

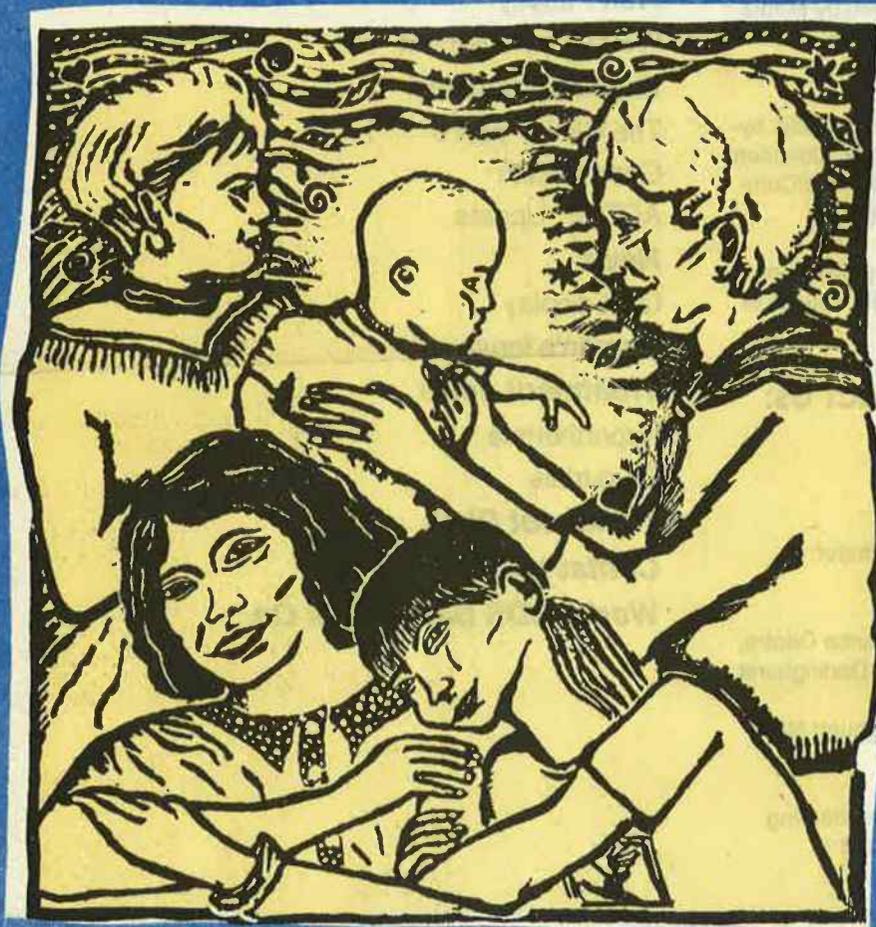
Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

Where we speak for ourselves

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WORLD AIDS DAY



December 1
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Commonly Used Abbreviations:

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

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Lubowitz.

T

WORLD AIDS DAY?



AIDS IS EVERYDAY

Graphic: Accent

AIDS is everyday to the eight million people world wide who are HIV+ (World Health Organisation (WHO) 1990 estimate). That includes about three million women. Figures or people?

WHO has put the 1990 World AIDS Day focus on women. How can we, as people living with AIDS, translate those world figures to the everyday flesh and blood reality of positive and negative women and men here, in Australia? Do the statistics on someone else, somewhere else, change our behaviour here, now?

Does a focus on women - a focus on positive women - affect the massive individual and institutionalised denial of the heterosexual transmission of HIV?

Does a focus on women as family health providers mean that women must bear the brunt of the responsibility for preventing the spread of HIV? And who will prevent the spread of ignorance, fear, prejudice and social hysteria?

Is a focus on women as mothers really a focus on babies, and not on mothers at all?

Does a focus on women as carers in this epidemic do any more than say the obvious - women are the unpaid health and domestic labour force that the state, every state, relies on?

Lots of questions.

Got any answers?

* The World Health Organisation estimates that 8-10 million people have been infected with HIV worldwide, and that approximately three million, or one third of these, are women.

* It is expected that over 500,000 people will develop AIDS during the years 1990-91, of which 200,000 will be women.

* Of the global total of infected women, most are of childbearing age.

* The majority of infected women are in sub-saharan Africa.

* In Australia, since 1985, officially, 33 women have died of AIDS, with another 55 known to be living with AIDS, and at least another 200 registered as HIV+.

In defence of fun & esteem

Dear editor,

I am writing with reference to the article "Being HIV negative" that appeared in issue #Ten of *Talkabout*. In that article Adam Yair Metargem makes a number of criticisms about the Fun and Esteem Project that I feel need to be addressed as there is some distance between our perception of events and his.

Much thought and consideration has gone into designing our program so that people of differing language abilities are able to benefit from our workshop; only two of our thirty exercises require individual reading skills and during the workshop I sat with Adam and read the exercises to and recorded his answers for him.

In the past we have run sign-interpreted workshops for young deaf men and many of our clients have been young men from non-English speaking backgrounds or with other language difficulties, in the same group as Adam there was a young man with communication difficulties.

Of course we will never be

able to be all things to all people but to say that we have no patience or consideration for people of NESB is just not what I believe to be the case.

And to state that the only reason we invited him along to our group was because of his ethnic background is ludicrous. We invited Adam because a number of people, including his partner Robert, had mentioned that he was quite anxious about safe sex and HIV transmission.

Within the project we work very hard to make our safe sex guidelines as clear and as consistent as possible. However there are no absolutes and for many people, especially people who are undergoing some anxiety about the risk of transmission, the fact that something like oral sex has no clear cut, black and white, yes or no answer can cause further distress. I remember talking to Adam in private. I may have couched the information to Adam in a different manner, (being a one-to-one situation) but I do not believe the message was inconsistent with the one we discussed as a group.

If there is one area that we concur on it is the area of follow-up. After someone

laughed at Adam's questions, he up and left the group. My co-worker followed him out and spent some time with him outside. Adam chose not to return. This has always been a difficult area. It doesn't seem fair to me that if someone doesn't return to a group for that to be followed up by a "what happened" call. There is a fine line between getting feedback and hassling people. Of course feedback is important and that is why during last year one of the social work placements did an assessment of those people who did not complete the course. Obviously, we should have followed up Adam more thoroughly.

The project has been running now for two years and over three hundred people have attended our Start Making Sense workshops. Although there is always room for criticism and improvement, I would hope that we don't see any more like those that appeared in "Being HIV negative".

Yours sincerely,

Tim Conigrave,
Youth Peer Education,
AIDS Council of NSW

LETTERS

Paul Young remembered

Dear editor,

May I take this opportunity to congratulate you on such an informative magazine. Being a heterosexual female unaffected by the HIV/AIDS disease, it wasn't until 1988 that I became aware of the huge problems faced by PLWAs. I was a first year student at Newcastle CAE, studying video and a fellow student, now also HIV+, asked me to help out on a



Australian celebrities are banding together in a unique fundraising event for World AIDS Day this year: COUNTERAID. Yes, this is your opportunity to go shopping with the stars - on the other side of the counter. More than 80 local and international celebrities, including Kate Ceberano, Jeannie Lewis, Elle McPherson, and Jimmy Barnes, are donating their time and sales skills to this event. They will be working behind the counters of businesses around the Pitt Street Mall in Sydney's CBD on Saturday, December 1st. The shops where the celebrities work will donate a percentage of their day's takings to the AIDS Trust of Australia.

video he was making on Paul Young. It was during this time that I asked to be included on the Talkabout mailing list.

I found Paul to be a stimulating, positive person whose company was very much appreciated by all who came into contact with him. Therefore it was a total shock to read recently of his death. May Paul rest in peace as he deserves and may the fight to control the AIDS disease continue strongly along the path it is on.

Yours sincerely,
Helen Price



Kate Ceberano is donating her sales skills to CounterAid

The target for the day is \$100,000, of which 50% will go to (KWAIDS) Kids With AIDS, and the remainder will go towards the establishment of the Community AIDS Trial Network (CATN) and to welfare and accommodation support for PWAs.

See Ya, Jeff

Jeffrey Birch died on the weekend. Only 19, it's too hard to believe.

Jeff was PLWA's Secretary for 1989/90. He was active within PLWA, Tim and Brent's Fun and Esteem Co, Twenty-ten, the Aids Council and as "Sister Mary-Rides-a-Harley" with the Sisters of Perpetual Indulgence.

Jeff had a birthday last week. He didn't re-stand for the committee this year because he went back to school. He was working on his HSC. He was working at a bar. He was working on a future.

The virus didn't kill him 'tho he was living with HIV. He died at home.

Jeff's presence in gay and HIV politics was, to me, mindblowing. When I was his age it wasn't easy to be out, and there were few positive reasons to come out. Jeff proved there is.

To see a guy like him, on top of most things, as much as one can these days, an inner city kid going good, great man.

See ya Jeffrey.

We'll all see you again.

Don Carter

A letter from the blood bank

Women living with medically acquired AIDS

"November 1984... After a very long labour I had an emergency caesarean and had some blood transfusions. My husband brought in the paper: "AIDS through blood transfusion"... Although we never thought "Oh, that must have happened to me", we always had an idea that it was a possibility. I asked several doctors if I could have an AIDS antibody test and they treated me as though I was a neurotic housewife.... so I didn't have the test. My gynaecologist rang me one day... When I saw him he said "I got a letter from the blood bank saying that people who had blood transfusions in 1984 should be tested... I had been waiting twelve months for that! Apart from being told exactly what I had, I was also told, "don't tell anyone, and don't tell anybody how you got it."

- "Ruth"

Among those who use the services of the TRAIDS (Transfusion Related AIDS) Unit in Western Sydney, there are a large number of HIV+ women. They received infected blood as a result of an accident, surgery, or after a particularly difficult childbirth. For some, it was in an effort to conceive that they received infected semen. For all, a life saving or life giving procedure resulted in a life threatening disease.

In this article, some of the women from TRAIDS wish to share their thoughts and feelings about how this has changed their lives.

Lorraine is a wife and mother who had her life drastically altered by a car accident, in which her daughter was killed. She was in intensive care for a number of months and received over one hundred units of blood in the effort to save her life. One of them was infected.

"I feel terribly hurt about the fact that I got infected blood at a terrible time, learning you've lost a child, spending twelve months recovering, and then it felt like the next thing was I had AIDS. I have really deep feelings of hurt, I mean everyone fought so hard to keep me alive. I know I wouldn't be alive without the blood....I got half the blood from relatives, perhaps I should have got all of it..."

"I resent having my lifestyle changed, my precious lifestyle has been taken away. I was never a risk to anyone before, to be a risk to doctors, to my husband, it's so awful. My husband shouldn't have to suffer..."

"In the early days, so little was known about it, I was just told over the phone, "yes, you're infected with the virus", I was at home on my own at the time.... I had nowhere to go, I was desperate for information and help. We were all pushed into one group, but the needs of the others were not mine - men's issues... There was nothing for women. Doctors did their best, but I wanted to hear from others like me. The bureaucracy has only seen that we are different in the last twelve months, I know that we all have the same disease, and the same treatment, but we are all different too, we have different needs...."

One of the things that is different for



Graphic: Body Positive

women is that they often have children. A common concern is how their illness will affect their families. "Nora", who is quite ill, has a young child:

"I worry about my family, hoping they will be OK after I have gone, will my little child be all right in school? What if [the other mums at school] find out, will they reject my child?"

"There are good things though...we have a stronger family life together, and I enjoy each day. Sometimes I just look at my child and I love her so much. I must show my child more love, make her realise she's loved....I have to take that chance of spoiling her. There is only limited time."

Lorraine:

"I protect [my family] from this disease, I cover it up if I'm feeling really tired, or if I get a cough ... they get worried even if I get a cold. My son is at uni, he shouldn't have to worry, he says things like "Mum, how did you sleep? Have you had your vitamin pills? Have you had your rest?" I guess I'm one of the lucky ones, my husband would never let me go without, he'd work his fingers to the bone... my family don't talk about it much now, but I still worry..."

The family can also be a source of support and security. "Lucy" is a young single woman living at home with her family. For her the veil of secrecy around her antibody status separated her even from members of her own family. Recently, Lucy and her parents decided to tell their friends and family about her HIV infection:

"To be able to tell my family was like taking a huge weight off my shoulders. I even felt lighter! Before, I was really worried. Will my family reject me if I tell? Will they cast me out? Now though, it feels silly having worried so much. I know my family will love me, support me and care for me no matter what..."

"I was scared about dying, but now I think about God, and I know he will look after me and I will see my family again. Right now I live for each day, and I love to rage! I know I will die, but now I am alive and happy and with friends and family that love me, and I feel great about that."

- Claire Booth,
TRAIDS Counsellor



some thoughts from positive women

Relating to the 'other' sex is an art I haven't quite mastered. Whether it's fate or a personality disorder that's my problem I'm not sure, but my relationships are disastrous.

My first lover was my best friend's father, I was 16. He told me I was bad, that I was only a temptation to him. I believed him, it wasn't hard. Quiet, shy, with a desperate need to be accepted, I reached out and clung tightly at the smallest hint of affection. He used me and hurt me and took no responsibility, but I was too stupid to see that. I'd heard him boast, in later times, of other young victims he'd lured into his bed. Bastard. It was hard to forgive him.

But now the seed was sown - I was bad - it's confirmed. A deviant. It must be true, because there were other fathers, grandfathers even. I didn't really understand it, but I accepted it.

And then there was D. Young, effeminate, devious to the max. He said I was beautiful, so I thought he was alright. I felt special in a weird way, because I doubt there were many girls in his life. My friends (and my mother) would always say "Don't you worry about AIDS?" What a typically boring thing to say, was my opinion. Cool, blase, shocking, these were the important things. What's life without risks?

Life's been very up and down for both of us since then. I was just 19 when diagnosed



Graphic: Body Positive

HIV+. I thought I was going to die, but five years on I'm still kicking. I never blamed D at all for what happened. I accepted it as my fate, punishment for my badness.

There were huge changes in my life at that time. A young

lonely girl, recently moved to the big city, deserted by my mixed up bisexual boyfriend, diagnosed as having a communicable, potentially fatal disease - my flatmates kicked me out! Bastards.

I embarked on the road to a relationship with God. This has been the most meaningful thing in my whole life, though it took me close to two years to accept that God could really love me, who was mere scum of the earth. Acceptance is the most painful thing. I desperately want it - but when I get it I don't trust it, can't believe in it.

I guess that's why I find it difficult to relate to 'boys'. All these years on from D, and I haven't managed to allow myself to be like everyone else - to believe I have the same right to be loved, and to love, as the rest of the world.

"Who would want me??" I cry out. "Who will want me, diseased and tired?" And I ignore the answer because any hint of acceptance and love will shatter my image - the unlovable. And then who would I be? Who am I?

To love yourself is a very brave and exciting thing.

Mummy, why are you crying?

I've been diagnosed six months now and at least I'm beginning not to panic at every sniffle and every cut on my finger. AIDS, and the implications, are beginning not to appear in my thoughts every time I have a spare moment, although I still get a rush of adrenalin when I hear a customer talking about AIDS.

But will I tell the father of Kathy? We haven't seen each other since I was three months pregnant and he wanted me to have an abortion, but if I die, who will look after her? At least he could afford her, not like my sister. Lucy is a good friend, she's been great since I told her but she's busy with her life.

Oh damn, that I ever went on that holiday to Sydney. two weeks of fantastic romance and lust - was it worth it? My sister offered to look after Kathy, all of 28 months old, and she is toilet trained and I thought, "Great, head for the city of sun, lust and love and get out of this town for a while".

But I didn't know the man was bisexual, did I? And so what if I did know. He was a handsome hunk, smooth, but a sophisticated one like me could handle him. He didn't know he was HIV infected then. Perhaps I should put his letter in a box for Kathy when she's 21, she can read it then and perhaps understand a little.

At least I've not been sick, not like he was - call that flu - Jesus. But he was a good excuse to return to Sydney again so quickly, so I could get tested. Couldn't trust any of the doctors here. Then to come back, pretending I'd had another fantastic time and waiting for the result to get to me. Oh Kathy, my precious daughter.

My health is good and the counsellor and doctor told me to lead a stress free life. Stress free - a bit difficult. I'm trying to build a future for Kathy and she is three, which is better than two but still a lively, sometimes frustrating child. But I will try to live each day, enjoy each day, find my well of infinite patience.

I hope I don't infect my child. Soap shrivels the virus, I wonder if I could wash my blood? Wonder if beer does the same thing as soap? I look at some of the customers, watching the old lust build up with each drink consumed and I wonder if they even think about safe sex. Love to drop a condom in their beer, the ones they give away in Sydney "No franger, no bonger, safe sex."

I've given up on drinking beer. Don't know if it's the virus but alcohol now just makes me sick. I wonder if I'm the only teetotaler barmaid in the land? Should look for a better job now because Kathy needs something.

Oh no, here comes my tears again, my self pity. Oh no, here's Kathy.

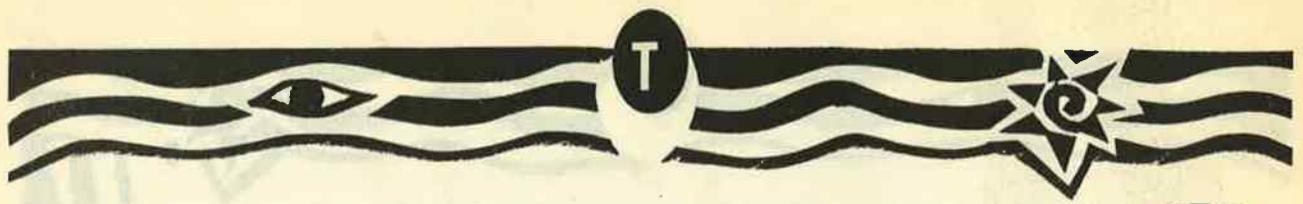
"Mummy, why are you crying?"

"Kathy, Mummy is feeling sad. Give me a hug and it will help me feel better."

If I have to never eat sugar again, meditate so much I become anti-social, just to keep my body well, then I will. I want to see my daughter an adult. I want to see the Eiffel Tower for real and I'll try my damnest not to die too early.

- Caroline

All characters are fictitious and any resemblance etc etc is by sheer accident. "Caroline" is a pseudonym.



On viewing the Quilt

Will I be just another rectangle of material
lovingly sewn, I'm sure
displayed on the floor
in a few years time?

Will it be my friend standing next to me?
her husband?
my son?

Who's represented in cloth and cotton.
Memorialising is what I don't want now
I want life.

- Caroline.



My last born sister has come to visit. I decided I would tell her my HIV status if it seemed appropriate. She is well informed and compassionate.

So I tell her. She bursts into tears and I am deeply touched that she loves me. I hug her.

"What does it mean, to be HIV positive?"

"At best a shortened life span, at worst - a slow long illness and death within eight years after contact."

But I don't get around to saying the total mental dislocation, where you think you're being positive and then you're at a party, people are discussing their New Year plans and I'm just hoping to survive - to have none of my family, who have the virus to fall ill and none of my infected friends.

how to plan a future requires courage and hope which today I lack. Their future talk has inspired me to dream again about my future, to try on different possibilities.

My sister again: "Is there anything you want to do, a grand desire?"

I want economic security and health, the taken for granted security and assumed step by step progress has gone. I've been thrown into a spin, and I sometimes can't stand up because of the swirl of emotions and information and "should do that" - just to survive.

but later my heart whispers, "I want to write that book".

- Caroline

Denial is such hard work!

What the hell do you write in an article about living with AIDS when the majority of people who will read it have already gone through everything you're likely to write about. Over the past few weeks of reflecting what I could put in this article I've begun to realise that for some of you this will be your first tentative step toward understanding what lies ahead, that first hesitant step to break the isolation.

All this reflecting results in me realising that's what it was like for me. Those first hesitant outreaches because I no longer wanted to be alone. When Terry, my younger brother, told me in 1985 that he was HIV antibody positive I remember hugging him and sobbing. I elicited the promise from him that he wouldn't die.

Back then we all lived with the hope that for some this wasn't a certain death sentence and besides Terry was really healthy so there was no incentive for me to face a lot of issues. Besides which I didn't know what a lot of the issues were.

For his own reasons Terry didn't tell the rest of the family (Mum and our sister) for almost a year. They lived in Perth and as we were not a close knit group there was no real reason to involve them at this stage. Gosh weren't we brave. For over a year we kept our secret. At the end of that time I was exhausted - denial is such hard work!

For some time Terry and I developed our own family unit separate and often cynically critical of the family which we saw as being distanced both emotionally and physically in Perth.

More and more I was spending time with Terry assisting him as he became increasingly involved in World AIDS Day, ACON and the organising of Living Well II.

It was also around this time I had to confront the fact that I had become isolated from many of my friends. When they called I was busy - usually with some AIDS related event, only I wouldn't tell them that because they would have required further explanation. No need to explain to anyone at ACON etc. because it was all covered by the introduction, "This is Terry's sister". When I became involved with PLWA it had a lot to do with wanting to do something rather than sitting back and waiting for "something" to happen.

Throughout my involvement with PLWA the sense of isolation I had has been left behind. It had to be.

The first step for me was involving the rest of the family. Ugly stuff at first - understandable

"There are no hard and fast rules or an instant guide on how to get through this. We've stumbled along and made our own path. It's pretty scary stuff but it's less and less lonely everyday."

really as I guess no one really wants to hear what Terry had to tell them. Initially he tried the 'soft' approach, eventually having to resort to blunt statements. The result was teary phone calls, denying they'd

been told the whole truth, accusations, we'd manipulated events to get back at them and on and on.

Terry had already had a particularly nasty episode of shingles some months earlier, now came questions about this being part of his illness - what would be next. Pnuemocystis as next.

Throughout this time our family evolved out of their denial. A new respect exists between us all - a respect for our differences, for the things we can change and the things we can't and an eagerness to support each other. We've had to ask questions of each other. There is an acceptance of the answers and we resolve issues to ensure we will not just survive but go on.

The next step involved openly discussing with friends and workmates what was happen-

ing. I've not always been pleased with the response and sometimes I've regretted trusting some people. Fortunately the willingness to support far outweighs the more uncaring reactions.

There are no hard and fast rules or an instant guide on how to get through this. We've stumbled along and made our own path. It's pretty scary stuff but it's less and less lonely everyday.

- Deborah Giblett,
PLWA Committee member.

Ten Hankies, one teddy

Two Weeks With The Queen by Morris Gleitzman, Pan Books, \$7.99

"Dear Your Majesty the Queen,

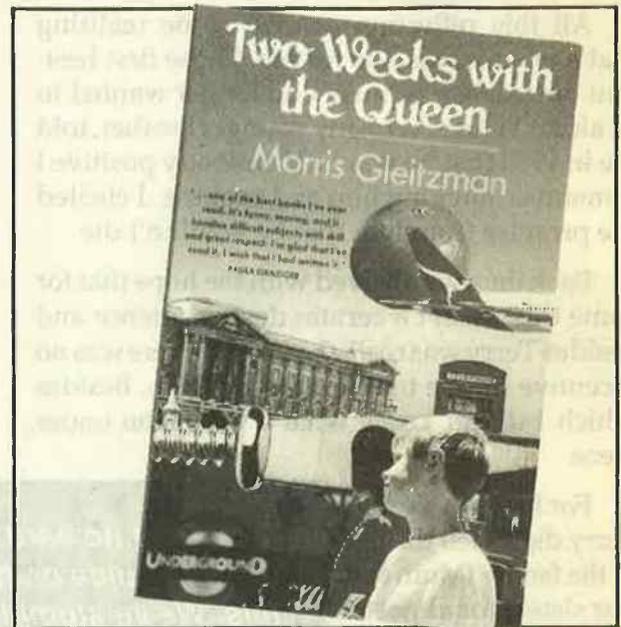
I need to speak to you urgently about my brother Luke. he's got cancer and the doctors in Australia are being really slack. If I could borrow your top doctor for a few days I know he/she would fix things up in no time. of course Mum and Dad would pay his/her fares even if it meant selling the car or getting a loan. Please contact me at the above address urgently.

Yours sincerely,

Colin Mudford

P.S. This is not a hoax. Ring the above number and Aunty Iris will tell you. Hang up if a man answers."

Just reading the back cover of this fabulous little book made me cry and laugh almost simultaneously and at only 127 pages it took me only a few emotional and unforgettable hours to read. It is a story for all



ages and my copy is from the Children's Bookshop in Beecroft. I know of eight and ten year olds who have loved reading it and of a Dad just about to read it to a six year old, but for adults this is a truly magic story. Little Colin does get to London and there meets up with two Welsh youths one of whom has HIV/AIDS and is dying.

Please, read this book. A helpful hint though, it will be a ten hankies, one teddy, and two gins event.

Andrew Carter.

Fran Peavey - fighting social hysteria

Fran Peavey wants to make a "funny AIDS stories tape". "It's not going to be a big seller, I know that", she says - but, as she points out, being able to laugh about this epidemic can be a healing thing.

Fran Peavey, also known as the Atomic Comic, is a North American social change consultant, and the author of *Heart Politics* and *Shallow Pool of Time*, visited ACON when she was in Australia recently. Staff and volunteers met with her to discuss a range of HIV/AIDS issues. Fran spoke both about her personal experiences as a positive woman, and more generally about how AIDS has affected the San Francisco community where she lives, community responses to the epidemic and her concern about the 'social hysteria' that arises about AIDS.

"In order to survive this epidemic we've got to really take care of each other, of our community", she told the ACON meeting. "One of the most potent forces for social change is a high empathy level", she said. The press, film and theatre have a responsibility to demonstrate empathy for people with HIV/AIDS. If they do not, that group will be more persecuted. Television in the US is a major culprit for promoting social hysteria, but apparently the 'innocent victim' theme with which we are so familiar here, is not as popular in the US.

One of the things which particularly angers Fran is that women are not allowed into 90% of drug trials in the US. So most drugs available haven't been tested on women, although AIDS affects women differently to men.

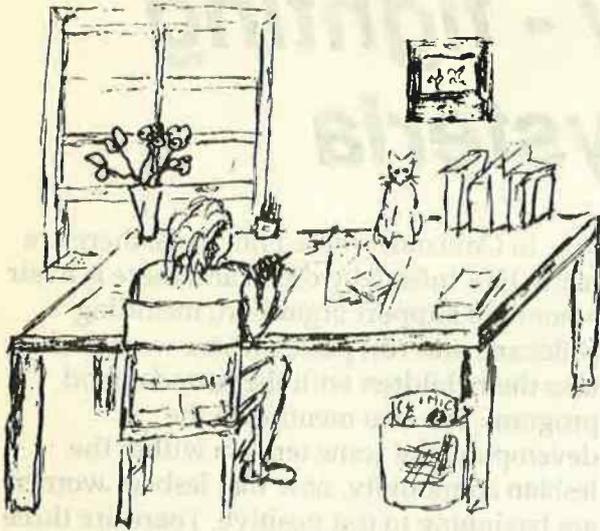
In Oakland, where Fran lives, there are many HIV infected women and there is a fair amount of support organised, including childcare, and rest places where women can take their children with them, and a food program. She also mentioned the development of some tension within the lesbian community, now that lesbian women are beginning to test positive. There are three known cases of woman - to - woman transmission.

Fran also spoke about the underground 'Buyer's Club' in San Francisco, where most drugs are available at minimum cost, and said that as people usually know how the drugs should be affecting them they can monitor their own condition to a large extent.

An issue of importance to her was the relationship between HIV+ people and the HIV- people who are involved in the AIDS community. She felt there was a lot of unexpressed anger which needed to be resolved. In regard to good relations between the AIDS community and the rest of society, she offered the interesting tidbit of information that during the San Francisco earthquake it was the AIDS community who played a crucial role in getting food to people who had become homeless.

As a positive example of how to organise Fran described a conference where people were encouraged to bring their families, "immune enhancing meals" were provided, there was a meditation room, people available to give massages when participants felt tense. Sounds good eh?

- Jill Sergeant



The Clinic

Part 6

Martha wakes with the sun streaming through the window. The birds chirping and making flap flap noises and the cat doing back flips on her feet. Her first thought for the day - "what a fucking nightmare".

For a couple of weeks Martha's been grovelling around the depths of her brain and it ain't a very colourful place. About time the back burner was burnt is the thought for the day. Realising it's the phone not the everyday barrage of noises from the street she stumbles out of bed.

"I wonder what Rebecca wants, she sounded like one of those drama queens she bitches about all the time. Ain't like her to be talking in rhymes. Oh well I'll go and check it out after a coffee."

Sitting on the train Martha recalls the dream she had. She's been plagued by it for a while now. She meets this woman at a cafe and the

feeling of magic when their eyes and senses connect. The unsaid agreement, the slow tentative touch, then.... then... POP! The bubble burst with the question. What's safer sex for dykes? Groan.

"I didn't have many hang ups about my sexuality like Louis suggested but this damn virus has given me some, or maybe woken some from the past."

The rain pulls into the fairy floss station. On the way to Rebecca's Martha decides she'll get the safer sex issue off the back burner and re hash it out with the counsellor at the clinic and the positive women's group. Wishing for a group of dykes in the same Titanic to go through The safer-sex-for-dykes issue with, but there probably is a group of us. I'll just have to find the right closet. "The adventures of the lion, the witch and the closet."

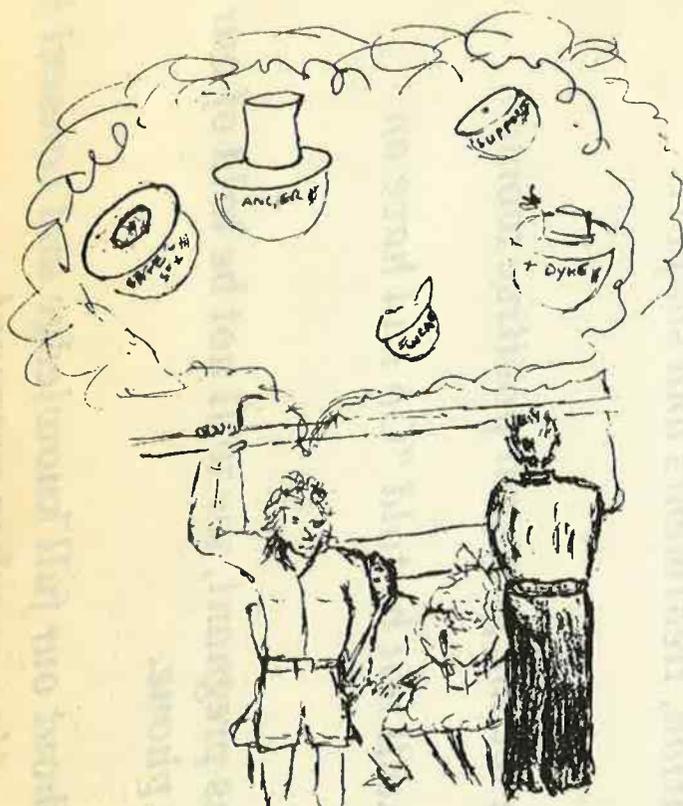
She listens to her brain. A mistake. *"It ain't an issue girl it's a reality that I need to feel OK about , to feel Ok about my body , my sexuality. I'm sounding a bit like the clinical pamphlets that have been done, issues, issues, it's getting through a day at a time or a damn issue at a time. then you find a whole new angle on whatever, and you start again."*

So where the hell is Rebecca? She's probably gone psychotic again and seeing things - nar - something's up, she's left her place open.

She notices her heart trying to escape from her chest. "Someone's coming up the hallway" - keep calm Martha! This is no time to lose it."

"I'll jump him!"

When he turns to stroke the dog Martha pounces on him. After some impressive yoga moves she finds herself sitting on top of a guy who is becoming familiar, she ain't sure from where but she knows the face. Martha inches her hand from his mouth thinking he's stopped screaming, but another blast of



"what the fuck ya doing" "get off me...!"

"I'm sitting on ya jerk. Now for my questions. Who are you? What are you doing here? And where's Rebecca?"

"You've got snot up your nose sister."

"I ain't your sister and answer or this poodle will piss on ya."

"OK OK. Neil's the name and I was looking for Rebecca when you did your wonder woman impression."

Neil - now I know where I've seen the face from - The Clinic.

Martha gets Neil to agree to look for Rebecca, while sitting on him she also gets a few more hassles out of her head.

"Now while you find Rebecca I'm going to do the story for Talkabout cause I'm sick and tired of reading about your life. Ain't nothing

personal but I'm pissed with the series being dominated by men, men and men!

"They say this is our year so in short Neil, We're taking over The Clinic." She watches Neil leaving gasping for breath. "I hope he's OK", smiling, feeling pleased with herself.

Seems like a waste of space having to explain my presence here, "That's the story of my life since I was diagnosed".

"Now what Martha? Always good with getting yourself in places but what to do next is your downfall." "Oh shut up head, you keep this up and I'll decapitate you."

"What about a meeting" the quiet voice suggests in her head.

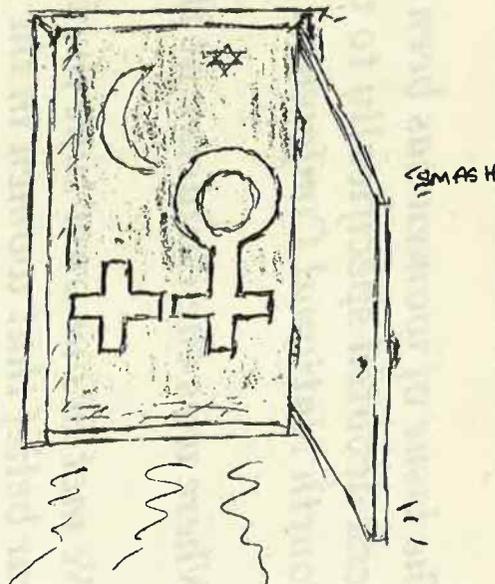
"Oh fuck the fellowship, I've got more important things to do!"

"Oh yeah... yeah...."

"Well maybe a meeting would be good, I need to relax for the rebellion."

"Dum de dar..."

"Groan. Thank shit no one else hears what goes on between these ears."



TO BE CONTINUED....



We are women in solidarity in the fight against AIDS.

The issue of women has been virtually ignored here. Only half an hour has been devoted specifically to women and HIV/AIDS in the three days of the Fourth National Conference.

Where was the childcare at this conference?

We met in our own time during the Forum. We now present this plenary with our belief that women in the AIDS epidemic need women-specific medical responses, research, prevention, education, treatments and support.

So:

We will not be told to abort when we are pregnant positive women.

As rape survivors in the ACT we will not be told "Go and have an AIDS test love".

As a Sydney woman, some months pregnant, we will not be told of our positive antibody status over the phone.

We will not be tested for HIV without our full knowledge and consent in South Australia when seeking abortion or when pregnant.





We will not be violently raped in Victoria when we say "when it's not on, it's not on".

We will not have our passport stamped "Known Prostitute" as a sex worker in Western Australia.

We demand full childcare provision at all future conferences, workshops and forums. That all future HIV/AIDS conferences have a women's -- issues stream.

That all positive women always be actively sought for inclusion for all committees involving people living with AIDS.

There must be funding that targets our diverse needs as women who are Aboriginal, from non-English speaking backgrounds, people living with AIDS, carers, differently abled, lesbian, sex workers, heterosexual....

**We are women. We are different. We refuse to be invisible.
We call upon the women here to stand with us in solidarity.**

- Transcription of the statement made by the women
who attended the 4th National AIDS Conference
in Canberra, 8-11 August 1990.



Not only a room with a view

Nick Marshall spoke to Jill Sergeant about being a registered nurse at the Royal Prince Henry Hospital Special Care Unit, the Marks Pavilion.

I started my nursing training in 1985 when AIDS started to show up in Australia. I wanted to do something to help PLWAs so I decided to try nursing. I like helping people. I know that sounds altruistic, but that's why people do it, and I find I'm generally pretty good at helping. As a gay man I was interested in AIDS, and as a person going through nursing training I was interested from a health professional point of view as well. I've been at RPH for about a year and a half now.

I've learned a lot medically and treatment wise. I've learned a lot about people too. And about myself. That's why I'm still there.

Emotionally it does take a lot out of you. You're not inured to it. I've come to grips with a lot of my own feelings and attitudes since working in the ward. I think everybody does. Some people deal with it better than others, just because people are different. People do experience burn out over a period of time and they just have to get out.

There are times when I feel like I've had it. I know that I will move on after a while because I will get too tired of having to deal with it. One reason is because it's difficult to talk to people about it. I go out and people ask, "what do you do?", and if I say "I work with people with AIDS" it's: "Oh. Nice weather we're having..." and they don't want to talk about it. Some people are interested, and it's good to be able to tell people about it.

There are rewards. Just taking time with someone getting to know them. That's a positive

thing about nursing, I think.

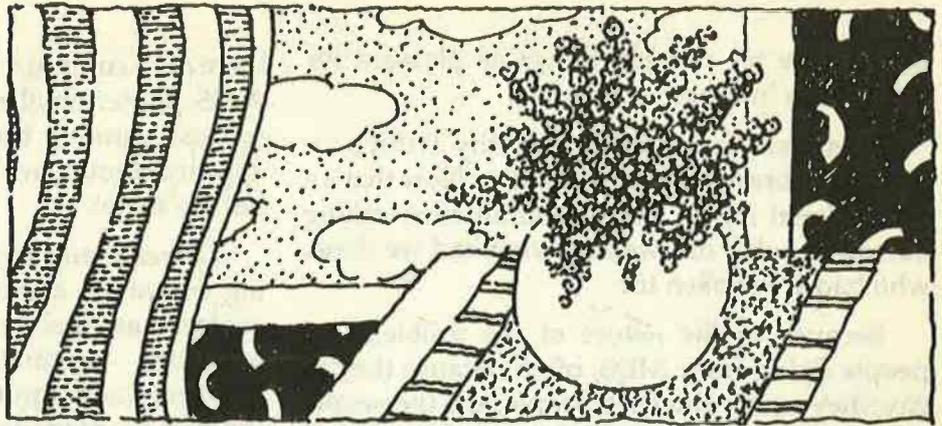
I see people who are sick who have a great frame of mind - even though they have chronic diarrhoea and have to run off to the toilet every twenty minutes. I really appreciate it if somebody's got a sense of humour, even though they're significantly ill, they make light of their illness - which isn't to say that they're just flippant about it, but they appreciate their limitations and they've incorporated that into their way of thinking. I really admire people who can do that. But - it also makes the situation a bit more difficult when they die. Because they were so positive about it.

One of the saddest things I find is when people don't laugh any more.

I feel that I'm contributing something socially significant, but I don't like to think that because I work in an AIDS ward I'm a special person. I think everybody who does this kind of work, who cares for people - are special people too. We're all special people.

I do think that as a gay man working with PWAs I can offer maybe that little bit more than someone who isn't gay. And having had a bit of experience with AIDS I might understand a little bit more, how to help them come to grips with it. Or help significant others come to terms with it.

They also help me to cope. When one young man died recently, I was completely destroyed, I was close to not functioning that day because he was such a sweet person. I didn't know him before he came to the ward, but I got to really like him while he was there. I fell apart, because I'd been away for five days and I came back just an hour before he died. I'd find myself bursting into tears at different times during the shift. I went in to see this guy and he was unresponsive, comatose, and I walked out of the room, sobbing down the hall. And his mother came out and comforted



Graphic: PWA Live

me. Her baby was in there - and she came out and held me. And that's a positive thing. I needed that. I felt bad that I couldn't help her with it, but she didn't need it then. I needed it.

It's also positive having a good group of people to work with who understand the situation. Like you don't ask someone to lay out someone they cared about, unless they want to. You just don't do it, because they may not cope.

So it's positive to see the caring side. Also it's such an easy place in which to work. People are really easy going. It's not strict. Some people have their alternative therapy, relaxation classes, art classes, cooking classes. We have a barbecue, we have live music once a month. It's nice to see people sit around, at these things, and even though they're sick and they have to be wheeled in with their NG tube and everything, they want to come and join in with everybody, as much as possible. They do get a lot out of it. Maybe not physically, they might be really exhausted afterwards, but you can tell if it's made them feel a little bit better, if it's brightened them up a little bit. Sometimes people are so ill that friends who've been in at different times don't know that each other's in until they see them at things like this. And they need those friends.

Those are the rewards. They're not real big things. But still ...it's a hard job.

We're caring for a section of society that's marginalised and sometimes they feel slighted.

The clients are mostly young men who've never been sick before or had to undergo extensive medical treatment, and it's something they have to learn to live with. It's a cultural difference. The illness has come on so fast they don't have time to appreciate how sick they are. They can be overly demanding. They don't have experience of the crumbling Public Hospital system, and they don't appreciate how good they've got it here. But a lot of the things that make it so pleasant aren't a public hospital perk. For example the TVs were donated to us by a gay organisation, the Knights of the Chameleons.

When we read the article by Kathy Triffit (Talkabout #8 "I didn't think it would be like this") everyone felt awful. You do try your best and there are times when things don't work out. So we wanted to put our point of view.

It's an old building, it's not necessarily the best set up for the kind of people we're looking after, and the problems that they have. We have difficulty getting money to fix it up - getting pictures, a new coat of paint, it takes ages for things to get through channels.

But generally it's not too bad, because palliation is about making these situations as comfortable as possible for everyone. Even though the Marks Pavilion is quite a way out of town it's a beautiful set up, large windows with beautiful views. It's a little less frenetic than Saint Vincent's, there's a bit more space, not so many

people. We try to keep things as pleasant for them, or as 'normal' as possible.

There was an assertion in Kathy Triffit's article about breach of confidentiality. Now that's a professional no-no, and we've all been asking ourselves, what did we say, what had we done, who had we spoken to?

Because of the nature of the problems of people dying from AIDS, often because they're gay, they're marginalised people, and the people who are their nearest and dearest, their next of kin, their 'significant other', may not be a family member. It might just be a close friend, or their Anjali worker. We try to suss out who they are, get to know who that person is. So perhaps that was the breach of confidentiality, that we told something to a close friend. In this kind of situation you do your best but you can't always be spot on.

Some of the clients that we get are suffering AIDS dementia, which means that they're not in full control. We've had people brought in who haven't been able to care for themselves properly, they might be brought in just in their pyjamas, with no other possessions.

Some people sometimes feel that we will take things away from them, but we don't do that, not unless they can't manage them - like cigarettes sometimes. But sometimes when people are demented they forget that they haven't brought anything with them, and you have to continually re-orient them to time and place, to the fact that they're in hospital.

As a rule we don't forbid personal items. I wanted to make this point because I think in the case Kathy Triffit talked about, perhaps what this person didn't realise was that nothing was brought in for them.

I think we're reasonably accommodating, but there are times when it's difficult, especially when we're short of staff. Quite often there is only one registered nurse in the palliative ward, and if

there are a couple of people who are in late stage AIDS, pre-terminal or terminal, sometimes we're so busy running back and forth, that it might appear as though we're being a bit curt or unkind, but we're not.

Or treatments might be painful - there's nothing we can do about that, except give as much analgesia as possible. Then there's the way hospitals work - we can't make appointments for x-rays and lumbar punctures, we have to wait till the staff are ready for a client.

You're not just a registered nurse if you work in an AIDS ward. You're also a counsellor and social worker. Not just for the client but for the significant other and family.

People quite often are very angry as they're coming to a greater understanding of their condition. I try to help people work through these stages. You're a sounding board, a resource person, a psychologist. You have to play an educational role in negotiating with other parts of the hospital.

At times of staff shortage we may have to get registered nurses from agencies, and sometimes they don't really want to work there. Working in that area you forget how much the general public doesn't know or understand. You feel possessive, protective of the clients. I once found an agency nurse writing her report in gloves! I don't want to work with people who have that frame of mind. It upsets me, because it's unreasonable. My clients are partly my friends. They have enough to put up with.



Good Health

Drinking for your immune system

Fresh fruit and vegetable juices are powerful tonics. They are rich in vitamins and minerals which can be easily absorbed by the body. Juices also contain fruit acids which stimulate digestion and help in the absorption of nutrients from the drink.

The following delectable summer beverages are from *A Recipe for health; Building a strong immune system*, by Ian Brighthope and Ruth Maier with Peter Fitzgerald, McCulloch Publishing, \$15.95.

Koala Mauve

(serves one)
1 cup blueberries or blue grapes
1/2 orange
2 ice cubes
Wash blueberries three times in cold water, peel orange. Blend together until smooth. Add ice cubes and blend just enough to break up ice. Serve in a tall glass.

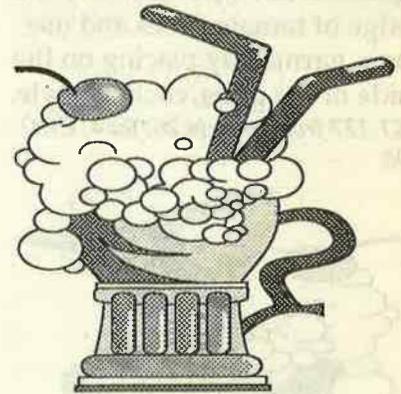
Energy per serve: KJ: 503 - from protein 26, fat 37, carbohydrate(CHO)440.

Greenacres Tonique

(serves 2)
1/4 cup celery, chopped
1/4 cup lettuce
1/4 cup spinach
1/4 cup asparagus chopped
1/4 cup green pepper chopped
1 cup water
Onion salt
Garnish: 1 tblspn parmesan cheese
Blend all ingredients together until smooth. Pour into tall glasses and sprinkle with parmesan.
KJ: 63 - from protein 19, Fat 4, CHO 40.

Melon Sparkle

(serves 2)
2 cups diced cantaloupe or papaya
1 lime
4 fresh mint leaves
2 ice cubes



Garnish: mint
Blend all ingredients together, serve in tall glasses and decorate with sprigs of mint.

KJ: 272 from protein 20, fat 19, CHO 234.

Oriental Drift

(serves 2)
5 lychees
1/2 cup mango
1/2 cup yellow peach
1/2 cup water
Blend all ingredients, serve in tall glasses.
KJ: 472 from protein 21, fat 30, CHO 421.

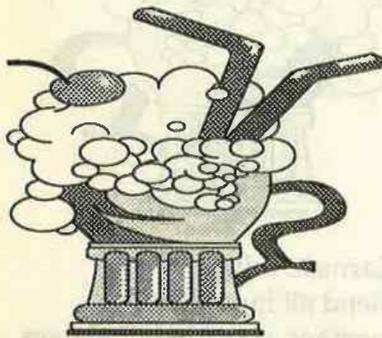
Tomato Zip

(serves 2)
2 tomatoes
1/2 cup spinach
1 tsp worcestershire sauce
1/8 tsp garlic

HANDS ON

1/2 cup water

Reserve two thin slices of tomato for garnish. Blend all ingredients, pour into tall glasses. Cut from centre to the edge of tomato slices and use as a garnish by placing on the side of the glass, cocktail style. *KJ:127 from protein 26, fat 4, CHO 98.*



Program for training workshop for volunteers

The training workshop for **Hands On** is designed to deal with two different aspects of the requirements of providing massage for PLWAs.

The first is a one day session dealing with HIV/AIDS, and the second covers in detail the hands on part of massage for PLWAs.

The virus, its progression, and some of the complications

relevant to the care we offer are explained in a one day session (usually a Sunday) of approximately six hours. Also on this day some practical aspects that may be encountered are illustrated eg. infection control, lifting (if the client happens to fall on the floor), how to manoeuvre a client in bed if they happen to be confined to that bed. Great importance is placed on the need for us to be available to be supportive in times of emotional crisis. The individual's own support networks are encouraged.

Whilst we offer our service to clients in hospitals and hospices we must observe their protocol. This is explained. Experienced carers are asked to be in attendance to offer support/advice.

The massage training is conducted over ten weeks (three hours, one night per week).

During this period detailed instruction/illustration is given on appropriate methods to massage PLWAs (including the particular care needed in the latter stages of AIDS. To do this the body is approached as separate parts (legs, arms, chest etc.) and then it is brought together as a whole.

For further information about this course contact Richard on 660 6392 (h), or 477 8255 (w).

Don't hold your breath

Deep breathing is an excellent form of exercise which is often overlooked. Begin to notice how you are breathing. Often you will find that your breathing is a reflection of how you are thinking. Depressing thoughts are very evident in a sagging or stooped posture. This posture restricts our breathing and this has other consequences.

If the mind is full of positivity and enthusiasm for life, again our posture reflects it. Our shoulders are comfortably in relationship to an erect spine and the head is held high; our breathing then is full and deep. Become aware of your own breathing patterns and start to explore the difference regular breathing makes.

First thing in the morning is a great time to practise ten to fifteen minutes of deep breathing, preferably outside or with the windows wide open. Breathe in peace and harmony, vitality and enthusiasm, and breathe out all resistance and tension. Laughter is one of the best and most enjoyable forms of exercise.

- Petrea King

ACT UP LIVE

A fundraiser for the Aids Coalition to Unleash Power (ACT UP) was held at the Belvoir Street Theatre on Monday 15th October with a large crowd turning up to experience a unique show. Jeannie Lewis, Mick Conway, Eve and the Forbidden Fruits and Mary Lou and Her Lucky Stars were among the more musical treats of the night which was MC'd by that very pious trinity, Monsignor Porca Madonna, The Very Reverend Dean Sheraton-Hilton and Oral Richards. Rumour has it that Mick's washboard player received *all* of a sharing of the Holy Eucharist, an Invitation to Evensong *and* a fundamental pentecostal hands-on-healing in the green room after the show.

The crowd also experienced the brilliant, fantastic and visually appetising '78 Tourette' who stick by my credo "if something's worth doing, then do it in your **Dr Martins.**" More than 00000's and aaaaah's came from the audience when Timothy Woon, that enchanting magician, did his stuff - sometimes from those close enough to feel the heat from the fire-eating, but mostly from those impressed by Timothy's incredible tricks, including the mystical appearance of eight or ten bottles of Vermouth. Most impressive.

The performers gave their time and talents to the fight against AIDS and everyone of



Photo: Jamie Dunbar

One of the 'Lucky Stars' entertaining the crowd at ACT UP Live.

them are worth seeing again if you spot them about town. ACT UP raised around one thousand dollars from this exciting night, with the funds being used for

the continuation of the Coalition's working in fighting AIDS.

Don Carter, Cub Reporter,
P.L.W.A. NSW

••••• TELL THE WORLD WHAT YOU'RE DOING ABOUT AIDS •••••

••••• Keep an eye out for WORLD AIDS DAY EVENTS in suburban and regional centres - Displays, forums, street stalls, street theatre and other community activities will be taking place around NSW For more information contact the AIDS Bureau (02)391 9234 or AIDS organisations in your area. •••••

Keeping the love alive - Quilt displays

Between now and World AIDS Day on December 1st, the Quilt Project will be a blur of stitching, quilting, applique and organisation. If you are in the process of thinking about and/or making a quilt panel, could you bear to part with it by November 15th so it can be part of the Quilt displays.

Displays will be at:

**Launceston's Albert Hall
November 21**

**Hobart Wrest Point
Convention Centre
November 23**

**Adelaide Town Hall
November 25th & 26th**

**Sydney Overseas passenger
Terminal, Circular Quay,
December 1 from 11am to
9pm.**

**Unfolding ceremony at
6pm. (Refreshments will be
on sale.)**

There will also be Quilt merchandise for sale from early November. "Keep the love alive" badges at \$2.00 each are already available.

1991 already promises to be a busy one for the Quilt. It will travel to Victoria for Mid-Summer Festival and again for the Candlelight Rally in May. April will possibly see it doing a Queensland tour.

1991 will also see the start of an Australian version of the Names Project book. We desperately need to collect the stories which are floating around in people's heads and not yet committed to tape, film or paper! Please take time to sit down - with a group of friends? - and record some of the stories, jokes and memories which make the Quilt so precious.

Quilt Enquiries:

Libby Woodhams, Convenor,
188 Goulburn St,
Darlinghurst NSW 2010
Tel: (02)283.3222
Fax: (02)283.2199

.....Before you leap

Women & AIDS Forum

The women & AIDS working group of the AIDS Council of NSW held a successful women & AIDS Forum in Sydney on September 13, 1990. The forum targeted mainly inner city women and the focus was on HIV/AIDS education. The speakers represented a wide range of experience and expertise and the issues discussed included negotiating safe sex, IV drug use, multicultural issues and pregnancy.

The speakers were Trish Langdon, Prince of Wales Hospital; Sue Kippax, Macquarie University; Jenny Davidson, NSW Users and AIDS Association; Patricia Austin, Albion Street

Centre; S  n n   Chrochuir, AIDS Council of NSW; and Lesley Painter, Albion Street.

The media coverage was amazing, articles were written in Honi Soit, the Sydney University student newspaper and Newswit the University of Technology newspaper. There were radio and TV interviews on 2BL, 2SER, RSR, Radio National, SBS and CTV1.

Survey forms were given to the participants, and this told us that the majority of women who attended the forum were aged 22 - 30, employed and live in the inner city. The poster and leaflet were the most effective form of advertising.

The evaluation feedback was positive, suggesting that there is a need for more and smaller more detailed workshops.

- Sara Lubowitz.

NEWS

HYPERTHERMIA: flavour of the month melts under the heat

Remember Hyperthermia? It was the treatment where a couple of Atlanta bolters heated the blood of two people with advanced AIDS, then presented not just the subjects but laboratory and clinical evidence suggesting that HIV had been purged from the patients by the treatment.

The story 'broke' in the media when Carl, the star and initial patient for the treatment, ignored the advice of his hyperthermists, pathologist Dr Kenneth Alonso and surgeon Dr William Logan Jr, and left his Atlanta hospital bed and walked across the road to the Cable News Network (world headquarters Atlanta!)

He pronounced himself 'cured', CNN had a world exclusive, hopes soared and HYPERTHERMIA was born.

Moment of truth

Dr. Alonso's first public presentation of his treatment experiment was of course eagerly anticipated, and at the news conference Carl and his doctor explained he had AIDS and extensive skin and rectal Kaposi's sarcoma.

On 20th February this year, blood from a major artery in Carl's leg was taken outside the body, heated by passing it through a heat exchanger and

passed back into a large leg vein.

His body temperature was kept at 42 degrees celsius (normal=37) for two hours, he was transfused three bags of blood and given clot-preventing Heparin.

Within three days, Carl's KS lesions had started to regress, at the press conference they were almost gone.

The Blood Thickens

Dr Alonso admitted the treatment was highly dangerous, risking irreparable blood and organ damage. He had tried it on cancer patients before AIDS, and said his team literally held their breath during the procedure.

Most AIDS experts pointed to theoretical as well these severe technical problems. The temperature wasn't high enough to kill HIV. At the temperatures required, blood cells literally burst apart. HIV in places outside the bloodstream was not reached or eliminated.

And perhaps most importantly, some investigators have reported that heat shock can actually increase or turn on production of HIV in infected cells. Hyperthermia can also lead to reactivation of herpes simplex type 1 virus that has been lying

dormant in the body. Subsequent revelations have confirmed these severe doubts.

A study of two

Firstly, Carl had received not just heat treatment, but Alpha Interferon and a broad spectrum antibiotic. The former is an established treatment for Kaposi's Sarcoma (KS), and may have anti-HIV activity and this may have caused the improvement.

Secondly, Alonso's clinic didn't have a very sophisticated medical laboratory, and the dated technique he used to measure T cell counts pre-treatment made them unreliable at best. Then he sent the post-treatment blood samples for T cell counts, using a different technique. Thus the results cannot be compared.

Thirdly, Dr Alonso soon after left for Mexico to carry out eight treatments at an 'Elite' clinic.

Then two independent physicians examined Carl concluding while his KS had improved, his AIDS had worsened.

Dr Alonso's second patient in Atlanta was Tony, also with AIDS and KS in the lungs. His meagre T cell count did not improve, he now has fluid on the lungs as well as KS and the KS has spread to involve his throat.

TREATMENT NEWS

The heat treatment also seriously damaged his liver.

By now, the shouts of "where do we get it?" have subsided on the North American east coasts.

Under the microscope

An investigative team was set up by the national Institute of Allergy and Infectious Diseases (NIAID), headed by Dr Daniel Hoth. Examining Carl's case, a BIG discrepancy arose. His skin biopsies showed NO evidence of KS.

What they did show was a

dermal folliculitis (an inflammation or infection of the hair follicles of the dermis, the second layer of skin.

Putting together his history, response to antibiotics, habits and microscopic findings, the most likely proposed cause of the reddish lumps on Carl's skin was an infection caused by scratches from a cat! Neither patient has shown any immune benefit.

The NIAID report concluded that there appeared to be "no clinical, immunologic or virologic support for the use of hy-

perthermia in the treatment of HIV or Kaposi's Sarcoma. Neither does there appear any support for further human experimentation in this area at this time."

Hypes create cruel hopes, the media uncritically fuels them then dumps them.

Reports of deaths drift out of Mexico, and although it's not flavour of the month, the asking price is still \$50,000.

PETER STEINHEUER

Time to overhaul the drug trial system

A drastic overhaul of Australia's drug trials and treatments system is urgently needed to make new treatments available to the estimated 15,000 people in Australia who are HIV infected.

This is the essential message of a new policy document on the trialing and accessibility of HIV/AIDS drugs, produced by the AIDS Council of NSW (ACON) and endorsed by the Australian Federation of AIDS Organisations (AFAO) which was submitted to the Urgent Working Group on Delays in the Availability of HIV/AIDS trials and treatments.

"Our current overly-bureaucratic controls discourage drug trials here, and delay access to treatments demonstrated overseas as useful", Don Baxter, Executive Director of ACON, said at the launch of this document in October.

"The current system is effec-

tively preventing people with HIV/AIDS from accessing treatments and trials, rather than protecting people from harmful drugs as it was intended."

Recent research indicates that the earlier treatment begins, the more effective it is, so that for HIV infected people in Australia, delays in access to treatment can be the difference between a good quality of life and early death. "Substantial deregulation and the rapid development of a clear national strategy are immediate priorities", Baxter said.

The major recommendations of the document are that: Australia accept evaluations and approvals of HIV/AIDS drugs by competent overseas authorities; the streamlining of Australia's system for approving and conducting drug trials, so as to encourage drug companies to do trials here; stimulating community based trials similar to the

successful US models; and restructuring and properly resourcing the Clinical Trials Advisory committee and National HIV/AIDS Trials Centre.

The document also calls for the establishment of two large combination drug trials in 1991, and about six smaller trials on opportunistic infections. This would cost an estimated \$3 million - a small amount compared to US and British AIDS budgets, and it would in any case be rapidly recouped, through the elimination of wasteful delays and duplication of overseas evaluations.

The future of HIV/AIDS treatments looks like it may be in the use of combinations of drugs, said Baxter, and therefore it is particularly important to get these trials set up quickly. The first one should ideally be in place by March 1991, the second by August.

TALKABOUT DIARY

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

HANDS ON

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

AIDS INFORMATION LINES ILLAWARRA

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

NEW HIV SERVICE

At the Sydney Hospital STD Centre
Macquarie St, Sydney,

Monday mornings: 8.30 - 12.30

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

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

All appointments: Phone 223.7066.

Interpreters available by appointment



ASIANS AND FRIENDS

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

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

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

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

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

TALKABOUT DIARY

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

SACBE es un grupo de gente de habla hispana.

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

En nuestra propia lengua. El español.

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

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

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

Salud, amor y pesetas...

1 + 1 = 3

ALL WOMEN PARTNERS OF MEN WHO HAVE SEX WITH MEN

ACON is setting up a support group for women who are or who think they are partners of men who have sex with men. This group will provide support for women in an informal, safe atmosphere, where you can talk with other women who may also experience confusion, isolation, loss and stigma.

Please contact Súin ní Chrochuir (Women & AIDS Project) or Sara Lubowitz on (02)283.3222 or (TTY)283.2088 10am - 6pm Monday - Friday.

MEDITATION AND RELAXATION CLASSES

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

ARE YOU A WOMAN WHO IS HIV+?

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

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

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

ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

GENERAL

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

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

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

ACON Hunter Branch: PO Box 1081, Newcastle 2300 (049)29.3464.

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

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

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

Civil Rehabilitation Committee Family Sup-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACCOMODATION

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

DAY CENTRES

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

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

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

HOSPITALS

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

(02)661.0111.

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

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

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

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

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

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

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

JOIN US IN THE FIGHT AGAINST AIDS SUBSCRIBE NOW!

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

Name: _____

Postal Address _____

P'code: _____

Phone: _____

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

I wish to subscribe to TALKABOUT*: Y/N
I enclose: \$ _____

In the interests of your confidentiality:

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

I am publicly open about my membership: Y/N

Annual rates are:

Membership of PLWA Inc. (NSW) \$ 2.00
* Subscription donation to TALKABOUT: \$10.00
(Individual) (Optional for people receiving benefits)
* Subscription donation to TALKABOUT \$20.00
(Organisation)

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

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

Signature: _____

Date: _____



TELL THE WORLD WHAT YOU'RE DOING ABOUT AIDS

World AIDS Day was inaugurated by the World Health Organisation to heighten awareness about the risk of HIV infection and AIDS; to build a foundation for continuing activities against AIDS; and to promote respect and care for people with AIDS and HIV infection.

World AIDS Day events

NATIONAL

November 24-25 -

Living Well III, a conference for people living with AIDS and HIV, Grosvenor Hotel, Adelaide. Enquiries (02)283 3222

SYDNEY

November 27 - December 1

- Displays and street stalls - stations, hospitals, Chinatown, Cabramatta, Oxford Street, Bondi Junction Mall, Parramatta Mall

Friday, November 30

- Displays, information stalls at Circular Quay

Saturday December 1

- Display of AIDS Memorial Quilt at Overseas Passenger Terminal, Circular Quay

11.00am - 9.00pm Display, refreshments on sale
6.00pm - Unfolding ceremony

- Counter AID, AIDS Trust fundraising event in retail outlets. Enquiries 211 2161

11.00am - 4.00pm - Pitt Street Mall - information stalls, street theatre, entertainment

- Maitraya Day Centre Open Day - fun activities, stalls, food
396 Bourke St, Surry Hills

- Walkathon: Eastern Suburbs High Schools, Centennial Park

Sunday, December 2

- PLWA(NSW) Information gathering and sharing. For people with HIV/AIDS and people involved in providing services.

3.30pm, 2nd Floor, AIDS Resource Centre
188 Goulburn St Darlinghurst

- Tea dance for PLWA members and people who work in AIDS.

5.00pm - PLWA(NSW) Free, soft drinks & snacks available. High quality music, dancing and a good time.

ACON garage, ground floor

188 Goulburn St Darlinghurst

- "Boys Own Bake-Off", BGF fundraiser

Midday - 4.00pm - Oxford Hotel, Oxford Street

