry through with servicing those needs."

But ACON's credibility on the issue of consultation has been brought into question due to the release date of *Future Directions*.

"The review was announced at the busiest time of the year for BGF and for many other organisations," Crooks said.

"Virtually the first month following the announcement was lost to Mardi Gras and related events."

### **HIV services guaranteed?**

PLWHA (NSW) President Phillip Medcalf agreed, describing the timing as "unfortunate".

"This really could have waited until after Mardi Gras, when people would have had more time to focus on the very important issues the review presents," he said.

Medcalf said his message to PLWHA was simple and direct – tell ACON what you think, say it now and say it loud.

"I'm urging all positive people to take a stance on this issue – it's a crucial time right now," he said.

"For the first time in five to ten years, your voice really needs to be heard, loud and clear and aimed directly at the decision makers."

Medcalf said PLWHA (NSW) wanted guarantees that any proposed new ACON services would be funded with new monies, rather than taking funds from existing services.

"Although where it can be demonstrated that there may be a better method of service delivery or a better way to spend the money to get the same or improved outcomes, we'll naturally support such a move," he said.

In the end, Medcalf said, it was all about proper representation and suitable service delivery, and ACON should remember that as it consults.

"If ACON doesn't deliver what it says it's going to deliver there will be a huge backlash," he said.

### **Sideline or opportunity**

Positive Women's Vivienne Munro said it was vitally important that positive women make their feelings known to ACON.

"ACON's recent vision statement explicitly states it has an unchanged commitment to Positive Women," she said.

"It is important that Positive Women explore what that commitment exactly is and will be in the future."

She said the statement recognised the right of PLWHA to shape their own future, so it was also a good time for positive women to look at the current positioning of services within ACON and to ask if it is the most appropriate body to offer those services.

"This is a crucial time in the history of the epidemic and a crucial time in the evolution of services to PLWHA," Munro said.

"Women living with HIV in Australia have been marginalised and under-resourced, therefore it is even more crucial that women and their representatives have their say."

"It is important that the ACON Board knows what you want and what you think of its vision."

ACON held five meetings with key stakeholders and the wider community in Sydney in March, plus further meetings in the Illawarra, Northern Rivers, Western Sydney, Mid-North Coast and Hunter regions (see ACON's summary of the first of these meetings on page 14).

Information is also available at ACON's website: <http://www.acon.org.au>, and Executive Officer, Robert Griew has welcomed direct emails to [president@acon.org.au](mailto:president@acon.org.au). ■

*Lindsay Varcoe is a freelance journalist.*

*PozHet and ACON will hold a joint consultation to discuss the proposal on Friday, May 12, 7-9 pm at the Tree of Hope, cnr Devonshire and Riley Streets, Surry Hills. For information call David Barton 9515 3095*

# a summary community consultation

At the time of going to press ACON has held three of the five scheduled Sydney metropolitan consultation meetings and two of the scheduled rural and regional meetings. *Talkabout* asked ACON President, **Adrian Lovney**, to summarise what he had heard and learnt from the consultations to date.

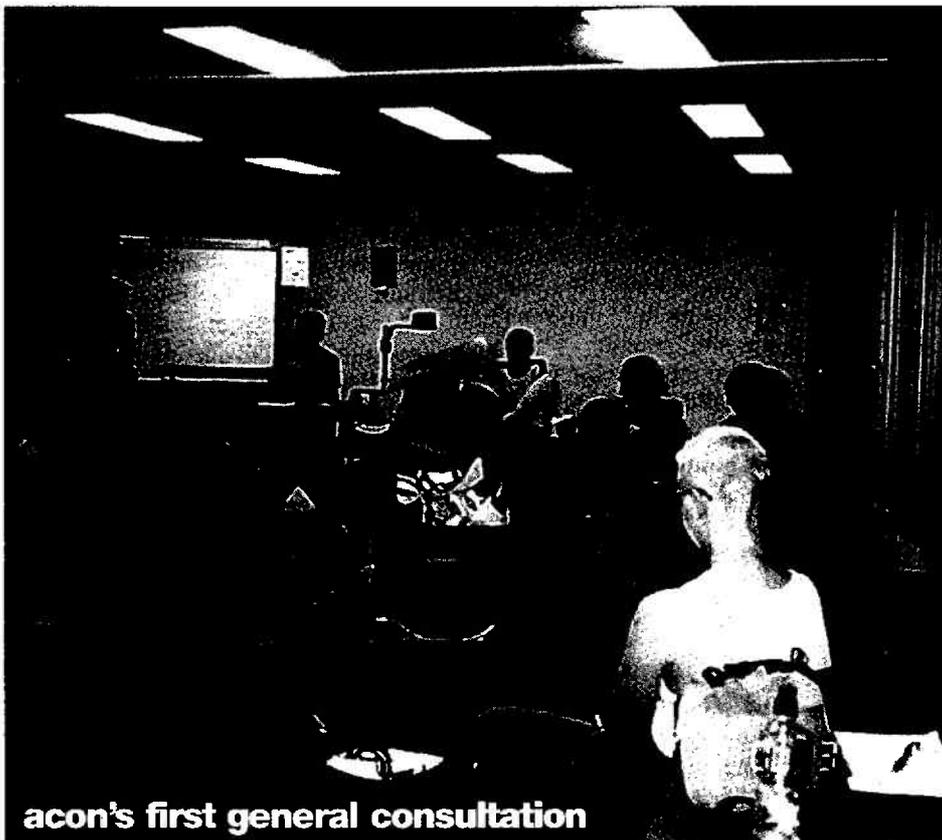


Photo Claude Fabian

## acon's first general consultation

**We've heard that people are excited about our vision for the future of ACON, but we've also heard that some people are scared by what it might mean.**

Some people interpret our statement as meaning we want to cut ties to positive women and heterosexuals. We are not walking away from that commitment.

Some people are unclear about where the Board's vision came from and others think it's a done deal or we haven't consulted widely enough.

We did a lot of research eighteen months ago when we developed our

current Strategic Directions. To build on that we talked to many people, including PLWHA and other service providers, over the last six months. The vision statement is a broad statement resulting from that process. We know some people have found this process difficult or unclear. We accept that we could have done it differently in a way that was easier for people.

If you haven't seen our published material or been to meetings you may still believe ACON is walking away from our focus on HIV. We're not walking away from HIV at all. Many positive people have asked us for help with their broader health needs as well as HIV.

Others want to know what we mean by the term 'gay and lesbian health needs'. Health needs are linked to the fact that we often don't get access to good, appropriate health care – either because of money, where we live, or homophobia in the medical system. Drug and alcohol issues, depression, low self-esteem, and sexual health issues are other common issues that are common to both HIV positive and negative people.

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*We're not walking away from HIV at all. Many positive people have asked us for help with their broader health needs as well as HIV.*

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If you have doubts or questions but can't make it to the meetings please write to us at PO Box 350 Darlinghurst 2010 or email [president@acon.org.au](mailto:president@acon.org.au). We are also posting all the notes from the consultations on our website: <http://www.acon.org.au> and you can e-mail ACON from there.

I look forward to hearing from you. ■

*Consultations with PLWHA and interested people in regional and rural New South Wales will run until April 18. For details check the website listed above, call your local ACON branch office or call ACON head office in Sydney, freecall 1800 063 060 (not available for Sydney metro callers), TTY (for deaf callers) 02 9283 2088.*

# facing the facts

A factsheet produced by FPA Health and ACON presents a new look at sex and sexuality for women living with HIV/AIDS. **Amelia McLoughlin** told *Talkabout* that the actual experiences of HIV positive women informed the project with frank results.



**Many women have difficulty discussing sex; being positive can make this even harder. We wanted to provide practical and accurate information for positive women on disclosure, negotiation, educating partners and safer sex because there are a lot of myths out there. But we thought it was vital that the resource acknowledged the validity of positive women's sexual ideas, their feelings and experiences.**

We believed that the only place to start is with personal stories and experiences of positive women. It's a similar concept to the *My Sex* booklet, developed by ACON and FPA Health in 1995. All the information and ideas it explores are based on women's experiences negotiating sex as positive women.

The Women's HIV Support Project coordinated a retreat for positive women last November in Taree. Women explored their attitudes about sex and sexuality, and whether their views had changed since becoming HIV positive. We taped and transcribed this discussion and it forms the basis of the factsheet on Sex and Sexuality.

It is not often women have the opportunity to discuss issues around their sexuality and most of the women had never met before. The focus group took place on the third day of a five day retreat. It may seem that the women responded negatively to the main issues that were discussed. I think some women used the opportunity to explore areas of their sex life that hadn't been fulfilling. Also it was a chance to hear how other women dealt with difficulties as positive sexual women. We don't need advice on those areas of our sex lives that are okay, so we tend to discuss only the aspects that aren't so good.

The comments from the discussion group were then incorporated with research and statistics to form a cohesive factsheet. To ensure the authenticity and accuracy of the messages conveyed, we've initiated a lengthy consultation process with positive women, service providers and the Health Department. The final Sex and Sexuality factsheet (and the rest of the series) will be launched and available for release in June this year. ■

*Amelia McLoughlin is a HIV Support Officer for women at ACON, the Vice President of PLWHA (NSW) and a member of the Publications Working Group.*

*The Women and HIV series of factsheets is a joint project of the AIDS Council Of NSW and FPA Health. The series updates information provided in a first series of factsheets. Other topics covered are Treatments, Your Child and HIV, Reproductive Rights, Young Aboriginal Women and HIV Information. To get copies of any of the factsheets call the Women's HIV Support Officer at ACON on (02) 9206 2000.*

**The following excerpts from the discussion group at the Taree retreat have been incorporated into the Sex and Sexuality factsheet – providing frank comment on sex and sexuality for positive women.**

**What does the word sexuality mean to you?**

How you feel about you body  
More than sex – how you present yourself in an intimate situation  
Gender, how you fit in  
How you conduct yourself as a woman

**What does being diagnosed HIV+ mean to your sexuality/sexual practice?**

Nothing  
A dampener  
Blown it out of the water  
Sux. no sexual substance with your partner  
It's easier not to have sex  
Fear of rejection  
Poisonous  
To say no  
When first diagnosed you feel dirty, you don't see a sexy woman, you see a virus  
I was in a long term relationship. I told him and he didn't care. It didn't change his choice not to use condoms  
More caring of our relationship  
When men are informed they realise the risks are minimal  
With one-night stands I protect myself from them rather than them from me

**How important is sex to you?**

Very  
It's the biggest and best thing  
I thought about it constantly, every minute of the day, then a big black cloud, it's changed completely. I will never recapture my 25 year sexual enjoyment before I was diagnosed  
It put a dampener on it; I feel less of a sexual being  
Let's get medical, dams, gloves ... it is like an operation

**How do you express your sexuality?**

Masturbation  
Massage and touch by a man  
A lot of perving, flirting, fantasising, touching closely  
By looking good  
Delivery boys  
I'm not trying – I can do it if I like

# x culture

Sex researchers now agree that our sexuality is shaped and framed by our societies, cultures and ethnicity, rather than something we are born with. **Maria Petrohilos** and **Julie Howell** explore issues faced by PLWHA who use the Multicultural HIV/AIDS Education and Support Service.

**While superficially, it may seem that decisions around safe sex or, say, parenting are the same for all positive people in Australia, are they really the same? The variations in meanings and contexts often arise from the diversity of cultural understandings and can be present for positive people irrespective of their sexual orientation or gender.**

## **Albert**

Albert is a 45-year-old positive gay man of Chinese background. In the Chinese community he has 'face' – he is good looking, successful, hard working, having achieved material assets and supported his family well. He is seen as a very attractive prospect for young single women in the Chinese community.

ethnic identity in the family. His gay 'Australian' boyfriend cannot understand why he doesn't 'come out' to his family and why he doesn't leave home.

"My boyfriend expects me to tell my parents about my sexuality. He thinks it is as easy as talking to his own parents... Homosexuality is practised in our culture but it is not talked about. I can't make my friends understand that the whole issue of homosexuality is entirely different in my culture. I find it hard to get support from either my gay friends or my Greek friends – neither understands the other." he says

While identity has a significant impact on positive sexuality so too does the role of the family. Across many cultures there are differing levels of expectation on issues such as the importance of marriage, children and upholding gender roles within families and communities.

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*While identity has a significant impact on positive sexuality so too does the role of the family. Across many cultures there are differing levels of expectation on issues such as the importance of marriage, children and upholding gender roles within families and communities.*

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Although 'out' to a select few, he goes to great lengths to avoid being identified as gay in the Chinese community as his self-identity relates to being Chinese.

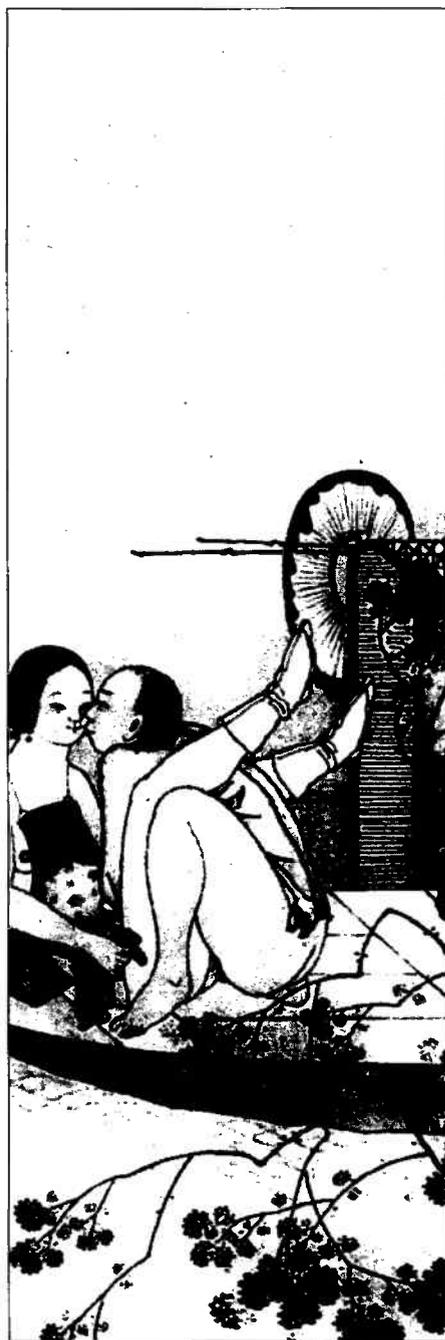
"It is very frustrating having to 'hide' – I have to find excuses why I am not married."

## **John**

John, aged 26, was born in Australia of Greek background. He is positive, gay and lives a gay lifestyle outside his family and ethnic community whilst retaining his

For many PLWHA from non-English speaking backgrounds (NESB), the personal sense of self is subsumed into the family's sense of self.

The primacy of the family may be highlighted by Albert's experience. Issues of visibility and disclosure for PLWHA from NESB are rarely just personal issues. Albert must constantly measure and balance his actions in terms of how they affect his family. Many PLWHA from NESB see themselves as extensions and reflections of the family unit.



# Got a story to tell?

Talkabout welcomes stories and letters from PLWHA.

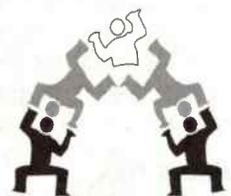
In our combined May/June issue **Talkabout** looks at HIV Futures II, travelling with HIV/AIDS, new women's resource *Treat Yourself Right*, plus an update on issues affecting positive heterosexuals ... and much more!

**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 May/June issue is **10 April, 2000.**

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



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

## Women across cultures

For women living with HIV from NESB the impact of family and gender roles are equally as significant.

Across many cultures, women are honoured as mothers – the bearers of children, traditionally holding the honour of the family. How does this impact on a young single HIV positive Cambodian woman?

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*... if I meet someone and tell them about the HIV they will think I've slept with men before.*

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## Sue

Sue, aged 20, was recently diagnosed with HIV and is from a 'middle class' Cambodian background where there is a strong expectation that she will marry and have children. Sue is not expected to be sexually active prior to marriage. Being single and HIV positive would imply that she had a 'bad reputation' and was not worthy of marriage.

Sue has resigned herself to a life of celibacy. She believes that she will never be able to have a sexual relationship, as she is fearful of infecting others and of disclosing her status. She goes to great lengths to avoid attracting prospective partners and has hence become isolated and depressed. Shame and losing face are major issues.

"For me it's not OK not to get married, I'm starting to become too old to be single and people will start asking me questions, if someone wants to marry me and I say no they will think I have something wrong with me ... if I meet someone and tell them about the HIV they will think I've slept with men before" she says.

## Molly

Molly is Thai and 28 years old. She is married to Luke, who is also Thai. They are both HIV positive.

They have decided to have a child but have delayed this decision as they have been concerned about the risk of HIV transmission to their baby and caring for a child in the future, should they become ill.

Their decision was not made easily. Molly still has reservations, but is fearful that not having children will jeopardise her relationship. No-one knows of their HIV status and Molly is often asked when she is going to have a baby. As Luke says: "My parents want to see grandchildren – it is important that I be a father before I die."

## Complex and diverse

Clearly sexuality across cultures is complex and diverse. We have only touched on issues of identity and the family. An HIV diagnosis adds an 'additional layer' to that complexity. Many PLWHA from NESB choose to live with the secrets of HIV. Cultural support is crucial in decreasing isolation and provides a 'listening ear' to PLWHA that understands HIV/AIDS, sexuality issues and the grounding of these issues in culture. ■

*Maria Petrohilos and Julie Howell are part of a team of bilingual/bicultural workers who provide emotional support and information to people from NESB living with or affected by HIV/AIDS.*

“*Along came baby number one. He wasn't entirely planned but really to be expected the way we were going at it. Then out of the blue a routine medical check for the immigration application showed that my husband was HIV positive.*”

Mum

## risky business

**Sara** met her husband in London in 1994 and married the following year. In 1996, they commenced the application for Roger to migrate. Meanwhile, madly and passionately in love, Sara and Roger never thought to worry about HIV.



**Along came baby number one. He wasn't entirely planned but really to be expected the way we were going at it. Then out of the blue a routine medical check for the immigration application showed that my husband was HIV positive.**

The doctor offered me an instant test, which thankfully (and for some bizarre reason) proved negative. That meant the baby was OK, but what about my husband? What about our sex life? Where did we go from here?

Once we arrived in Australia I went to every service I could find searching for information and support. I needed to know what we should or shouldn't be doing in our sex life. Why hadn't I become positive? Was I immune? All the information suggested that we were mad if we didn't use condoms every time we had sex – but we'd been having unsafe sex for so long before Roger's diagnosis that it was tempting to carry on just as we had.

### A calculated risk

We decided that withdrawal was a reasonable compromise. We can barely tolerate condoms anyway, so any excuse

not to use them is welcome. Away we went again.

When our first child was nearly two, we began to consider a playmate. My counsellor checked all the options: sperm washing (not generally available), sperm donor (no way) or calculated risk. So calculated risk it was. We timed my ovulation, enjoyed every moment without using a condom and wham; before we'd even had a second go I was pregnant with baby number two.

In December 1997, our second son was born. I was still negative (we had three-month and six-month follow up tests after our exposure at the conception). My husband has remained undetectable.

generally feeling awful, I went to the doctor. I also thought the PEP treatment had affected my period, since I hadn't had one for some time. She handed me a sample jar and sent me to the loo. Ten minutes later it was established that I was indeed three months pregnant with our third child. I must have conceived just before finishing the four-week PEP program. So much for withdrawal; we finally understood that it was a teensy weensy bit ineffective. Our third son was born in April 1999.

Some time later, my husband confided that he had felt hurt and rejected by my haste to seek treatment. It hadn't occurred to me that he was feeling this way and I

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*I don't know if I'm still negative. How can you ever really know?*

*So it's condoms all the way now, without fail.*

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Seven months after our second son was born we had a moment of passion that ended when my husband wasn't able to withdraw in time. I was generally rundown from having two small children. I felt uncomfortable with what happened and went to the clinic.

### So much for withdrawal

I was given a post exposure prophylaxis (PEP) treatment for four weeks. I learnt to identify with people on treatments. I felt sick, had constant diarrhoea and I literally choked several times on those blue chalky tablets. If I wasn't run down before I certainly was by then! I even took the morning after pill just in case.

Sometime after taking the PEP, still breast feeding my second son, and

could only apologise. I hadn't intended any ill feeling towards my husband. If I'd any doubts about wanting to be with Roger, I'd have had them well before our second child. What I felt was the need to protect myself; I also feared for my children.

The other week there was another exposure episode. This time I didn't rush off to the clinic. I don't think anything could make me take those drugs again. But it was still extremely stressful. What if this time was the time?

I don't know if I'm still negative. How can you ever really know? So it's condoms all the way now, without fail. It was the hardest decision we've had to make but at least I feel safe, or as safe as I can be. ■

*Sara is not her real name.*

*I was mainly worried that if something happened to me, my wife would have to cope with bringing up the children on her own. Raising three children seems hard enough for both of us.*

**Dad**

## positive fatherhood

After a rocky start fatherhood for **Roger** has proved to be an inspiration.

**I come from a family of seven children so the idea of being a parent was something I had subconsciously taken for granted.**

When I met my wife almost six years ago and found out five months later that she was pregnant, I was pleased but not surprised. Not long after our first son was born, I was asked to have an HIV test as part of the process for immigrating to Australia. The test revealed that I was HIV positive. The implications of my diagnosis seemed formidable.

The immediate question was "how long have I been positive and what about the rest of my young family?" I was relieved when my wife's tests showed that she – and therefore our son too – was fine!

Suddenly issues that I had previously taken for granted, such as having more children, were no longer a straightforward matter, not to mention my own longevity! In a nutshell the drawing board had to be revisited.

I was mainly worried that if something happened to me, my wife would have to cope with bringing up the children on her own. Raising three children seems hard enough with both of us. As I look back over three or four years it hasn't been too bad and I have mentally willed my psyche that I am going nowhere, well at least for now anyway.

Being positive, I feel fortunate to have been there for the birth of each of our three children and have enjoyed being a part of their early development. In a way it doesn't really matter whether I am positive or not at this stage provided my health remains good of course.

As they are all under five, there is never a dull moment and time simply flies. In fact at home I am usually preoccupied with them and think less about HIV and the accompanying vibes. Although the day may sometimes feel long, fatherhood has certainly been a worthwhile experience.

As they grow older, I think it may one day be necessary to share my status with them – a daunting thought at the moment – but I believe the right time will one day come for that and hopefully at an age for them when it won't be too hard. Besides, there is a remote possibility that I may not need to do this – that is, if a cure is found by then. Yeah! Wishful thinking but when you're positive, thinking positively can make all the difference.

The main thing at the moment is that positive fatherhood is not much different from fatherhood generally because I do the same things that any father would do around their children.

The thought of growing old and seeing my kids branch off into their different directions sometimes surfaces – but who knows, stranger things have happened. ■

*Roger is not his real name.*

# 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  
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PO Box 350 Darlinghurst NSW 1300  
Telephone (02) 9206 2060 Fax (02) 9206 2053  
email [halc@halc.nsw.gov.au](mailto:halc@halc.nsw.gov.au)

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# let's not talk about sex baby!

For **Mandy** it's a case of let's not talk, or even think, about sex.



**I used to be comfortable and open about my sexuality. You could say it was one of the ways I could express myself.**

I had a few long-term relationships and enjoyed the intimacy and trust that develops with a long-term lover. Knowing how to touch and be touched; kissing, caressing, exploring. It wasn't always about penetration but more about sharing that closeness of bodies. There were romantic weekends where we left our bed only to find food and smear it on our bodies. My one night stands were fun and frivolous, with no ties to worry about. It all seems a distant memory.

When I met my current partner I had sown my wild oats, and was happy to languish in a well-known body. I was ready to commit to one person and content with the familiarity and intimacy I craved.

## **After the diagnosis**

That changed after my diagnosis. Even though my partner wanted to show me that nothing had changed, the fear of passing on the virus stifled me when we attempted sex. I didn't want to kiss, caress

relationship because it is not based on sex. I'm sure my partner doesn't feel this way but I think he doesn't want to upset me by pushing the issue.

## **Not the Cleo ideal**

I wonder if it is just the HIV, or is it that sex becomes less important the longer the relationship? I wonder if the lust will return? I doubt it. One day when I am not so focussed on other things I can put the time and energy into learning about our desires again.

It is something I haven't discussed much with other positive women. Maybe we all feel we have to live to some *Cleo* ideal of sex and relationships. There are also so many reminders about safe sex, re-infection and not infecting others that there is a fear you will be rapped over the knuckles like a naughty schoolgirl if you are making informed decisions that suit your life.

I have been fortunate that I was in a stable relationship at the time of diagnosis. I think disclosing your status to a new sexual partner would be one of the hardest

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*Because I look so beautiful it is easy for us to kid ourselves about my health; at the back of our minds I don't think we credit the diagnosis.*

---

or explore for fear it would lead to intercourse. Occasionally we would try to believe that nothing had changed and use condoms (we had never had to use condoms before) but I would still end in tears. I knew logically that the risk of a woman passing the virus to a man is remote but it still preoccupied me.

We settled into a sexless relationship. Sometimes I kid myself it is a stronger

things to do. But maybe that fear also keeps you in a less than perfect relationship, as it is easier than starting a new one.

I suppose the main thing is that I have reached a point where I feel fulfilled and happy with my life. Things may change but change is one thing guaranteed in a life challenged by HIV. ■

*Mandy is not her real name.*

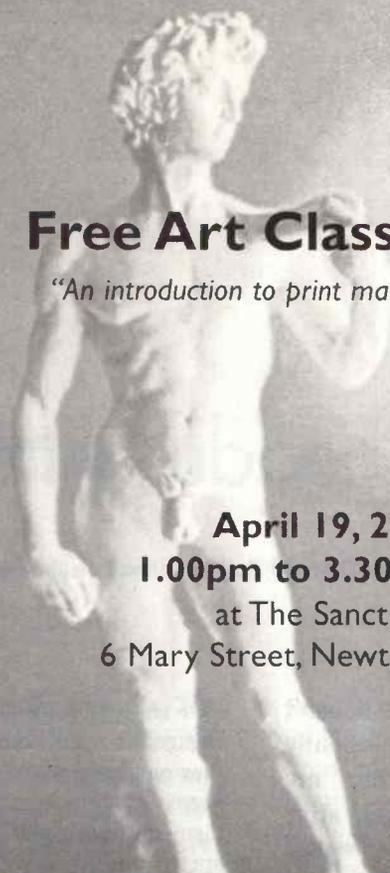
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## i do it my way

Each of us will negotiate our own way around the hazardous issue of safe sex: for **Darryl Taylor** honesty is the best way, but not always the only way!



**Sex and being HIV positive doesn't cause me problems. I have recently (and gladly) fallen into the 'my husband and I' category and, after some discussion with the sweet pea, (anonymous boyfriend to you lot), we've settled on a policy of no condom within the relationship after a few months, and safe sex outside it. Incidentally, I learnt these guidelines in 1978 from my first boyfriend who in some regards was sensible and ahead of his time.**

I discovered the stupid way first, telling people my status too soon, only to have them back away as if I had opened a door to Hades. What makes them think that they have never had sex with a HIV positive person, I wondered, but not for long obviously.

### **Mental tricks**

Next came the don't-say-a-word way. This goes along the lines of thinking "are they positive as well? Do I ask? No, keep your cute mouth closed – but where's that condom?" It's a mental trick, but I take the view that all these lovely hairy muscled gym bunnies are HIV positive as well, and they and I need to be protected against all the other nasties out there, like Gonorrhoea, Syphilis and the rest.

I've never had 'condom droop' – I'm normally far too excited by then – but I have had the odd occasion where my sexual partner didn't want to use a condom and that's when speech is important. (Condoms are always supplied in sex venues so there is no excuse; a condom either tucked into the top of your towel or poking out of your pocket, tells them you're on the prowl!) I don't want to

have sex with someone whose brain is not engaged, I want both of us (or all three, four or five of us) to participate. So I am normally a little bit pissed at them, and tell them my status and yep, invariably they are HIV positive as well.

### **French crabs**

Still no excuse! Worse even! Sure, there is no evidence of viral cross infection to date and personally, I think that the drugs we take will kill a new strain before it could take hold, but that's a separate issue altogether. Using a condom has meant that in fifteen years I've had two cases of 'mite bite' and that's it. (One of those was in Paris, and you need humour and a lot of furtive hand gestures to be treated for crabs if you don't speak French.)

Recently I was caught out. The man I was seeing did not seem to be in the same headspace as I, and it took a fair amount of digging to realise that he had started to see someone else. We were having wild unsafe sex at that point, so the sex stopped. I am sick of non-HIV positive men who spout the crap that being positive doesn't matter, until reality hits them smack in the gonads.

So I decided to advertise on the Internet. A big thank you to Pinkboard's Positive site. Through that service I was able to be honest with my sexual partners and also meet my Mr Wonderful!

For me, the final way is the honest way, with no false starts or dithering about do I or don't I tell.

I never thought that I should turn out to be so romantic and now excuse me, Savage Garden are playing *Affirmation* in my head and the volume needs adjusting. ■

*Darryl Taylor is a PLWHA (NSW) Board member*

# burning rubber

Far from being a problem, negotiating sex without a condom has always been simple matter for **Tim Alderman**

**I came out as gay in the late 70s, before HIV and before safe sex messages, so for me there was only a brief period of unprotected sex. Then in the early days of HIV, even though the safe sex message was only a vague suggestion, I took to it like a mad man.**

But I don't think I ever took to condoms; any erotic imagery invoked in the service of them is lost on me. I find wearing a condom purely and simply inconvenient, and decidedly a passion killer. By the time you get the bloody wrapper undone, and fiddle and fart around getting it on the moment has invariably passed. At one time in the late eighties, a local doctor suggested to me – after I got a rather strange dose of clap in the throat – that I should wear them during oral sex! Now the combined taste of condom lube and rubber may do it for you but it certainly doesn't for me; I let that suggestion go the way of all stupid suggestions.

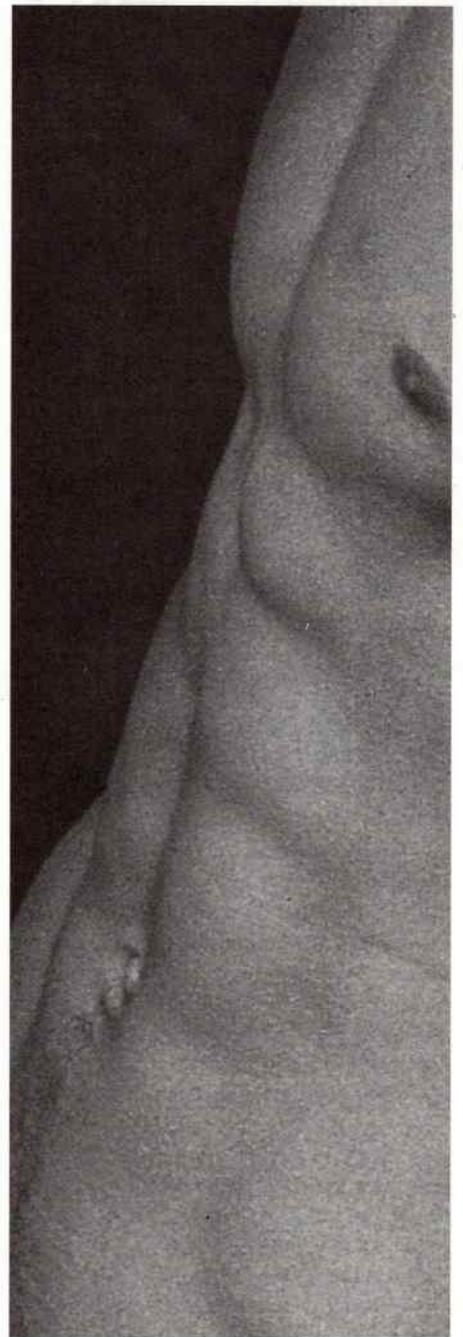
Before I met my current partner, I had several fuck buddies with whom I had regular sex. One of them was a HIV negative gay man, and another a negative bisexual with a wife and family. I have always protected the people I have sex with, never wishing to endanger anybody I'm close to. I'm out about my HIV status and – with negative people – I practice protected sex. However, another of the guys I was regularly bonking told me he was HIV positive, and asked if I minded dispensing with the condoms. I wasn't shocked, embarrassed or surprised. I had long suspected there were other positive men who, like me, wished to negotiate unprotected sex. That was the start of several negotiated sexual encounters

without condoms. Do I feel guilty about it? No. Have I ever considered the risks of cross infection with another strain of the virus? Yes. Have I read what is available on the subject? Yes, and I've decided that there is no evidence to suggest the possibility of cross infection. (I've read of one case only, and that was in a negotiated situation.)

Before you jump on the bandwagon and denounce the practice of negotiated unsafe sex as irresponsible, consider the following: in this situation the negotiation is between two consenting adults who are both HIV positive, and aware of the risk involved. There is a vast difference between the world of 'barebacking' or indiscriminate unsafe sex, and negotiating unprotected sex with another person. Apart from that, you might want to consider that I don't give a damn what other people think!

In the process of discussing negotiated unprotected sex with partners, my friends and I have all reached the same conclusion. Since we've all been positive for about the same time it's likely that we all have the same strain anyway. Despite many tests over the years, my T-cell and viral load counts have never differed. Nor have those of my partners. I think that as HIV positive guys who are responsible, reasoning adults we can decide the direction of our sex lives. I know that I consider the opportunity to have a normal sex life far outweighs the slight risk involved. If I'd died years ago like most of my friends, I wouldn't be in the position to contemplate a future. The prospect of sex with condoms for the rest of my life is a choice I reject. ■

*Tim Alderman is a member of the Publications Working Group at PLWHA (NSW)*



# not tonight lover boy

David Menadue shares his experience of finding a large slice of hell hiding within a little slice of country heaven.



**A cold winter's night and I'm warming my bum in front of a huge log fire at a local gay pub. Next to me stands a leather queen with the ass cut out of his leather pants. I wonder how he managed to walk to the pub dressed like that when the temperature outside would do damage to a brass monkey!**

I'm approached by a pleasant-looking guy, clad in tight denim and sporting a big red moustache. "Weather cold enough for you?" he says with a drawl. "It's probably snowing up where I come from."

"Oh and where's that?" I ask, realising that this conversation could be leading to something interesting. He rattles off some town in the hills that I'd never heard of and we get talking about the delights of living in the country. Have I got myself a randy farmer here, I think as some image from a cowboy porn movie I recently watched flashed into my head for a minute or two.

"Well I've had a bit of sadness of late", he says. "I lost my lover to, you know, the bug, and I'm here tonight to try to get back to normal, to try to forget the whole thing".

I empathise and tell him that I've lost a lot of friends myself but have never been

through the experience of losing a lover. I buy him a drink and we're soon talking about whether I'd like to come and spend a weekend with him in the hills. He can't offer to go home with me tonight because he's staying with a friend but he suggests I call him in a week or so.

I'm toying with whether to tell him I'm positive or not when an opportunity to slip it into the conversation presents itself. He's obviously sizing me up physically and his gaze stops on my arms. I have noticeable scars on my arms from a bad case of HIV-related folliculitis that I developed when I had only ten T-cells a few years back.

"It's an HIV rash, it's cleared up now", I tell him, waiting for a reaction. There is none so I assume there's no problem.

Several weeks later I travel down a winding road in the middle of what seems like nowhere, looking for a bluestone church and the turn-off to lover-boy's hideaway. Before long I'm greeted with open arms, a warm smile and a glass of red wine. There's the smell of a roast cooking in the wood-fired oven; this looks like a little slice of country heaven.

We have an extremely pleasant evening, discussing everything from when we first realised we were gay to how you go about building your own little shack in the middle of the forest. Surprisingly he doesn't mention AIDS once, or talk much about his partner who died. After a few glasses of port late at night though I mention something about how I felt when I was first diagnosed positive. His reaction was swift and savage.

"What, why didn't you tell me this? Listen I've just got rid of AIDS from my life, why would I invite it back into my house again?"

"But I did tell you that night we meet at the pub. I told you I had a HIV rash on my arm", I stuttered out, realising the precarious situation I was in.

"I don't remember that," he replied. "Well that finishes that. You'll have to sleep in the spare room!"

I didn't sleep much that night. I contemplated getting up and driving home in the middle of the night dreading what it would be like to greet him next morning after that rejection. But I decided to stay put remembering how easily I was nearly lost getting there, and how I'd be likely to run into mad roos or other animals on the roads. The little house that had seemed so welcoming and peaceful now felt more like a prison.

I fled next morning not wanting a repeat of the anger and rejection I'd experienced the previous night. I wanted to say that he couldn't expect to live his life avoiding positive men on the gay scene if he continued to have casual sex. I wanted to say that I was more than happy to have safe sex and had brought condoms with me. I wanted to say he had been hurtful and inconsiderate in his behaviour and I deserved at least an apology. But I didn't. I figured he'd work those things out for himself eventually.

I only hope that he hasn't become a sexual hermit who, because of his fear that he will invite AIDS back into his house one day, opts to have no sex at all with anyone any time, period. I know a number of people like that, even in the more enlightened twenty-first century and I think the pain they go through must be worse than the occasional moments of sexual rejection I have experienced as a positive man. All unnecessary but there you go. ■

*David Menadue is a positive person.*

## sex scenes

**Steve Byzantium** finds himself dreaming of a long and productive life – with or without HIV.

### Scene 1

**"But you don't look like an AIDS victim." I know these famous last words. "I'm not," I say. It's an all too familiar and frequent reply. "But I am HIV positive," I add as he closes the front door and I'm left stranded in my lounge room. I know this scene.**

**Scene 2:** The married gay man. He fucks me with a condom, and explains that he has a responsibility to his wife and children. An admirable sentiment, but other local positive guys tell me that he fucks them without a condom. I wonder at his attitude and why I can't enjoy the erotic charge of him cumming in my arse.

**Scene 3:** I have a friend who won't suck my cock because of my HIV status.

"It's a bit risky, you know," he says. "I hope you understand."

I say I do, yet in the pit of my stomach I feel anger rising as the gentle pressure of his hand on the back of my head pushes me down to his own hard on. I'm angry at the contradictory behaviour, the double standards these people apply to HIV positive gay men. I feel like a pariah and my life is shrouded in a cloud of dejection.

**Scene 4:** I talk to a mate about getting off at the local beat. I mention a two-minute fumble in the bushes and wax lyrically about sixty minutes on the banks of the river. I also bitch about the bloody mosquitos buzzing after their bit of blood. The conversation drifts to the year by year narrative of rejection and fear we've both experienced from other guys. My mate and I agree that it is all so close and nasty living in the country. I could write several books about the evil side of humanity. Afterwards when he's driven back to town, I reflect how the core of me is corroded each time a redneck with a blunt

tongue throws a jibe at me, or every time some hick who is ignorant of the facts about HIV accuses me of trying to kill him.

**Scene 5:** I share an intimate moment with a fuck buddy. For that moment, he opens his heart to me and speaks about living with the virus, about how he feels world-weary. He says he is lonely and scared every time he meets a prospective partner, scared that they'll reject him again when he declares his HIV positive status. He states that sometimes he even ponders having unprotected sex just to avoid another rejection.

You squeeze his hand in solace and wrap your arms around him. He continues; saying that he feels the quality of his life is diminishing. I agree. I've shared some of the same experiences.

Both of us lie in the quiet of the night, he is drifting off to sleep. I stare at the ceiling musing on life and his words about the quality of his life. I ponder if the same applies to my own life. I wonder if a part of all these stories is about getting older or being unable to get employment. I know the difficulty of getting work in a rural region with a high rate of unemployment and where the it's-not-what-you-know-but-who-you-know principle rules.

You think further and imagine the response of other people you know who live with the virus. I know many that have turned to drugs and can picture the needle tracks on their arms and the flame of bliss travelling along their blue veins. I wonder if this numbing of reality is really about low self-esteem and self-confidence.

I wonder why the AIDS bureaucrats don't write more about the accumulative effect of all this rejection and discrimination. I drift off to sleep with my fuck buddy, dreaming of a long and productive life with or without the virus. ■

*Steve is not his real name.*

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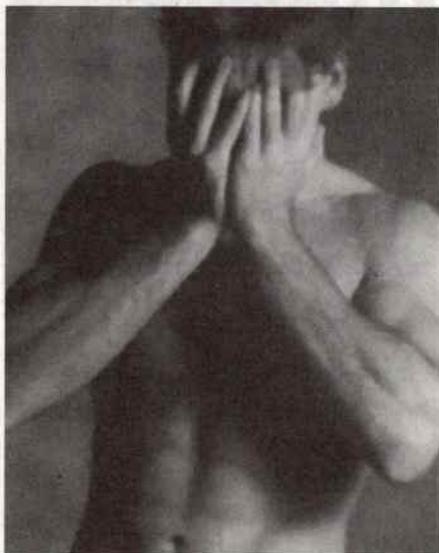
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# got a problem?

'Gay' and 'sex' go together like chocolate and cream – or do they? Not every gay man has a dream run with his dick, and not every woman feels good about getting down and dirty. The effects of HIV medications and the virus itself can sometimes make it worse.

**Talkabout** puts thirteen common sexual downers on the couch – courtesy of **Mark Anns**.



**When people say "I've got a sexual problem" they often mean they can't get their dick hard or have an orgasm. Possibly they mean that they experience pain during intercourse or ejaculation. Sexual problems of any description can seriously affect self esteem, energy levels, and relationships and this can affect sexual desire and performance. Sometimes, the anxiety of facing the problem is more complex than the problem itself. If you are concerned about any aspect of your sexuality, discuss it with your doctor or counsellor.**

## 1. Guilt and shame

Guilt and shame about sex may limit sexual versatility and sexual enjoyment. You may experience unconscious conflicts that interfere with sexual performance. If

you were not comfortable about sex before being HIV positive then your diagnosis is unlikely to help you feel good about sex.

## 2. Relationship problems

If the relationship is not a happy one don't be surprised if the quality or frequency of sexual activity is also affected. HIV-related illnesses not only affect the person who is ill, they can also put strains on the relationship.

## 3. Sexual trauma

Sexual trauma – for example rape – has the potential to affect our attitudes toward sex and sexuality.

Both women and men experience rape and other forms of sexual trauma – and it may create psychological problems that interfere with sexual enjoyment and emotional closeness. Don't try and deal with it alone – get help.

## 4. Depression

Depression tends to be related to low sexual desire. Many PLWHA experience episodes of depression that may last a few weeks or many months. Depression is treatable – so talk to a doctor or friend about what you can do.

## 5. Sexual technique

There is no bible to sexual technique – it's a DIY kind of thing that varies depending upon experience and willingness to explore your own body and desires, and your state of health. Although emotional closeness may compensate for technique we each need a certain level of physical stimulation for arousal and orgasm. If you are not feeling well then it is unlikely that you want to have wild, use every sex toy possible type of sex. If you or your partner are used to this sort of sex then

you better talk about it and find new ways of getting off.

## 6. Performance anxiety

The thorn that can ruin a good night. Anxiety can develop for many reasons, like not getting it up because you've had too many drugs one night. This can then develop into a 'performance anxiety cycle' – you start to think about not getting an erection and this creates anxiety that interferes with achieving an erection that reinforces the cycle.

If you are HIV positive, you may also be afraid of exposing your sexual partner(s) to the virus. This anxiety can manifest itself in feeling unable to have any form of penetrative sex if they know that their partner is HIV negative. Conversely, there can be a fear of sexual contacts with others in case they result in you jeopardising your own health. There is ample information about the level of risk associated with different sexual practises – talk to a member of staff at a sexual health clinic.

## 7. Medications – for example, anti-depressants

The most common side effect of anti-depressant medication for males and females is difficulty achieving an orgasm, while at the same time increasing sexual interest – one of life's little ironies. If you start on anti-depressant medication discuss possible side effects with your doctor. For males with premature ejaculation having an anti-depressant tablet before sex is now a well documented treatment as it takes advantage of one of the side effects of some anti-depressants. Other medications may also reduce your sexual drive – so don't wait to be told, ask your doctor when they mention possible side effects whether there are any related to sex.

### 8. Recreational drug use including alcohol

If you think drugs are great because they increase your confidence think again. Recreational drugs such as amphetamines will usually have a negative effect on achieving an erection (although the effect varies from person to person). Heroin and methadone will usually decrease sexual desire. Alcohol being a depressant may in low doses create a sense of wellbeing and relaxation, in high dosages it may result in difficulties with erections. Cigarettes have been proved to be a factor in developing physical difficulties in achieving erections. Of course because most recreational drugs are illegal there's not enough research so the exact pharmacological effects upon sexual performance is not known.

### 9. Hormonal imbalances

It has been reported that in HIV immune compromised males there may be an associated lowering of testosterone levels that may in turn reduce sexual desire. It's a good idea to ask your doctor to check your hormonal levels if you're worried about your libido.

### 10. Pain and discomfort from other medical conditions

General discomfort and pain from HIV related illness may have a negative effect upon sexual drive and performance. It's hard to get turned on if you feel unwell.

### 11. Direct effect of other illnesses

Having an STD may affect sexual desire – for example, a genital herpes outbreak is usually not associated with a desire for sex! Some illnesses may affect female lubrication, thyroid problems may affect

your libido. Illnesses that result in pain and exhaustion will usually reduce libido.

Unfortunately, some doctors do not point out that their treatments or the illness you may be experiencing may have a direct effect upon sexual drive and performance so take control and remember to ask.

### 12. Fatigue

Tiredness will often affect sexual desire. The tiredness may be related to long work hours or a side effect of another physical condition. Put your feet up and rest. If that doesn't work – see your doctor.

### 13. Low self esteem/body image

Changes in body image will affect levels of self-esteem and can lead to depression, fears of rejection, loss of confidence. There is no simple answer to this problem and it is best discussed with a counsellor.

### ... and a word about Viagra

This is a very useful new drug. It does not increase sexual drive. If you are not horny when you take it, it will not make you horny. However, if you take it and are in a sexual situation it will assist you in achieving and maintaining an erection. It is expensive and not yet available under the government subsidy scheme. **A word of caution: do not – under any circumstances – mix Viagra and amyl nitrate. ■**

*Mark Anns is a Consultant Psychologist who specialises in sexual problems, relationships, anxiety and depression.*

### Sexual Health Clinics

Albion Street Centre, Psychology and Counselling Unit  
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24 hour crisis ☎ 02 9382 2222  
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Cnr Elizabeth and Bigge Streets, Liverpool  
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Blue Mountains Sexual Health and HIV Clinic  
Great Western Highway, Katoomba  
☎ 02 4780 6060  
Sydney Sexual Health Centre  
Nightingale Wing, 3rd Floor, Sydney Hospital  
Macquarie Street, Sydney  
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### Women's Information and Referral Lines

Freecall ☎ 1800 817 227  
TTY (for deaf) 1800 673 304

### Community Health Centres

#### Darlinghurst:

301 Forbes St ☎ 02 9360 3133

**Glebe:** 2a Hereford St ☎ 02 8585 5000

**Marrickville:** 159 Livingstone Rd  
☎ 02 9560 4500

**Ashfield:** 46 Charlotte St ☎ 02 9798 5111

■ Redfern: 1 Albert St ☎ 02 9690 1222

### AIDS Councils

AIDS Council of NSW  
9 Commonwealth Street, Surry Hills  
☎ 02 9206 2000  
TTY (for deaf) ☎ 9283 2088

### HIV/AIDS Information Lines

*National*  
AFAO Health Information line  
Freecall ☎ 1800 803 806  
*State-based*  
Albion St Clinic  
Freecall ☎ 1800 451 600

### Gay and Lesbian Counselling Service

☎ 02 9207 2800  
Freecall ☎ 1800 805 379

### Drug and Alcohol Service

Centre for Information and Education on Drug and Alcohol (CEIDA)  
☎ 02 9818 0444

# urban slut speaks out

**Bill Phillips** is in his prime and celebrating his right to have sex on his own terms.

**Sex: I do it very well and frequently. In fact, I'm faintly notorious for it. Sexuality is integral to whom, what and possibly why, I am. I have no intention here of philosophising or analysing sex: better to be blunt and get to the nitty-gritty.**

In Australia, the demographic of the HIV epidemic is as it's always been; overwhelmingly, positive people in this country are gay men. I have no intention of letting this disease be de-sexualised. Gay men are – and probably will continue to be – the community most affected by HIV/AIDS. I am a gay man who happens to be positive. I do not define myself as a positive 'person' who happens to be gay.

I have a lot of sex with other positive gay men. I don't use condoms. I don't have sex with negative men.

## **Condom queens and rootrats**

Immediately after seroconversion, I was the Condom Queen: infected, infectious, a walking time bomb of life-threatening viral load. Issues of responsibility whirred about my brain like maddened gnats.

After a few years, it became obvious there was a large pool of other positive gay men who were hot, rootrats and not using condoms. I joined in.

At 45, despite being positive, I've never felt or looked better. As Miss Jean Brodie would say: I'm in my prime. I spend a great deal of time 'being attractive': gym, eating well, taking care of myself. It pays off. I've got the look: Darlinghurst Urban Slut – the tats, the buzzcut, the defined muscle – and I plan to make the most of it.

What drives me is the need for belonging and intimacy. All my life, I've been outside my family's expectations, outside my peer group, outside my faith,

outside society. When I moved into a gay world I belonged. When I found I was positive I felt outside again, until I made a place for myself inside a community of positive gay men. Those gay men were having sex with one another without condoms cognisant of the risks they were taking, and doing it anyway. They do it because it's uncomplicated, wildly sexy and undeniably intimate. They will continue to do so. Get used to it and deal with it.

## **Risks and choices**

Yes, there are risks. I've had my share of gonorrhoea infections. I know the theory of superinfection, but I've yet to meet one gay man who's been re-infected with a variant strain of HIV. Until it's my face, it remains a theory. Even if it becomes a part of my

insertive bits. If I meet a man on the 'net, I disclose and tell them I'm only interested in other poz men. It cuts down the private chat hits, but those that come through are usually productive. If I'm in a sex venue, I disclose. There are also means of disclosure that are non-verbal – having a biohazard symbol tattooed on your arm is a giveaway.

I also refuse to take responsibility for everyone else. Sex is a multi laned highway rather than a two way street. If a man is having unprotected sex with multiple partners in an orgy room at a sex venue at 5am, then he's made a decision. He may be drug fucked, but he's still partly responsible. It may be shaky ground but, in general, I won't allow gay positive men to take total responsibility for the actions and decisions of others.

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*Sex is about pleasure, intimacy, openness, vulnerability, and touch. Whether it's one-on-one with a man I love, or out there in the sexual playground with complete strangers, as a positive gay man who's still able to pull a few good roots, I celebrate it.*

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everyday reality, it's still going to be one of the factors weighed and considered against the intensity and intimacy of fucking without a condom.

Because I feel at home and accepted inside a community of positive gay men, disclosure of my serostatus has become easy. With my regular fuckbuddies, it's not an issue – we're all positive. With casual partners I have no problem telling them I'm positive before we get down to the

Sex is about pleasure, intimacy, openness, vulnerability, and touch. Whether it's one-on-one with a man I love, or out there in the sexual playground with complete strangers, as a positive gay man who's still able to pull a few good roots, I celebrate it. ■

*Bill Phillips is a member of the Publications Working Group of Talkabout, on the Management Committee of PLWHA (NSW) and a Board member of ACON. The thoughts here – however – are entirely his own ...*

# hey! watch the teeth

There is still concern regarding the risk of HIV transmission through oral sex. **John Cumming** reports.



**As Monica Lewinski will be the first to tell you, Americans have a fascination with oral sex. One recent US study that found that "Oral sex may be an important mode of HIV transmission due to its frequency", (my italics) generated US headlines. The researchers claimed that of 122 men recently infected with HIV, they were convinced, based on the men's account of their sexual behaviours, eight of them had acquired HIV through unprotected oral sex. One US AIDS researcher followed up with several foam-flecked press releases that only added to the hysteria. "The only safe sex is abstinence or monogamous intimacy with a healthy partner," Dr Helene Gayle spluttered, apparently suffering a memory lapse regarding the ability of condoms and dams to stop HIV transmission.**

The coverage says more about the prudence of Americans towards sex than it does about the veracity of the study. In recent days, researchers involved in the study have owned up to the fact that they

didn't take account of the mouth ulcers and bleeding gums that some of the study participants had, which would have increased their risk of infection.

The US study got its results using "self-administered and interviewer administered questionnaires", although it has been shown that face-to-face interviews encourage more truthful responses. One Dutch study used a written questionnaire to assess the sexual activities of 102 HIV-positive gay men prior to their infection. Twenty men denied having had receptive anal sex during the six to nine months before seroconversion; however, in face-to-face interviews, eleven of them changed their story.<sup>1</sup>

## Australian Study

A similar study by Australia's National Centre in HIV Epidemiology and Clinical Research used face-to-face interviews. Between 1993-1998, the Centre interviewed 79 newly infected men in Sydney, eight of whom reported that they were infected through oral sex. However, three of them had an increased risk of infection due to a recent dental extraction. The type of oral sex they all detailed – receptive oral sex without ejaculation, and in one case, insertive oral sex – did not match up with the known biology of HIV sexual transmission between men. "Since HIV is contained in semen, without exposure to semen [during the course of oral sex] there should be no transmission of HIV," says the Centre's senior lecturer in epidemiology, Dr Andrew Grulich. "Although there is a theoretical risk of exposure to 'pre-cum', this risk would be much less than exposure to semen."

Australian studies confirm that the risk of HIV transmission from unprotected oral sex remains very low. The Sydney

Men and Sexual Health (SMASH) research project has recorded the sexual behaviours of over 1000 mostly homosexual Sydney men since 1992. "Oral sex with ejaculation with casual partners in SMASH is quite a common practice, around twice as common as unprotected anal sex", Dr Grulich says. "In our studies of gay men in Sydney, oral sex is not associated with transmission of HIV at all."

## Low risk not zero risk

A low risk activity does not mean zero risk. People like Adrian, a Sydney gay man, are convinced they were infected through receptive oral sex. Adrian says he experienced a severe seroconversion illness two weeks after his HIV positive partner ejaculated in his throat. To the best of his knowledge he did not have any mouth ulcers or bleeding gums that would have increased his risk of infection. He regards safe sex messages about oral sex as confusing. "The main problem is describing it as a low risk but not being specific about the danger of ingesting cum," he says.

Adrian's experience concords with Dr Grulich's statement that without exposure to semen in oral sex, there should be no transmission of HIV. Perhaps it is time for education campaigns promoting the concept of withdrawal in oral sex. This would be more effective than stigmatising PLWHA as 'unhealthy' sexual partners, or providing no other sexual options but abstinence and monogamy. ■

*John Cumming is a Treatment Officer at ACON.*

*1 Ireneus PM Keet et al. Orogenital sex and the transmission of HIV among homosexual men AIDS 6: 223-226, 1992*

**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.

**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.

**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)

**Cytokine** A protein produced by white blood cells that acts as a chemical messenger between cells.

### 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
- ddI (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)
- lopinavir (known as ABT-378): still in development
- nelfinavir (Viracept)
- ritonavir (Norvir)
- saquinavir hard gel capsule (Invirase)
- saquinavir soft gel capsule (Fortavase)

**Experimental drug** A drug which is not yet licensed but which is being evaluated for safety and efficacy

**Folliculitis** A skin condition in which the hair follicles on the skin (from which body hair grows) becomes itchy, scaly and inflamed.

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

**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.

**Interleukin-2 (IL-2)** A cytokine that has been shown in trials to be able to dramatically increase CD4 cell counts. See also *Immune-based therapies*.

**Karposi's Sarcoma (KS)** A tumour of the wall of blood vessels. Usually appears as pink to purple painless spots on the skin, but may also occur internally in addition to or independent to lesions.

**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.

# Glossary

**antibody** /'æntibɒdi/ *n.* a protein that is produced by the immune system in response to the presence of an antigen. It binds to the antigen and helps to destroy it.

**antiretroviral** /'æntirɪ'trɒvɪrəl/ *adj.* relating to or involving the treatment of HIV infection with drugs that inhibit the virus's ability to replicate.

**artificially** /'ɑːtɪʃiəl/ *adv.* in a way that is not natural or occurs naturally.

**at least** /ət liːst/ *adv.* not less than; at the minimum.

**at the moment** /ət ðə mə'ment/ *adv.* at the present time; currently.

**at the time** /ət ðə taɪm/ *adv.* at the same time as something else.

**at the time of** /ət ðə taɪm əv/ *adv.* during the period of something.

**at the time when** /ət ðə taɪm wɛn/ *adv.* during the period when something happens.

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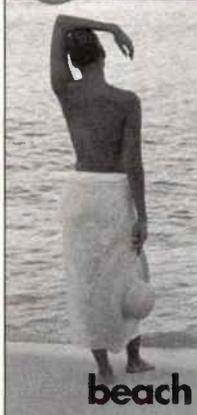
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beach



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

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. Call: 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 and 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.

### 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 Sts, Surry Hills. For more information call Carole Knox (02) 9580 5718 or Angela Kelly (02) 9829 4242.

### 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

### 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. 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. Childcare is available on request. At the Women and Girls Health Centre 6 Prince St Blacktown ten minute walk from Blacktown railway station. If you have difficulty with travel arrangements please phone Marie 9515 3098, 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.

### Yoga for people with HIV/AIDS

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

Talkabout Diary is a free listing for community and non-profit events. Listings in the Talkabout Diary are welcomed and encouraged. Please keep your listings below 40 words. Deadline is the 10th of each month. Please send your listing to Talkabout Diary, PO Box 831 Darlinghurst 1300, email: feonas@phuba.org.au or fax: 02 9360 3504.

# 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**

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

**Guy 51 Lives Ryde area HIV+ and healthy.** Good shape 6'1" 85 Kg 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**

**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**

**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 yrs. I work heaps and love life. I hope you love life too. **Reply 031199**

**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**

**How to respond to an advertisement** Write your response letter and seal it in an envelope with a 45c stamp on it • Write the reply number in pencil on the outside • Place this envelope in a separate envelope and send it to: Olga's Personals, PO Box 831, Darlinghurst 2010.

**How to place your advertisement** Write an ad of up to 40 words • Claims of HIV negativity cannot be made. However, claims of HIV positivity are welcomed and encouraged • Any letter that refers to illegal activity or is racist or sexist will not be published • Send the ad to Olga, including your name and address for replies. Personal details strictly confidential.

# 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

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.

information empowerment advocacy lobbying

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 AU\$70 per year

- Organisations: Full (business, government, universities, hospitals, schools etc.) \$80 per year; Concession (PLWHA organisations, non-funded community owned groups etc.) \$40 per year; Overseas AU\$120 per year

for positive people

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

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Signature Date

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

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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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# 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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Treatment  
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Australia