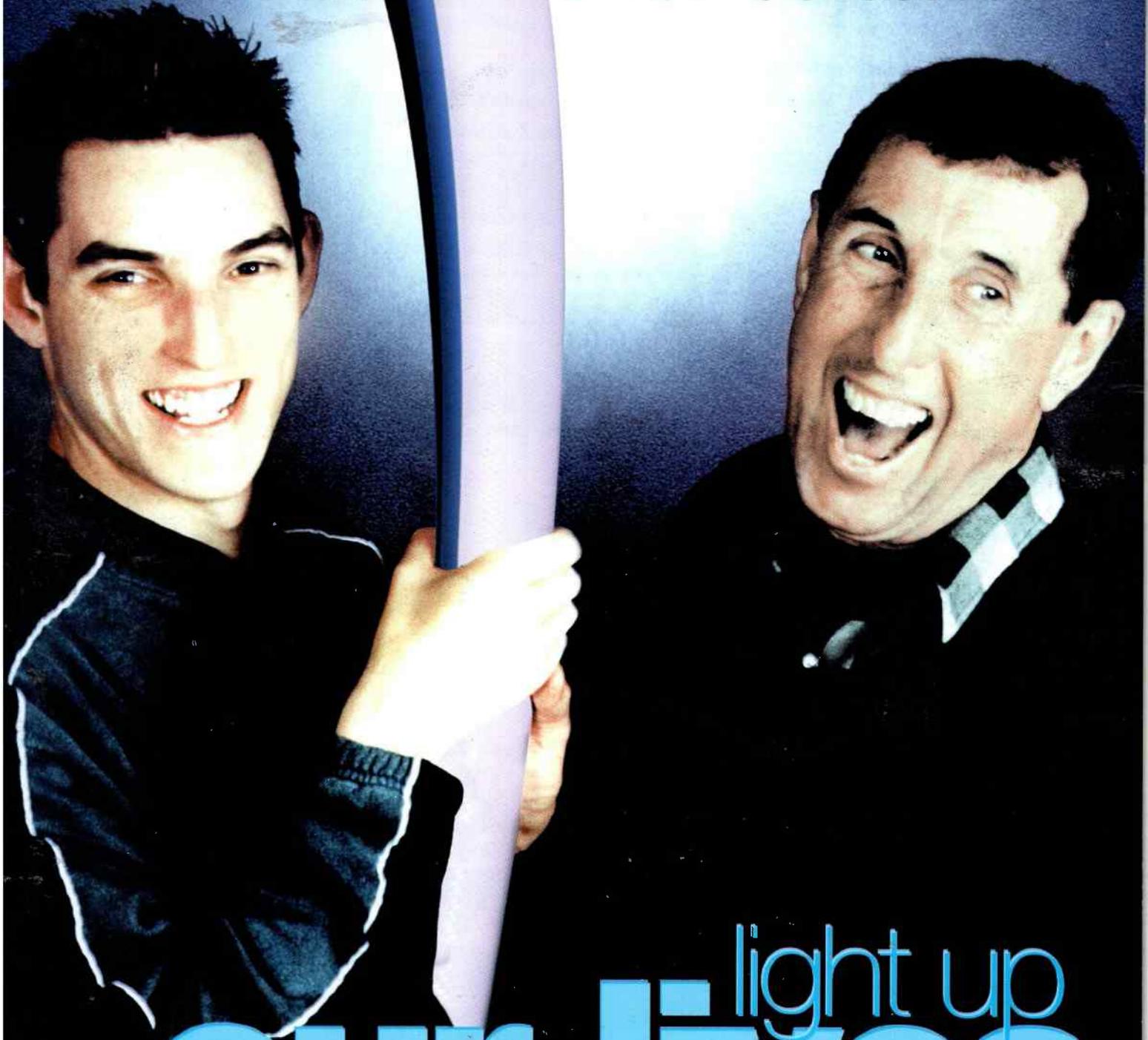


The Magazine of People Living With HIV/AIDS NSW Inc.

No.110 September | October 2000

Talk about

◆ Where We Work for Ourselves ◆



light up
our lives

plus in the west, durban report, indian positive network, and calling all positive writers

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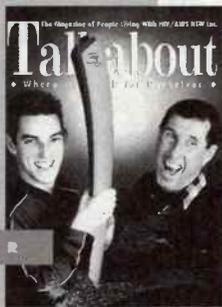
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COVER

our cover features our runners in the olympic torch relay in a photo by c.moore hardy - starfish studios. thanks to angela bailey for the photograph of susan paxton's torch



indian positive network



durban report



in the west

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FROM THE PUBLICATIONS WORKING GROUP

People who live in the 'ghetto' area of Sydney tend to forget that there is a world beyond the kingdom of the inner city and surrounding suburbs. In this issue, we explore the reasons for people living out West, be it work, family, or just to keep out of the city rush. We explore their lifestyle, and their needs. Opinions are diverse, there's John and Gerry, both expatriates from the 'ghetto'; Greg, a life-time traveller, and Angela, Vincent, Elizabeth and Terri-Lee, who have all lived happily for many years in the West.

This is our first issue since the 13th International AIDS Conference in Durban. Named the 'Conference of Death', by a South African journalist, the international gathering was marked by the intransigence of South Africa's new President, Thabo Mbeki, to accept the reality of HIV, or act to help the millions of South African people now living with HIV/AIDS. Deanna and Robert Baldwin, were two of the 10,000 people who attended, and their reports give an interesting perspective on a global epidemic.

We look with pride on two HIV positive torchbearers for the Olympic Relay, Frank, an Olympian and Luke, a member of the Positive Speakers' Bureau. We congratulate them on their participation and take pride in the knowledge that positive people are involved in life at every level.

We congratulate Gavin Austin, a winner in *Talkabout's* recent PozTalk writing competition. Gavin has picked up another two awards for his writing including a five year publishing contract. Gavin is keen to start a support group for positive writers and their friends. *Talkabout* and PLWHA (NSW) encourage all budding and experienced writers, and even those who are just curious, to join. David Barton, the coordinator of PozLet, reports on another success for the second Absolutely Fabulous Clinic for PozHot men and women, and we take a serious look at salvage therapy.

This bumper issue is the final, but one, of our bi-monthly issues this year. Your November *Talkabout* will feature women and HIV/AIDS, and we'll mark the New Year with our usual combined issue. The Publications Working Group will evaluate the bi-monthly issues as part of our planning process for 2001. Stay tuned for a full report.

Keep those articles coming.

Tim Alderman

Talkabout

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Inspiration

Ereruna - meaning inspiration - is a peer support organisation for gay/bisexual people living with HIV/AIDS. Spurred from their experiences with *Ereruna* and other people since 1980 with a night of inspiration at the Hollywood Hotel, *Ereruna* is based on York Avenue, Carle Place and Robert Carlton. The AIDS Trust of Australia has provided much the amount raised by their contributors. The money will assist *Ereruna* members to develop skills, and contribute to the costs of weekly lunches, rental and the many other costs of providing a positive space, and medical and nursing advice for members.



with **ryan mcglaughlin**

This will be my last issue as the Manager of PLWHA (NSW). I leave behind an organisation in good shape and, in particular a highly skilled team of workers. My replacement and the new Executive Officer is Antony Nicholas. Antony is well known to the HIV community through his work as Community Development Project Officer for PLWHA (NSW). Antony has excelled as our Community Development Worker and is respected throughout the New South Wales PLWHA communities. I congratulate Antony and wish him well in his new role.

Joining the staff team is Will Klaasen, our new Administrative Officer. In the few weeks since Will came on board, his enthusiasm and commitment has made an important contribution to the office.

This month has seen the resignation of Shellee Korn. Shellee has been our Research Officer for the past twenty-one months and will now take up a Health Promotion position at the Central Sydney Area Health Service. The sound of Shellee's joyful laugh will be missed around our office.

New complementary therapies service launched

PLWHA (NSW) launched the HIV Complementary Therapies Information Service in The Sanctuary at Newtown in August. This was the brainchild of the

"It's up to all of us to keep each other's spirits soaring so that we don't lose the most important things of all, our lives, our hopes and our loves."

Complementary Therapies Treatments Working Group and in particular Robert Green. They are to be congratulated and commended for the initiative and hard work in seeing it through to fruition. Peter de Ruyter, a naturopath and author of *Living With HIV - A Practical Guide for Staying Well* launched the service with forty people ranging from medical practitioners, pharmacists, drug company reps, alternative therapists, service providers and PLWHA attending. This is a good sign for the integration of orthodox medicine with complementary therapies.

Fundraising update

Our 1999 Celebrity Shoe Auction was a huge success and received the Stonewall Award for the "Most Innovative Community Event". Our next special fundraising event will also be a celebrity auction featuring the "Notebook of Hope

Project". Over 100 notebooks have been sent to celebrities around the world with invitations to create their personal tribute to HIV/AIDS. Just a few to mention are Whoopi Goldberg, Dawn French, Ken Done, Beatrice Arthur and the Sydney Dance Company. The auction of these spectacular mementoes will be held - with cocktails - at Customs House on Saturday November 4, 2000.

Annual General Meeting

The PLWHA (NSW) Inc. Annual General Meeting is scheduled for Tuesday October 24 2000. Notices advising venue and time will be sent to members by October 10.

Signing off ...

Through the highs and lows of my five years with PLWHA (NSW), I have continued to be impressed by the passion, dedication and skills of the committee members, staff, and volunteers in our communities. It has been a privilege to work at this level in the community and to meet many wonderful teachers throughout my journey.

I'd like to sign off with the inspirational message that I've kept by my desk for the last three years, "It's up to all of us to keep each other's spirits soaring so that we don't lose the most important things of all, our lives, our hopes and our loves." I believe that responsibility remains as true now, as it was when I began here over five years ago. ●



◀ *Outgoing Manager, Ryan McGlaughlin (right) hands over the reins of PLWHA (NSW) to Antony Nicholas, who will commence as Executive Officer in early September.*

This month we also welcome Will Klaasen (pictured), as the Administrative Officer, and farewell Research Officer, Shellee Korn, who has accepted a position at Central Sydney Area Health Service. Photos **Mazz Images**



briefs

One-a-day ddl capsule approved in Europe

The European Union's drug licensing body has approved a new formulation of ddl (didanosine) that is designed to cut down the number of tablets someone has to take every day and to make the drug easier to tolerate. The new formulation comes in a capsule to be taken once a day, at least half an hour before eating or on an empty stomach. The capsule coating protects the drug from being broken down by acid in the stomach, eliminating the need for an antacid buffer. The buffer is what makes ddl tablets bulky, and it can also cause diarrhoea and other gastrointestinal problems. Interactions between the buffer and indinavir, ketoconazole and ciprofloxacin are also eliminated in the new formulation. The encapsulation of ddl also cuts out the need to dissolve tablets in water, thus eliminating the need to taste the drug. The new formulation, called Videx-EC, is already available in the UK on a named patient basis for anyone who can't tolerate the existing tablet formulation of ddl, or for anyone failing on an existing regimen, or for anyone who is starting treatment. The drug will be available on prescription throughout Europe from late September onwards. It is the second once-daily anti-HIV drug, following efavirenz. In Australia the Therapeutic Goods Administration is considering an application for approval of the new enteric coated version of ddl.

aidsmap.com

Work Out Your Blood Tests

Look out for the new green brochure produced by ACON that is designed to help you to interpret your blood test results. It deals with lymphocytes counts, viral load, which tests are for kidney, liver and pancreas function, and why measuring testosterone in the blood, glucose, insulin and blood lipids is important. It is hoped that the brochure will help demystify blood test results and enable people to form a closer working relationship with their doctor or health care worker. ACON's Treatments Officers are organising workshops on blood test results. For more information or if you have been unable to obtain one of the new brochures, call 1800 816 518.

Treatment Briefs are supplied by ACON Treatments Officers. For more information please contact John Cumming or Barrie Harrison on 02 9206 2013/2036, freecall 1800 816 518, email treatments@acon.org.au

tell it like it is

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.

Dear Doctor,

I was concerned when I read a couple of issues back that HIV drugs cause depression. I thought the drugs were meant to be good for you! I have had depression in the past and don't want to go there again. Should I come off my HIV drugs?

Confused

Dear Confused,

I am sorry if I misled you. What I was trying to say is that depression is not uncommon in patients with HIV disease. Patients and doctors should make every effort to diagnose and treat depression when it exists rather than ignore it. We usually do not know the cause of depression and there may be many contributing factors such as life situations and financial problems. HIV drugs are, in fact, a rare cause of depression. Depression has been associated with only one or two of the HIV drugs. Also, depressive symptoms sometimes improve when patients commence HIV drugs. You should be able to have a frank and honest discussion with your doctor about the way you are feeling. Do not stop your drugs without speaking with your doctor first. Thank you for querying this point.

Dear Doctor,

I am really over reading about all the possible side effects of the HIV treatments. Every magazine you pick up is full of this side effect and that side effect. If the drugs are that bad, why do people still take them?

Good news needed

Dear Good News Needed,

You are right, it seems as though we are pre-occupied with the bad things about HIV treatments. It's good to remember that, although HIV treatment is not a bed of roses, there are benefits for the majority of patients. It's important to emphasise that most people taking HIV drugs don't experience side effects. The majority of patients gain weight, energy levels, and a sense of 'wellbeing' after commencing HIV treatment. Nonetheless, some people experience very troublesome side effects. It is hard to predict who will experience side effects and some are difficult to manage. Knowing that side effects are possible means that prevention strategies can be advised.

Dear Doctor,

Unfortunately my CD4-cell (T-cell) count has started to fall again. I had PCP 5 years ago and stopped taking Bactrim for prophylaxis one year ago. Should I be concerned?

Worried but well

Dear Worried But Well,

Since the use of effective anti-retroviral combinations, the focus has shifted from starting medications to reduce the risk of the various opportunistic infections (OI), to stopping these preventative treatments (prophylaxis), as CD4 counts rise. This is because the immune system can now fight off OI infections. However, some people may not be able to maintain a high CD4, and their risk of becoming sick with an OI may increase. It is important to re-visit the need for

Patients and doctors should make every effort to diagnose and treat depression when it exists rather than ignore it. We usually do not know the cause of depression and there may be many contributing factors such as life situations and financial problems.

PCP prophylaxis with your doctor if your CD4 count falls below 200, and for CMV and MAC infections if below 100. Re-commencement of prophylaxis is essential for people who had any of these infections in the past when they had severe suppression of their immune system, even if their CD4 count has risen for some time in recent years.

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. Virginia and Mark can be contacted on furnerv@sesahs.nsw.gov.au and kellymark@sesahs.nsw.gov.au

briefs



PLWHA (NSW) staff and committee members are active in many projects, consultations and meetings that affect the interests of PLWHA. **Antony Nicholas** – in his final column as Community Development Project Worker – profiles what's happening in NSW.

Welcome news for DKL

There is much enthusiasm and excitement at NorthAIDS with the news that the rebuilding of Des Kilkeary Lodge, the supported accommodation destroyed by fire in July, is expected to start soon.

Partners in food

St George Community Services will conduct a review of its Food Services. The review will look at other service models and innovative approaches to meal services including information from Redfern's Food Distribution Network. PLWHA (NSW) will be working with St George Community Services to ensure that the service is appropriate to the needs of local PLWHA. The review is expected to be completed by September 2001.

Rural forum

The Rural HIV, HCV and Sexual Health Forum will be held in Ballina in late November. PLWHA (NSW) will conduct a one-day workshop on Advocacy for PLWHA. The day will cover understanding government; advocacy and campaigning; changing decisions while working within the legal system; lobbying techniques; and media skills. PLWHA will also run an open forum for PLWHA and feature the new Positive Speakers' Bureau video. For more information contact the office on 02 9361 6011.

Olympic housing

Stacey, the Housing Policy worker at ACON, has produced a newsletter on housing issues. One important issue covered is the Department of Housing Call Centre set up to assist people with emergency accommodation during the Olympics. You can contact ACON Housing on 9206 2000.

New address for OUR PATHWAYS

The support group, Our Pathways, is now based at Shop 1/300 Crown Street, Wollongong (just around the corner from ACON). Contact 02 4229 2944.

Healthy Lifestyles Expo for the West

If you're looking for information about a healthy lifestyle in Western Sydney then head to Wisteria Gardens at Cumberland Hospital

on Sunday November 26 for the Healthy Lifestyles Expo. The expo will be a highlight of AIDS Awareness Week. The beautiful gardens of Cumberland Hospital is a great site for the stalls, food, entertainment and speakers featured throughout the day. Drop in to the PLWHA stall and say hi!

Volunteers needed

Are you interested in volunteering at PLWHA for a half or full day once a week? There is plenty of work to keep you busy and you can upgrade your skills at the same time. Call the office on 02 9361 6011

Stop Press

If you haven't heard already, ACON Western Sydney has temporarily relocated after a fire in the building. Western Sydney CSN are at the Wentworth Area Health Service in Penrith. Phone 4734 3850. You can contact other WS ACON staff at the ACON Sydney office on 92062000. For other services, such as HIV/AIDS information or resources, please contact the Western Sydney HIV/Hep C prevention service on 9893 9522.



Red Ribbon Care

PLWHA (NSW)'s innovative Complementary Therapies Treatment Officer (CTTO) project has exceeded all expectations in its first month of business. Mac McMahon, the first CTTO in New South Wales, has been busy with consultations since the project began last month. Mac has been contacted by international and interstate AIDS agencies expressing interest in the innovative project which aims to enhance treatment options for PLWHA by providing advice and referrals to complementary therapists. Pictured at the project's official launch (l-r) are Ryan McGlaughlin and Amelia McLaughlin, Manager and President of PLWHA (NSW); Mac McMahon, complementary therapist, Peter de Ruyter, and Robert Green, Convenor of the PLWHA (NSW) Complementary Treatments Working Group.

McClure Report leaves unanswered questions

The National Association of People Living with HIV/AIDS (NAPWA) has cautiously welcomed the McClure Report's recommendations for fundamental Welfare Reform, but warned that the report raises unanswered questions.

"There are good aspects to the Report, such the acknowledgment of the costs of returning to work, and the need to fund these costs through a participation supplement," NAPWA Care and Support Spokesperson, David Menadue told *Talkabout*. But Menadue cautioned that the report left many of NAPWA's questions unanswered.

"Will the income threshold at which people lose the health care card be raised? Will those with chronic or episodic illness have to meet mutual obligation requirements? Will the agencies involved in the proposed brokerage model be sensitive and familiar with the needs of PLWHA? Will doctor's continue to play a role in assessing the ability of PLWHA to return to work?"

Menadue told *Talkabout* that the report does not address the economics of its proposals.

"NAPWA wonders whether the Federal Government has the political will to implement the full reforms. We will watch the progress with great interest," Menadue said.

The Federal Government's Reference Committee into Welfare Reform, chaired by Patrick McClure, released its final Report in late August. Entitled, *Participation Support for a More Equitable Society*, the Report recommends five key features for a fundamental reform of the Australian welfare system: individualised service delivery; a simpler income support structure; incentives and financial assistance; mutual obligations; and social partnerships. Central to the McClure Report's vision is the concept of 'supported participation'.

Copies of the report can be downloaded from the web at www.dfcs.gov.au

Olympic and Paralympic Hotline

People with Disabilities (PWD), an advocacy organisation based in NSW, has set up a temporary freecall service for people who experience problems in relation to the Olympic and Paralympic games. The service, known as OPDAS, will provide information, legal advice, and short-term advocacy to people with disabilities who wish to pursue complaints. OPDAS will also offer a part-time legal advocate. The service will run until 30 November. Phone 02 9319 6023, Free call 1800 158 182 (for outside Sydney metropolitan area), TTY 02 9318 2138, Australian Communication Exchange Relay Service, 132 544. Email, opdas@pwd.org.au.

talking body and soul

The second Absolutely Fabulous Clinic mixed up genders, introduced skin care for men and women and confirmed an emerging call for counselling.

David Barton reports on a fabulous success.

The big question for the second Absolutely Fabulous Clinic for Pozhet Men and Women was would a clinic catering for both men and women be effective, comfortable and a source of pleasure? The answer is a resounding yes! Having men and women at the Ab Fab clinic together did prove enormously successful.

The Clinic was held in late July at the Tree of Hope and featured fourteen therapies. Over three hours, the clinic offered eighty free appointments with eighteen therapists. Visits with a therapist ranged from twenty minutes to one hour. Twenty-two people (ten men and twelve women) aged from sixteen to eighty-two filled the appointment book for the afternoon. The group included six partners of positive people.

The Clinic introduced PLWHA and their families to a wide range of health maintenance therapies. At Pozhet, we aim to support men and women in developing broad health strategies for their long-term use. By creating a supportive environment to experiment with new therapies, we hope Pozhet people and their families will gain confidence and experience in devising a health strategy that suits their needs.

It's in the mix

We don't believe there are any significant differences in the way men and women use therapies. We designed the program around the need for the particular therapy rather than the gender of the client. Mixing genders at Ab Fab proved so successful this time that future clinics will be for men and women, husbands and wives, boyfriends and girlfriends etc.

Talking about body and soul

A surprising finding from this Clinic was the popularity of one-on-one psychosocial

talking therapies for men and women. You'll see a lot more of the counselling therapies at future clinics. The importance of spirituality and taking care of the heart and soul was also evident, particularly for people who are socially isolated.

This year our beauty and skin care therapists were in hot demand. Both men and women need advice on skin care but in our case it's not just for beauty, but to address the effects of antiviral drugs on the body's largest organ – the skin.

A woman told me that it was the first time she'd been to an Ab Fab Clinic. "I've never been to anything like this – it's just like being at home," she said.

Others also reported experiencing a number of therapies on offer for the first time – especially those that involved physical contact. Many people go for long periods without experiencing the comfort of being touched. We know that HIV positive people are particularly vulnerable to isolation, and we have plenty of anecdotal evidence that for many positive people a lack of intimate companionship is a daily reality.

All about choices

Another HIV positive woman told me that the Clinic offered her a choice of therapies normally way out of her reach. "Many of these therapies are expensive and I can't afford them", she said.

A doctor, counsellor and treatments nurse were also available at the Clinic to assist people to deal with their issues.

I'm a peer-educator, so I was also available on the day for men and women to talk to as another HIV positive person. I was impressed, during the seven appointments I took, at how clearly people spoke about the range of decisions they faced in staying well. Many were cautiously investigating whether starting antivirals would lessen their own independence and control over their health.

On offer at the second Absolutely Fabulous Clinic for positive heterosexual men and women were bookings with:

Doctor Derek, Sydney Sexual Health Clinic

Martina, hairstyle and colour technician

Denise, HIV/AIDS treatments nurse

Ronata, psychic reader

Patricia, clinical psychologist

David, peer support worker

Betty, physiotherapist

Kate, aromatherapy, massage

Jan, reflexology (pictured above)

Toni, Reiki practitioner

Marie and Patrick, body massage

Kristy's team of seven make-up glamour technicians from the Eastern Suburbs Beauty Therapy School.

Martin, skin hygiene and make-up artist also from MAC and Viva Glam lipsticks

Our thanks to Margaret and Gina for their fabulous client hospitality and reception services.

The partners who came to Ab Fab also got a lot from the Clinic. One woman said that the Clinic was her chance to catch up on the latest treatment news.

"Let's face it, I see those pills each morning and evening but I can't keep up with what's happening." My partner is positive and he gets the best info directly. I don't want to load him up, so I miss out. Unless I can come to a place like this Clinic I hear it all second hand." ❏

David Barton is a positive person and the Coordinator of Positive Heterosexuals (PozHets) – a support group for people living heterosexually with HIV/AIDS. David is also a member of the Talkabout Editorial Committee.

David Jobling reports that community is still on the menu at PLC.

The Positive Living Centre in Bourke Street Surry Hills, has undergone a review of its services in an attempt to stop that big bad budget (did I say big!) blow out that happens every so often. There have been a few changes around the place as a result, and dozens of strange rumours flying through Sydney like lightning.

The fact is the services PLC provide are evolving, and the new Management Committee is taking a very 'hands on' attitude. Lunch is served for a \$2 donation on a Tuesday, Thursday and Friday. What! No Wednesday lunch? Well actually you can enrol in a free course on a Wednesday and get personal tuition from Claire DeLune or Simon Sadler plus a range of other guest tutors in the future. These courses don't cost and you do get a light lunch included but you must book your place. Mondays are closed for administration at the moment but that may not last forever. There's a rumour that Carol Ann King and her fabulous volunteers may be keeping the kettles and pots hot on a Monday in the not too

distant future (but is it true?). If you only ever come along to the PLC when you have no money and need lunch, you should still turn up, because we will not refuse to feed you, just have a quiet word with David or Peter.

Activities being developed include slide shows, DVD preview sessions, a breakfast club, a juice bar, home cooking, bus trips (no it hasn't been sold, you think we're crazy?) and popcorn poetry sessions. Peter McGill and David Paul Jobling are currently staffing the office, kitchen and corridors backed up by the President Gabe Andrew-Philips and Management Committee consisting of Peter Cahill, Brett Callinan, Bill Paterson, Carlos Webster, Ken Thompson, David Scarlett and Margaret Johnson. ●

If you want to meet the (new) Management Committee come along for afternoon tea on Friday September 1 at 2pm. We all know it's tough living on the pension with HIV, and we're doing what we can to change that, and create a fun, supportive, creative environment at the PLC, your Community Centre. Phone 9699 8756.

It's been a busy couple of months for Street Jungle. With our new site in Newtown came all the usual activity to turn lawn into garden — meaning lots of hard work. Our presence was smelt, and local residents were treated to the undeniable stench of straw from the police horse stables.

After a crash course in Permaculture, a dedicated group of gardeners set about creating a functional garden. The response from the neighbours has been outrageously supportive with promises of constant vigilance and watering. It was amazing how many people came out to chat to us while we worked: it is encouraging to see that community spirit is alive and well in the inner city.

The Waterloo garden Open Day was a huge success. By all accounts the highlight of the day was Mabel and Zaina, our resident garden cooks, whipping up a storm of organic produce from the garden. I must say the whole compost/cooking combination was dynamic and interesting.

The garden at Woolloomooloo is almost complete so with a bit of luck we should have our hands in the earth by September. If you are interested in getting involved with the Woolloomooloo garden, this may be the last chance for a while to get a space.

In the garden with Gladys

Early September is your last chance to get that pruning done or any other winter tasks that you just didn't get around to.

It's time to think about summer food, so plant out your favourite seedlings as soon as the soil is warm. (But how do I tell if the soil is warm enough, I hear you ask?) Well, Gladys' tip is, "Pull your pants down and sit that peachy bum of yours on the soil. If you are comfortable, your seedlings will be too. If it's just that bit chilly, leave it to warm up." For a less exhibitionist method: use your wrist. (But according to Gladys, it's not nearly as much fun).

For information about the Street Jungle project contact:

Waterloo	Carolyn 9382 8374
Newtown	Robert 9519 6142
Woolloomooloo	Michael 9206 2122

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gavin austin's 'tides'

Gavin Austin finds writing an excellent way to purge demons. *Talkabout* is pleased to publish his recent story 'Tides'.

He used to call me Luka – when we were together. Sometimes he comes unbidden and stays for hours. Other times I must conjure him from the dark recesses of memory, as I incant his name and try to picture his face. The listing rays of late afternoon fall golden upon my window, and I sit, a prisoner to this room. Currawongs dart from skeletal branches and stab the approaching evening with plaintive cries, warning of rain and things more foreboding. Across the road the streetlamp glows in a silver halo. I draw the curtains on the dying day, shutting out the currawongs; closing in my isolation. I sit and ruminate, chewing over regurgitated thoughts. Comfortable in my discontentment: added memory my companion.

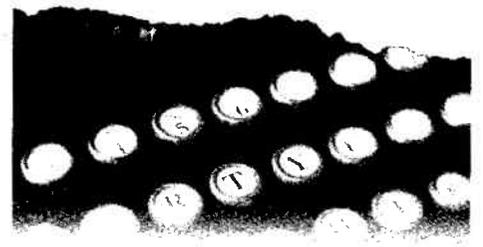
Ten years ago we spoke for the first time after a decade of silence and careful avoidance. He strode into the bar with the same catwalk derision, daring eyes to scrutinise him and find fault. He was astounding. Tall, trim, and toned. We collided, as if by some cosmic accident. Face to face, buffered by embarrassment and spilt drinks. Dubious of each other's reaction. Unsure whether to keep the other firmly shut out of our lives. Never acknowledging the years spent in each other's arms, the times we had laughed, loved, kissed, and cried. Forevermore strangers ... never once lovers. The rapacious mouth I had kissed so many times impetuously blossomed into his winning smile, framing perfect teeth. He looked every bit the twenty eight year old man I had met all those Christmases ago. The confined man who lives in my photo frame, and plunders my sleep. Melancholy memory sauntered into the present, filling

Stars in his eyes

Local positive writer Gavin Austin – a winner in the recent Poz Lulk competition – began writing fiction and poetry professionally only two years ago. Since then he has built up an impressive list of achievements, including prizes in the Fellowship of Australian Writer's Far North Coast, Short-Short section and the Editor's Choice award in the Writespot Publishers International Autumn 2000 Short Story competition. Gavin's winning story, Goodnight Sally, tells the story of a Kings Cross drag queen, from the point of view of the young man living in the flat below.

The prize includes a five year contract with Writespot, and publication in the Writespot International anthology *Briels*, due for release just before Christmas. Gavin, who is also in the hospitality industry, told *Talkabout* that he was thrilled with the award. "Writing is an excellent way for me to purge my demons and this prize is a fabulous break for me as an aspiring professional writer."

story



the space between us. My mind meandered back half a lifetime to a clandestine club in Melbourne, filled with Motown music and Stagger's jeans. A gawky teenager discovering life ... discovering myself.

The back of my neck bristled with delicious danger as I tentatively climbed the stairs and entered the dark, smoke-filled world of strobe lighting and thumping beat. There were men in every direction my eyes dared to venture, each a merchant provocatively displaying his wares to the easy browser. Hands dangling loosely, occasionally adjusting fretted denim crotches. The waiting pack slowly circled. Cold lust gleamed in their hungry eyes, betrayed by flashing lights, as they investigated the callow flesh that had stumbled upon their lair. I froze, held by their predatory stare. Fumbling, I dragged a cigarette from its pack and put it to my lips. Before I could reach for my matches, a hand loomed before me, holding a flame to the tip. I regarded the stranger before me: he was mid-twenties, blond, with striking blue eyes. He smiled, went to say something, then thought better of it and grinned alarmingly.

"Thank you," I mumbled, not sure what to say or do next, and fled. I made my way to the bathroom, found an empty cubicle and locked myself in, buying solitary time to marshal my composure.

Escaping my confining cocoon, I emerged; a butterfly about to test its wings. I moved to the edge of the dance floor, the crowd seething and subsiding to the pounding pulse like a simmering pot of gruel. Reaching into my pocket I drew out my Stuyvesants, shook one free, and searched for a match. The flame appeared again. I leaned toward it, igniting my cigarette and inhaling. With pounding heart, my eyes slowly journeyed from the hand holding the lighter, along the arm, and up into the quizzical blue eyes fringed with blond lashes.

"Thank you," I uttered for the second time.

"My name is Jason," he said quickly, as if expecting me to escape again.

"Hi! I'm Luke." I wondered if I should shake his hand.

"Would you like to dance?" he asked, faint amusement playing at the corners of his mouth.

"Ahh ... yeah ... okay," I stumbled, getting the words out before I could change my mind. One of my favourite songs began as we ploughed onto the dance floor. I shuffled to the centre, wanting to get lost in the heaving mass, conscious of my inexperienced movements. Slowly I began to relax, moving with the music, not caring about the eyes upon us. Silently, I thanked the flirtatious, heavy handed barman for the last drink.

"I haven't seen you here before," Jason said, shouting over the music.

"I ... I don't come here much," I countered, trying not to sound like a total fledgling.

"This joint's closing soon, perhaps you'd like to go for coffee? A friend works in a coffee shop at the top of Bourke Street." He was dancing very close, his warm breath caressing a pulsing chord at the side of my throat. I began to imagine him naked. A shiver began to salsa the length of my spine. I glanced at my watch.

Oh shit! I should have left fifteen minutes ago. I've missed the last tram! What if I don't go home? I could say I stayed at Phillip's ...

"Sure! That would be great."

He smiled and seemed to lighten; moving, swaying, concentrating on the music. The strobe caught his face. With eyes half-closed, his head slightly cocked to one side, dull diversion prowled his face.

continued on page 38

Love to write?

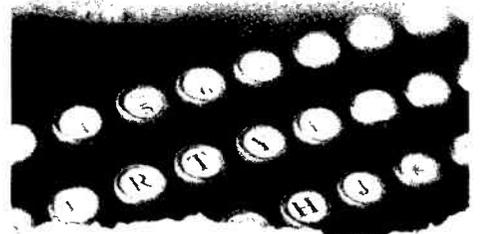
Interested in meeting like-minded people?

PLWHA (NSW) would like to host a Writing Group for positive people and their friends. Everyone - regardless of writing experience is welcome.

To launch the group PLWHA will host a get together on Thursday September 29 from 4pm - 6pm in our office at Level 1, 94 Oxford Street, Darlinghurst. They'll be nibbles, a guest speaker and the chance to read your work. At that meeting, with the help of a facilitator, we hope the group will decide on it's future direction.

To RSVP and for further information contact Feona or Will at PLWHA on 9361 6750 or Gavin on gavin_au@yahoo.com

Happy writing.



an enthusiastic life

Luke Chipperfield is a positive person by blood test and inclination. Running in the Olympic Torch Relay will be another photo moment in an enthusiastic life.

I've been asked whether I'm running as a positive person. I'm not sure which way they mean. I am a very positive person; you can find this out by a personality or blood test. I'll be running not only as a person with HIV but as a person who loves life and wants to live it to the fullest. Running in this relay will be something that only a handful of people in the world can say they have done. Not many people with Haemophilia, HIV and Hepatitis C can tell people they've run in the Olympics. It will be something I'll never forget, and one of those things that stand out in your photo album.

I have a large family, and lots of friends coming to see me run. Even family friends whom I seldom see are coming down so it should be an awesome day. All of my mates want to light cigars off the Olympic flame, one of them even suggested lighting a BBQ but I think that might be pushing it.

Barbara, a friend of the family, nominated me. I know her through the Haemophilia Foundation, an organisation I have a lot to do with. She nominated me for the work I've done with the Positive Speakers Bureau, and with haemophilia organisations on the local, national and international levels. I said "yeah, why not" thinking I probably wouldn't be selected. I hadn't thought much about the Olympics but I must admit that when the first round of names came out, I was disappointed that I wasn't selected. About a month later, I heard that more people were going to be selected, and again I thought, "There's no chance".

Soon after, I got a letter from SOCOG. At first I thought it was some kind of advertisement. When I opened it and saw "Congratulations, you have been selected as an Olympic torch bearer", I shook all over!

The uniform is unique (only six thousand have been made). I haven't tried mine on but I think it will be a bit big. I'll definitely stand out in the crowd. It'll be a great thing to wear into McDonalds; they might give me a free burger or something. Or maybe, anti-Olympic extremists'll mug me. Whatever happens, I'll hang on to it always. I'd like to wear a red ribbon on my uniform, but according to the rules and regulations, you're not allowed to wear anything on your uniform because of commercial interests. Maybe I'll get a fake tattoo of a red ribbon on my arm.

... we are just regular people living with an illness.

I've never been that fit due to my haemophilia, but my girlfriend and I regularly walk my dog and that keeps me reasonably fit. I have practiced running 500m a few times and nearly had a coronary at the end of it. I don't have to do anything after my run so I don't see my fitness as a problem. My elbow is trashed due to all the bleeding episodes as a child so I am a little concerned about the weight of the torch but I think for this one off event I can manage. This relay will be something I'll never forget. I will be running as a person with HIV, haemophilia and hepatitis C and the great thing is no one watching me apart from family, friends and whoever reads this article will know. I think that just proves that we are just regular people living with an illness. ●

Luke will be running 500 metres through Malua Bay, on the South Coast of NSW on September 9.



luke



frank

torch

a wiggle in his hips

In 1968 **Frank Clark** represented Australia at the Mexico Olympics. This month, Frank will realise a second Olympic dream – this time as a positive, gay man – when he carries the torch 500 metres through Guildford in Western Sydney.

I love athletics. I was sporting minded as a child, even though I was a sickly sort of kid. When I was born it was a good time for Australian sport. At the 1956 Olympics John Landy was challenging Roger Bannister to see who would be the first man to break the four-minute mile. Athletics was in the news. I remember as a young kid that I always wanted to be an Olympian. Just a dream, a pipe dream, you know, a little kid's fantasy.

At sixteen I joined an athletic club as a runner, but I didn't succeed. Then I saw these funny people walking around the track at the club. They were called race walkers. I thought, 'I could do that, you know, wiggle your hips'. I tried it and I found that I was very good at it. One thing led to another and I won local championships, Junior State championships, and represented the State by the time I was seventeen. I got a second place in a national track championship, in open competition, not just juniors.

Mexico

Eventually I went away to the Commonwealth Games in Kingston, Jamaica in 1966, and then represented Australia at the 1968 Olympics in Mexico City. I went away ranked about sixth in the world and finished sixteenth in the 20km race. The altitude, the high altitude, was hard on us. I finished twelfth in the 50km walk and that was a good achievement because others who had finished fifth at the previous Olympics, finished nineteenth. I was proud of that. You can't explain to anyone who hasn't represented their district, let alone their State and country, the feeling you get standing on the podium with your anthem playing, and your flag waving; there's nothing better.

Positive is no problem

I was running competitively up to four weeks ago when I tore a left calf muscle and that put me out, it's God's will. I had better slow down. The weird thing is, rightly or wrongly, since my partner, Brian, died, I've seen all these messages and I was blind to messages before. I now believe in guardian angels and that there is someone there looking after us and helping to direct us, and I also believe that we are not totally in charge of our own destiny. That for me is opening up a whole new outlook in life.

I see carrying the torch, in this Olympics as my reward. It's exciting. I'm buying the torch. I've got the place on the wall for it. I'll show it to as many people in our community who want to see it and it can go on display in PLWHA or ACON, it's not a problem with me.

Rebuilding my dreams

When Brian died, I went through a terrible loss of self-esteem. I've built my confidence up by working again. It's all to do with reclaiming myself and living a new life. I've had eighteen months out of work because of treatments. When I started treatments, it killed me, and I don't know why. It might have been because I had a more highly tuned body because I was still an athlete. As soon as I started treatments I felt more unwell than I had ever been in my life. I went off treatments over six months ago and now I can see myself blossoming and growing and coming alive again, it's exciting.

I moved to Western Sydney after Brian died to be near my father who was ill. When he died I had an opportunity to look at the inner city to see whether I'd like to live there. At the moment I am still in a state of flux. Guildford's fine for the moment. I'm not settled. I might be settled if I found a new lover, preferably a rich one. That's another dream. ●



Photo Angela B

Susan Paxton is the only HIV positive woman to take part in the Olympic Torch Relay. Susan, who was nominated to run by her mother, has been an HIV activist since she was diagnosed with HIV in 1991.

Susan ran 400 metres on a chilly July day in the heart of inner city Melbourne where she lives with her son. This was the first time Susan had come out as a positive person in her local neighbourhood. She told *Talkabout*, she was overwhelmed by the support. "The Community spirit was amazing. I was running on behalf of positive people everywhere, and people here were right behind me. I felt as if I was flying. Back on earth. Susan said that she was only able to run because she can afford the drugs that keep her well. "People in other parts of the world can't afford these life saving drugs. That's the real issue." ●



responding to changing needs

BGF has responded to the changing needs of people living with HIV/AIDS by upgrading and expanding our services. If you're living with HIV/AIDS the Bobby Goldsmith Foundation (BGF) has a range of specialised services which may be of help to you.

Financial Assistance

The BGF financial assistance guidelines have been re-written to make them easier to understand and to broaden the range of support BGF can provide. BGF helps with a range of essential costs – anything which meets the BGF objective of bringing comfort and dignity to people living with HIV/AIDS.

New types of assistance include helping with the costs of:

- ◆ telephone calls
- ◆ alternative and complementary therapies
- ◆ returning to work or re-building a life.

To obtain a copy of the new guidelines, visit the BGF website at www.bgf.org.au or contact the BGF office on 02 9283 8666 or freecall 1800 651 011

BGF continues to lend appliances which make a difference to quality of life and health such as fridges, washing machines and heaters.

Financial Counselling

Do you find it hard to make ends meet? Are you having trouble paying your debts? This unique service provides free, confidential counselling to anyone with HIV/AIDS. BGF has recently expanded this service by employing a second financial counsellor. This service will also be taken to regional and country areas.

Supported Housing

Bobby Goldsmith House offers medium to long term supported housing for people with advanced HIV/AIDS who require a degree of support to live independently. Staff are on site 24 hours a day to provide emergency back-up, practical and emotional support.

The Supported Accommodation Initiative for PLWHA is a new and innovative community based housing project. This project is specifically for PLWHA with complex needs who require support to sustain a tenancy.

Positive Employment Support

PES aims to support and assist people living with HIV who are seeking a change in their employment situation. This change may include returning to work, changing current work, or becoming more productive without paid employment.

PES is now a full time service located at BGF

Look for the new BGF information brochures or phone BGF on 02 9283 8666 or freecall 1800 651 011, or visit the BGF website at www.bgf.org.au



A PLWHA guide to the Olympics

Getting out and about

It is going to be difficult to move around Sydney because of the pressures on the public transport system. Taxis will be harder to get and more expensive during the games. And there will be heavy parking restrictions, particularly around venues. Consider the following:

- ◆ Try not to travel during peak times: 7am - 10am and 4pm - 7pm.
- ◆ Plan well in advance and allow plenty of time to get to places
- ◆ Take water, sunscreen, hat and medications even if you are not going to an Olympic event
- ◆ Be prepared for crowds

Will my services be affected?

Many community service providers will be offering reduced levels of service during the Olympic period. Now would be a good time to check on any services that you utilise to see what arrangements are being made for this period. **If your services are going to be affected, make alternate plans NOW.**

Medication?

Consider contacting local clinics, doctors etc to see what hours they are going to be open and ask their advice about getting enough medication to last throughout the Olympic period. **Consider obtaining your medication in advance.** Most important of all - remember that the Olympics are only for a couple of weeks.....so maintain a sense of humour, relax and enjoy.

What is happening at ACON?

There are no groups running at ACON otherwise it is business as usual.

**Check the ACON website for updates www.acon.org.au
Opening hours same Telephone 02 9206 2000**

What is happening at CSN?

Office hours 9.00am - 5.00pm, Monday to Friday between September 11 and October 3, 2000. For after hours contact t 9206 2031 (with message of emergency number).

CSN Transport Service NOT operating between September 11 and October 3, 2000.

What is happening at BGF?

Business as usual. Transport during the Olympics may be a bit difficult, so it would probably be easier to phone BGF to discuss any requests and/or send documentation by fax or mail. **Opening hours** same Telephone 02 9283 8666 BGF is located in the ACON building. If there are any queries, please contact BGF.

ACON and BGF can be found at 9 Commonwealth Street, Surry Hills.



AIDS Council of New South Wales Inc.

It's time again to say Thank You.



During AIDS awareness week we will again acknowledge the efforts of those in the community who work tirelessly and often anonymously in the battle against HIV/AIDS. Brochures explaining nomination criterion and nomination categories are available from AUSSIE BOYS, THE TOOL SHEDS, THE BOOKSHOP, OGGI HAIRCUTTERS, and most HIV/AIDS community groups.

For more information contact Douglas at the NSW WORLD AIDS DAY PROJECT OFFICE on phone 9382 8356 or fax 9382 8158.

The NSW WORLD AIDS DAY PROJECT is funded by the AIDS and Infectious and Diseases Branch of the NSW Department Of Health.

a pin-up president

Ashok Pillai is 31. He has a successful career and enjoys music. He likes to work out at the gym. Sometimes he misses his school days. We know this because it says so on the poster for the Indian Network of People living with HIV/AIDS. Ashok's poster is pinned to the wall of his shop in Chennai, Southern India where he lives and works. In India this is a brave move. Last month, Ashok

You were a very young man in the navy and now you are the president of a national organisation. How did you make this transition?

I was 17 years old when I joined the navy and 19 when I was diagnosed HIV positive. For eight years I ignored it. I didn't know what was happening in my body, what I was supposed to do, how to live positively. I didn't have any information. The doctor told me, "You are going to die in two or three years because there is no cure." I was scared. I spent my savings. I smoked and drank. It went on until 1996 when I attended a workshop with thirty-five other HIV positive people and we formed the Indian Network for Positive People; we wanted to do something for ourselves. We had to give visibility to our issues.

Your national structure is based in Chennai Madras but you have State networks.

When we started the network it was only twelve people. We gained members from around fourteen States and formed State level networks that became national. Now we have seven State level networks. These networks are independent, but if they need assistance, they contact us. Now we have over 1,000 members. It's just word of mouth. Slowly it is becoming a genuine national network. This year we plan to encourage people in five new States to form positive networks. By early next year we will have twelve networks.

What are your top priorities for advocacy and for work?

The needs are huge. It is difficult to act on everything faced by people with HIV. So we decided to focus on access to treatments, information and discrimination. First, access to treatments – not only on trials but also access to drugs for opportunistic infections. The second is access to information – about life after infection, human rights and issues that affect people with HIV. The third is to protect the rights of people with HIV.

India produces anti-retroviral drugs relatively cheaply. Does that mean many people can get those drugs in India?

India produces three cheap drugs. One is AZT, another is 3TC and the third is Nevirapine. There are no protease inhibitors. These drugs are cheaper than any other country but still unaffordable to most Indians. Currently it costs 3,000 rupees per month (around \$115 Australian dollars). An average wage is around 3 – 4,000 rupees per month. People can't spend 75% of their salary on treatments for the rest of their lives. If they choose to enter the trials, only those three drugs are available. So if they develop resistance or if there is a problem then how do they change the drugs? On top of that we lack doctors trained in HIV and lab testing for viral loads and CD4 levels.

A lot of money has been spent, but it's like putting petrol in your car and switching on the ignition and pumping the accelerator, but you don't put the car into gear. We are not moving, despite all the resources that have been spent.

There is a place in Bombay that does viral load testing but not many people know that. So it's basically prescription on an experimental basis.

Many people are saying that there's three million ... five million ... six million people with HIV in India, but is there much testing?

There is no volunteer testing. The Government came up with an estimate last year of 3.7 million positive people. I believe it's an underestimate. Many agencies say 5 million. The tricky part is that 95% of

How does prevention happen when the five million people with HIV are not in mainstream intervention? Very soon we are going to have a big epidemic.

them do not know their status. It is scary because these people are not in mainstream prevention. The Indian Government targets intervention at sex workers and IV drug users. This is necessary, but what about young people, and the armed forces, and the migrant populations that travel from State to State for employment. Men who have sex with men are a huge population especially in the big cities and very few organisations work with them. How does prevention happen when the five million people with HIV are not in mainstream intervention? Very soon we are going to have a big epidemic.

Do you think that State and Central Governments are listening to people with HIV?

For the past three years we have constantly been trying to communicate with the Government and they have not been keen to listen to us. That may be because initially we were aggressive in our advocacy. Now, even if we are polite and modest, they don't listen to us. Today, they can ignore us because they feel that we are

Update

rights. He has been HIV positive for eleven years. His name is posted in homes, offices and schools in Australia to study our HIV/AIDS services.

He spoke to **Ken Davis**.

not a strong organisation. But after two or three years it will be very difficult to ignore us. Some of the State AIDS Program Officers are good and some are bad. As people involved in prevention they forget sometimes that prevention, intervention, human rights and support are linked and you can't separate or compartmentalise all the programs.

Many governments from Europe or North America have HIV projects in India. Australia will contract a large amount of money to an Australian business to work on AIDS in India. How do you feel about these big aid programs?

The World Bank, DFID (UK), USAID, AusAID, Canadian CIDA, and other agencies have all given money to develop international programs, but money is not the problem in India. The critical issue is which HIV programs are implemented and are they needs based? There have been no base line surveys in India so we don't know what is happening. A lot of money has been spent, but it's like putting petrol in your car and switching on the ignition and pumping the accelerator, but you don't put the car into gear. We are not moving, despite all the resources that have been spent.

What is the money being spent on?

Most of the money goes to targeted intervention campaigns and very little money goes to care and support. Human rights are ignored completely. Given the amount of stigma and discrimination prevalent in our country, our government should bring in an anti-discrimination law, but they are not thinking about that. The National AIDS Policy, which was adopted last year, has just one paragraph about the human rights of people with HIV. It doesn't mention how they should be protected. It is very difficult when human rights are not protected and when prevention is not linked with care and support. ●



Ashok Pillai the positive person's pin-up and President of the fast growing Indian Network of Positive People pictured with one of the organisers of Ashok's tour — Bronwyn Leece — Health Education Officer, Wentworth Area Health Service. ●

reality bites



On my first day I was in awe of my registration kit, which was bigger than a telephone directory, and lost amongst a sea of conference goers who seemed to all know what was going on. On studying the program and abstracts I began to get a sense of what was about to happen over the next week. Being a woman I was used to being disappointed at conferences about the lack of reference to women's and heterosexual issues. So I was happy to find this program overflowing with sexual and reproductive issues, gynecological issues, womens' issues and much more. Brilliant!

The conference opened with a spectacular show of color, acts, songs and dance that both lifted the spirit, and pulled at the heartstrings. HIV and AIDS is real in

The 12th International AIDS Conference in Durban had plenty to offer positive women but couldn't address the real problems. **Deanna** reports on her first experience at an international HIV/AIDS gathering.

Africa. It is everyday and in every family. This was felt earlier in the voices of those infected and affected by AIDS that rose and fell in song, speech, and dance at the march we attended for access to treatments. This feeling of hope, and hopelessness continued throughout the week.

To caesar or not to caesar

My main focus at the conference was reproductive issues of HIV positive women and men, as well as infant feeding. I guess my passion lies there as I have been through the dilemmas of deciding to have a child, how to go about it, what medications to take, to caesar or not to caesar, and dealing with issues around infant feeding. These may seem like easy decisions, but, when every choice you make can affect the future health of your child, they become major life choices. The sessions I attended updated me on the latest theories and practice around these issues.

Watching the effect that the African people had on those of us from developed countries was interesting. Doctors, scientists, professors and statisticians, got to see for the first time in most cases the reality of AIDS in countries where drugs, care and support, and prevention campaigns are either limited or not available. Those who say to have safe sex, or to bottle feed, or to just say no, or to eat healthy well-balanced meals possibly realised that it is not so easy.

No money, no formula

How can someone have safe sex when there is no access to condoms, or can't afford them? How can a woman bottle feed when she doesn't have access to clean water, or know how to sterilise equipment, or can't afford formula, and is likely to be ostracized by her community? How does a woman say no to sex when she is brought up by her society to please men, and not to question their wishes? How can you eat a

balanced meal when you can't find food enough to eat once a day? These and many more questions were asked and answered by the courageous stories told by PLWHA, those affected by the virus, and those working in the field. I believe a lot of people went home with different views and outlooks, and a better understanding of what is happening, particularly in African, Asian and Eastern European countries where 90% of the HIV infection is found.

I was happy to find this program overflowing with sexual and reproductive issues, gynecological issues, women's issues and much more.

The conference came to a close after a very busy week. Nelson Mandela was the keynote speaker at the closing ceremony. I have never felt the strength of power this man can bring into a room. The room filled with a feeling of respect, adoration, spirit, and hope as the Africans burst into song of praise. It was an amazing moment!

To sum up the conference in a few words I would say it was just what the people who attended needed – reality. There was reality in abundance in Durban, in the faces of the people, in the words they spoke, in the tears that were shed, and in the lives that have been lost. ●

Deanna is a member of Positive Women Victoria.

report

the industry yours



Protest, prevarication, science, pseudo science, networking, positive ownership, debate and empowerment.

The Twelfth International AIDS Conference ran for just one week but as **Robert Baldwin** reports there was plenty to do and much for positive people to gain.

The Conference for me began with the Community Indaba at the Natal University immediately upon my arrival in Durban, after a seemingly endless airline flight. The first session I attended was on MSM/Gay (Men who have sex with men) and HIV and was co-presented by three speakers, Michael from Germany, Romeo from Zimbabwe and Ashok from India.

Michael described how AIDS service organisations in Germany were seemingly dominated by the 'professional gays', where their primary qualification for work was the gay aspect of their lives. Michael also said that this domination by openly gay men meant that it set a high threshold for others to enter, because they had to be willing to work in an 'out' environment. Romeo spoke about the dominant power of the churches in Zimbabwe quashing any debate about non-heterosexual sex. Ashok stated that current surveillance data in India said that 80% of PLWHA are male, and raised the question of infection due to male-to-male sex. Ashok talked of how male to male sex is accepted in India but not 'gay' orientation. He argued that the concept of msm (men who have sex with men) is disempowering as it limits how far prevention efforts can go with the section of the population who do not acknowledge this label.

We love a good protest

The feeling, among the many hundreds people at the Community Indaba was a relaxed warm up to the Conference, which was held in central Durban at the very slick International Conference Centre (ICC) with over 12,700 registrants. The Conference started with a glamorous and well-organised evening opening of singing performances, speeches and fireworks at the Natal Cricket Ground, a short walk from the ICC. However, for me the Conference commenced earlier that day

when with several other Australians (we love a good protest!), I joined locals and other activists at a rally at the Durban City Hall calling for action against HIV/AIDS now. One of the highlights for me had to be the arrival of Winnie Mandela. No matter what you think of her rather dubious political actions in the past, she certainly has a presence and many supporters - Viva Africa. In her address Winnie Mandela supported the argument that the HIV virus is the cause of AIDS. This was a welcome

The positive space at the Conference proved that there could be solidarity among the international PLWHA community.

declaration compared to President Mbeki's dubious connection with those 'AIDS dissidents', who still believe that AIDS is caused by many things - such as poverty, drug use and sex - but not HIV. We then went off on a march through the streets of Durban, surrounded by police and military personnel, and scary looking equipment. Remember those 'gun trucks' involved in the massacres of black people in the townships during the fall of Apartheid, well they are still around and in use!

Now or never for some

One of the more interesting sessions I attended during the Conference was a debate called ART vs HAART - Antiretroviral therapy vs Highly Active Antiretroviral therapy. The head of Thailand's AIDS Program eloquently argued for the affirmative that it is better to do something now that is affordable (as Thailand is doing) rather than wait until life gets better. He pointed out that HAART may be a long way off for many developed countries and PLWHA want life

extending treatments now, not in two or three years when they are dead! Questions from the floor raised the issue that if supplying antiretroviral therapy was beyond the economic ability of Africa now, why aren't antibiotics like Bactrim and antifungals being supplied to all PLWHA. At least that could possibly reduce morbidity and improve quality of life.

Positive ownership

The positive space at the Conference proved that there could be solidarity among the international PLWHA community. It was great to catch up with people I had met at the International Congress on AIDS in Asia and the Pacific (ICAAP) in Kuala Lumpur in late 1999. We continued our plans to develop project proposal writing guidelines. There was more discussion about the idea of collaboration between Australia and New Zealand and also Papua New Guinea PLWHA. The next ICAAP in October 2001 in Melbourne was also on the agenda for discussion, along with preliminary planning for a regional positive forum on the day prior to ICAAP 2001.

I think the mass emotions highlight of the Conference had to be the speech by ex-President Nelson Mandela at the closing ceremony. He is universally acknowledged as a hero of freedom and received standing ovations and Zulu chants. While Mandela did little for HIV/AIDS prevention and care while in power, his keynote speech called for immediate action. He stated that while talk of chronic poverty was real, it was no excuse not to do something now, like supplying Nevirapine to prevent mother to child (vertical) transmission. **!**

Robert Baldwin is a committee member of PLWHA (NSW) Inc, the Co-International Spokesperson for NAPWA and the Australian representative to APN+.

mandela "act now"

Sue Valentine reports for the South African Health News Agency, Health-E, on Nelson Mandela's closing address at AIDS 2000.

The address was given a standing ovation by delegates and prompted conference co-convenor Professor Jerry Coovadia to say afterwards that the former President's words had "stilled the torment in our hearts", and was "music to our ears".

"The challenge is to move from rhetoric to action," said Nelson Mandela at the closing ceremony of the AIDS 2000 Conference, as he underlined the importance of safer sex, the use of condoms and interventions to stop mother-to-child transmission of HIV/AIDS.

The address was given a standing ovation by delegates and prompted conference co-convenor Professor Jerry Coovadia to say afterwards that the former President's words had "stilled the torment in our hearts", and was "music to our ears".

Mandela said there was no time to equivocate. A tragedy of huge proportions was unfolding in Africa and something needed to be done urgently.

Citing statistics which stated that half South Africa's young people would die of AIDS, Mandela said the most frightening thing was that "all of these infections and the attendant human suffering, could have been, can be prevented".

He said that after nearly twenty years of the epidemic there was knowledge and experience about what worked to help control and prevent the disease.

"The information in a number of countries has taught that HIV infection can be prevented through investing in information and life skills, promoting abstinence, safe sex and the use of condoms and ensuring the early treatment of sexually transmitted diseases." He added that these were some of the steps that were needed about which "there can be no dispute".

Mandela told the audience that it had never been his custom to use words lightly. He said the reason he stressed how "precious" words were, was because "so much unnecessary attention around this conference had been directed towards a

dispute that is unintentionally distracting from the real life and death issues we are confronted with as a country, a region, a continent and a world".

He said if anyone cared to ask the "ordinary people" of the continent and the world - and particularly the poor who carried a disproportionate burden of HIV/AIDS - they would wish that "the dispute about the primacy of politics or science be put on the backburner".

Mandela said it was important to focus on "what we know works". This included the need to:

- break the silence, banish the stigma and discrimination and ensure "total inclusiveness" within the struggle against AIDS;
- introduce large scale actions to prevent mother-to-child transmission and to continue the international effort of searching for a vaccine;
- work with families and communities to care for children and young people to protect them from violence and abuse and to ensure they grow up in a safe and supportive environment.

Responding to Mandela's address, Coovadia said on behalf of his scientific community he gave his word that "we will do our part in undertaking the things you ask of us".

He added that "something amazing and profound and unforgettable had happened this week". He said there was a new spirit of hope as a result of the conference and new energy to tackle the challenges that lay ahead.

"We managed to create for the world a truly African conference that included the needs of the developing world," said Coovadia.

A total of 12,437 people attended the conference, 4,560 of whom were from Africa.

in the west



Our thanks to Teri-lee, Gerry, both the Johns, Vincent, Greg, Elizabeth and Angela, for sharing their stories. Also scattered through the pages of 'In the West' is a guide to the Western Sydney HIV/AIDS services. We hope you find 'In the West' enjoyable, stimulating and useful. Enjoy!

As always your feedback is welcome and appreciated – letters to the editor are especially encouraged.

ACON Western Sydney

Education, support groups, local contacts, information on treatment options, counsellors and referral to city services. Volunteers welcome. Includes Fun and Esteem West: support group for gay and bisexual guys under 26.

Tel 9204 2400/2401 **Fax** 9891 2088
Email aconwest@acon.org.au

Community Support Network (CSN) Western Sydney/Blue Mountains.

Practical support and physical care in your home. Training for volunteers.

Tel 9204 2404 **Fax** 9891 2088

Ankali Project — Western Sydney

Emotional and social support. Meets weekly in Parramatta.

Tel 9332 1090 **Fax** 9360 3243

Bigge Park Sexual Health Clinic, Liverpool

Free (no Medicare card required), confidential specialist HIV/STI (inpatient and outpatient), Hepatitis C and STI services, individual counselling and support groups.

Tel 9827 8022

Blacktown Community Health Centre

Support and education for PLWHA, their families and carers. Also provides clinical support, information, and education to community nurses and health workers and liaison between hospital and community services.

Tel 9881 8700 **Fax** 9671 6360
Email laura_baird@wsahs.nsw.gov.au

Blue Mountains Community Options

Care and support.

Tel 4751 7617 **Fax** 4751 7615
Email bmcop@mountains.net.au

Blue Mountains PLWHA Centre

Support Centre.

Tel 4782 2119 **Fax** 4782 2119

Blue Mountains Sexual Health and HIV Clinic

Testing, treatment, monitoring, counselling for positive clients and their significant others.

Tel 4780 6060 **Fax** 4782 4659

Department of Housing — Western Sydney

Rental housing for low income earners.

Provides a special rent subsidy for PLWHA who wish to remain in private sector housing.

Tel 9891 8111

HIV Community Clinical Nurse Consultant — Western Sydney

Nursing support to PLWHA in the home.

Tel 9831 7855 **Fax** 9671 6360
Mobile 0411 745 410

Reminder For those readers who may not know, the staff of ACON Western Sydney are temporarily based at the offices of ACON Sydney after fire damaged the adjoining office. Contact ACON Western Sydney Staff on 02 9206 2000.

feeling lucky

Home Care Service Of Western Sydney

House work, shopping and personal care to people with disabilities.

Tel 4721 8882 Fax 4731 2601

Email macquarie@br.homecare.nsw.gov.au

Karuna Blue Mountains

Emotional support for PwA, their partners, family and friends.

Tel 4782 3460

Multicultural HIV/AIDS Service — Western Sydney

Bilingual/bicultural (17 languages) provide emotional support and information to people from non-English speaking backgrounds (NESB); living with/affected by HIV/AIDS.

Tel 9515 3098 Fax 9550 6815

Email cliencai@hiv.rpa.cs.nsw.gov.au

Nepean Sexual Health/HIV Clinic

HIV testing, counselling, treatments and related health management.

Tel 4724 2507 Fax 4724 2620

Options Employment Services

Intensive assistance and job matching service for PwA.

Tel 9933 9644

Pastoral Care Western Sydney

Emotional, practical, and spiritual support for PwA, family and friends. Grief, loss and bereavement counselling.

Tel 9671 4100 Fax 9622 7469

Pager 9937 2882

Positive Employment Support — Western Sydney and Blue Mountains

Broad support for PwA around employment issues within and outside paid employment.

Tel 9204 2400 Email aconwest@acon.org.au

Positive in Penrith

Support for PwA. 3rd Tues of the month (bye plate nibbles). Contact Michael Orchard

Tel 4734 3984 Fax 4724 3865

Email posinpen@dingobluie.net.au

Positive Women Consultative Committee — Western Sydney

Marie Lavis or Pat Kennedy Tel 9671 4100 (Marie) or 9672 3600 (Pat)

Pozhet West

Peer support, socials, education, phone counselling for positive heterosexuals and their partners and carers.

Tel 9671 4100 Fax 9622 7469

Pager 9937 2882

This year **Peter** walked in the City to Surf – four years ago he didn't care if he lived or died. He tells *Talkabout* why he feels that despite all the bad luck he's had, he still feels lucky.

I work full time as a maintenance supervisor. I've lived in Western Sydney for 24 years. I suppose I've always been gay, but when I was younger, in the seventies, I thought I was bisexual. It was against the law then and I took the easy way out and got married. In the seventies, I didn't know about safe sex and anyway, I had a vasectomy when I was twenty-five and never used a condom. Most of my marriage was happy, but I indulged in sex with men at beats for the twenty-five years I was married – in secret.

I felt guilty about it. The same sort of guilt a kid feels when they masturbate. I always felt guilty. I thought I could get away with it but then HIV and AIDS came along. I only disclosed that I'm gay because of HIV; I wouldn't have told my sons, or my wife. She'd left just before I found out that I was HIV over unrelated issues; that was about five years ago. I don't think she knew I was gay, our sex life had been okay. I liked being married and when she left I was devastated. I went downhill and got sick for the first time; the cell count must have been pretty low. I had three weeks off work. Everybody at work thought the way I looked was all due to my broken marriage. I looked shocking, everything you see about people with HIV/AIDS that was me. I went from 95 to 70 kilos. I went on treatments within a week of coming out of hospital and I haven't looked back health-wise – that was about four years ago.

When they told me I was HIV positive I didn't care if I lived or died because my life had ended anyway. They told me that I would have to tell my wife, and that was the worst thing. It took about three months before I could tell her. I used to come home at night and go straight to bed

and curl up in a ball because I was so frightened that I could have given it to my wife. Every time I went to the clinic they would push – they made it plain that I had to tell. Any excuse I came up with they went along with, and then in the end, I ran out of excuses and I said OK. The counsellor phoned my wife and asked her to come to the clinic. The counsellor asked if I'd tell her I got it from a needle but I said "no, its time, I have to tell her, I've been lying all my life that I was gay". It would have been terrible for her when she found out, but at least she didn't have it. We don't have any contact now. We'd sold the house and split the proceeds. She got married almost straight away. I think she made one telephone call to me after that.

I feel comfortable about being positive but I've got to come to terms with being gay. I feel awkward; I've lived a heterosexual life, even though I'm cheating.

I like living out here. I bought myself a house and after about a year of being depressed I started to work on the garden. I've got a good job and I live well. I go to the clinic every six weeks or so. When I was diagnosed, they pointed over to a building and said, "That's the clinic over there. When you're well enough you can walk over and we'll show you around." I was thinking "I'm not going to this clinic"

- I felt ashamed of what I've got, but now I look forward to going. I haven't met many other positive people at the clinic but the doctor, the counsellor, the receptionist - are like my friends.

It is stressful living with that secret. About a year ago somebody said to me "God, you've lost a lot of weight - have you got AIDS or something". I can laugh it off, because I've been there for a fair while.

I went to a group in the ACON building that was for gay men. I felt that people were different from me. I know that I'm gay but I felt a bit out of it because I haven't lived a gay life. I went for five or six weeks and it was good, but I didn't like all the talk about drugs because I've never been a person for drugs. So I helped to start a group out my way. It only lasted about three or four months but I'm not disillusioned. I remember the first time I went to a group: I stayed outside for about three hours before I went in. I'm in contact with a peer educator and he's got me to go to a gay social club. I feel comfortable about being positive but I've got to come to terms with being gay. I feel awkward;

I've lived a heterosexual life, even though I'm cheating. I know I'm gay and I like having sex with men but I don't feel that I fit. That's what I've got to work out. Maybe one day - well I would like to meet somebody and have love - well, share is probably the word.

I see a future with the drugs of today. I'm planning for retirement. I've changed my drugs around because I didn't want to take too many at work. My doctor approved. At the time my cell count was pretty low, around about ninety. After the first month it went up to 140 and then the last one was up to 198, so it's more than doubled and my weights gone up too. No side effects. I'm not out as gay or positive at work. It doesn't come up much but people say certain things - they're just working guys. The other day somebody said "Did you read in the paper about this bloke with AIDS, his boss made him wear overalls and gloves" I thought "If you only knew who you're talking to." It is stressful living with that secret. About a year ago somebody said to me "God you've lost a lot of weight - have you got AIDS or something". I can laugh it off, because I've been there for a fair while. If I told them I was gay, they might put two and two together and I don't know how long I'd last. Financially I am fairly secure but I want to make my own decision about when I retire. I was in the City to Surf this year. I only walked the distance, but I'm fit - physically I'm right, the only thing is I have to take these drugs. I've been very unlucky and then I feel in lots of ways I am lucky.

Peter is not his real name.



South Western Sydney Area Health Service

Bankstown/Fairfield/Liverpool/Campbelltown/Camden/Pictou/Bowral
Tel 9828 5944 Fax 9828 5955

Wentworth Area Health Service

Hawkesbury/Blue Mountains/Penrith
Tel 4734 3877 Fax 4734 3865

Wentworth HIV/AIDS Clinical Nurse Consultant

Tel 4784 6560

Wentworth Needle and Syringe Program

Free needle exchange, referral, information, condoms and dams, Nurses and Educators, Penrith, Blue Mountains and Hawkesbury.

Tel 02 4734 3852 Fax 02 4734 3865

Freecall 1800 354 589

Email harta@wahs.nsw.gov.au

Western Suburbs Haven Inc.

Friday lunch, massage, referrals, food supply, workshop space, fundraising, care and support.

Tel 9672 3600 Fax 9672 3655

Mobile 0410 528 373

Western Sydney Area Health Service

Auburn/Mt. Druitt/Hills District/Parramatta
Tel 9840 4105 Fax 9840 4104

Western Sydney HIV/Hep C Prevention Service

Free needle exchange, information and service referrals.

Tel 9831 4037 or 0412 623 354

Fax 9676 7609

Koori Outreach Service

Tel 0413 800 080

Westmead Hospital

Comprehensive HIV care including medical, counselling, nursing, physiotherapy, home treatment training and community services. Outpatients, Clinic B.

Tel 9845 7609

Hospital Nurse Consultant Tel 9845 5555

Counsellors Tel 9843 3124

Fax 9893 7103

living proof

Terrilee has been living in the Western Suburbs for the past three and a half years. She has had sorrow and loss in her life but says that she has learnt to better appreciate what she has.

Losing my daughter and helping the children cope with the grief was a difficult time, but also a time of growth for us and our families and friends. Being positive has helped us all to have a better view of our life and appreciate the good that hardships can bring about, whether that is physical, mental or spiritual.



I was diagnosed HIV positive in January 1997 along with my youngest daughter, who has since passed away. I am 30 years old and contracted HIV through sexual contact in a heterosexual relationship. I moved to the Western Suburbs shortly after diagnosis due to the experience they had with paediatric HIV and because my mother also lives in the Western Suburbs. I have three other children, all HIV negative, and a partner of three years who is also negative.

My then three-year old passed away in September two years ago. She suffered HIV induced encephalopathy (brain infection). This affected her development and she was unable to walk, crawl and talk. It was a difficult time for the whole family. It meant I was a fulltime carer. It was hard to find time for my other three children and my partner. The children didn't have as full a life as they could during that time because I wasn't available. My partner took on the role of parent when I couldn't be there. I'm sure this was difficult for him as we'd only

started living together six months before her death.

My health has been great since then so I haven't used many of the services in the West. I had a suspicion of PCP Pneumonia but it was never confirmed. I started a new treatment combination five months ago and for the first time I have an undetectable viral load. I've only been diagnosed for three years but it is possible that I've been positive for as long as nine years, so I'm fortunate that my health is still good. Just lately, I've been going to the Western Suburbs Haven.

Being HIV positive is something I never imagined but the experience has not been all bad. I've learnt not to take anything for granted and that no matter what life deals you, you need to be focused and positive about the best that you have.

I'm involved in HIV education and have been interviewed for a video, and this magazine, and been a guest speaker at the Westmead Health Worker Development Workshops. Losing my daughter and helping the children cope with the grief was a difficult time, but also a time of growth for us and our families and friends. Being positive has helped us all to have a better view of our life and appreciate the good that hardships can bring about, whether that is physical, mental or spiritual.

We hope that my health continues to improve and that I will be around to see my other children grow, develop and learn.

It's important that awareness about HIV grows and that people understand that the virus is not a judgement about the person. This is a virus that affects not only the individual but everyone in their life. It is ignorance that prejudices people towards PLWHA. I am living proof that this is no longer just a problem for the homosexual or IV users. It is a problem about practising safe sex, and it's a problem that can affect anyone. ①

West living and working

Returning to work for people living with HIV/AIDS in Western Sydney is now one step easier. In March, the Positive Employment Support (PES) opened a branch in Parramatta to service Greater Western Sydney. Coordinator, **Peter Williamson** outlines what the service can offer.

Our service in the West is similar to that offered by the other two branches, in the City and Northern Sydney. Our aim is to support and assist people living with HIV who are seeking a change in their work situation. This might include returning to work; changing current work; engaging in study or retraining; doing volunteer work; or becoming more productive without paid employment.

The size of the area we cover is huge – from the Parramatta side of Strathfield to Mount Victoria, and from Richmond and Windsor to just shy of Goulburn. Then of course, there are added employment and work issues that people deal with daily living in the West. Like being unemployed for any number of other reasons as well as being HIV positive; limited training opportunities; and of course, transport to and from work or training. PES is all about working through those issues and finding practical solutions.

We see the service in the West as an outreach service. I'm based at ACON Western Sydney. *(Editor's note: during the*

temporary closure of the Western Sydney ACON office, you can reach Peter on 9206 2025.) Appointments can also be made in Katoomba, Liverpool, Penrith and Parramatta. Additional sites are being negotiated in other areas of West Sydney, including Blacktown and Richmond. (*Talkabout* will let readers know as those sites open for business.)

Our service is available to all people who are living with HIV – whatever your gender, sexuality, or language background – everyone is welcome. 

For appointments in your area contact the following organisations:

Katoomba - PLWHA Blue Mountains Centre

☎ 4782 2119

Liverpool - Bigge Park Centre

☎ 9827 8022

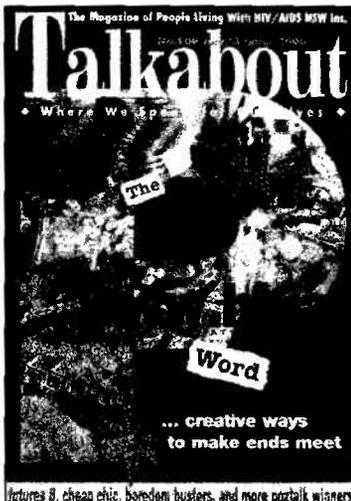
Penrith - The Lemongrove Centre

☎ 4734 3877

Parramatta - Parramatta Community Health Centre

☎ 9843 3111

For other appointments or inquiries regarding the service offered by Positive Employment Support contact Peter Williamson on ☎ 9206 2025.



Talkabout feature stories are now available on the internet @ ds.webcentral.com.au

... and pay us a visit @ www.plwha.org.au



The Community Support Network (CSN) trains volunteers to provide home based practical care for people living with HIV/AIDS. CSN also provides transport to medical appointments and housing assistance.

Pictured (top) a group of carers attend CSN West's Carer Training Program: **(and above)** CSN West Carers at the Sydney Gay and Lesbian Mardi Gras 2000.

from activist to active

It's two years since **John Trigg** left 'The Ghetto' for life in the Upper Blue Mountains. It's been a journey from activist to active.

For city folk a trip to the Mountains is a major excursion taken at rare intervals with passport at hand. Somehow, it's always easier for me to come down!

After nearly 30 years in cities – 19 of them in Sydney – this South Australian farm boy had to get back to open spaces, clean air, and the need to get dirty. If it couldn't be a farm, then at least I would have a decent sized garden; pot plants in Elizabeth Bay just didn't cut it anymore. Coming from the hot, dry and flat West Coast of SA, the Blue Mountains have always attracted me and I chose a site where I could live in snow without going to the High Country.

I've been HIV positive for over 15 years – diagnosed in '85; probably infected in February '83. I also have Chronic Active Hepatitis B. After a bout of illness in '92, I became a Disability Support Pensioner and that's been my income for the past 8 years. I've been busy facilitating support groups, the Positive Speakers Bureau, committees and – for the past six years – coordinating the Positive Retreats Project. This period was a great experience, but at times, it felt like a full-time job.

My body has managed these viruses quite well by itself and I've eschewed treatment until this year. Giving up that 'long-term non-progressor' status was a wrench.

'I want to be alone'

I kept to myself after moving – savouring the solitude and making trips 'back down' as I began to sever the intensity of my connections 'down there'. I felt worn (and somewhat disillusioned) by the AIDS industry. I avoided services in the Mountains, for fear of being roped in. (I'm getting better at saying "No") There are other refugees from the Golden Mile here, but I only met them when I was in the city.

Some of them may have seen my voluntary isolation as rejection, but it's not the case. I just felt the need for some non-gay, non-AIDS time.

Leave your passport at home

Things have changed in the past six months. In February, I commenced combination therapy and a side effect nightmare began almost immediately. The major side effect was severe anaemia. Physically, life became exhausting, not helped by long train trips to see my doctor, seeking elusive answers. It was hard to walk to the local shop, let alone go to Katoomba to do a supermarket shop. Living alone, with few visitors and no medical support close by, I was afraid of what might happen. (For city folk a trip to the Mountains is a major excursion taken at rare intervals with passport at hand. Somehow, it's always easier for me to come down!) I ended up on an emergency stay at 17 South with five units of blood transfused *poste haste*. That experience prompted a change in my thinking and finally I asked the local community nurse (an angel named Sharon), for help. She set a change in train so now I still see my Darlo doctor, but also Dr Debbie at the Katoomba Clinic; everyone approves the arrangement. I'm also seeing Ann, the counsellor at the clinic; a great release valve that eases the pressure from my perspective. I'm comfortable and I know that help is at hand if I need it.

Finding your own path

For the past 15 years, my life has been HIV focused (disastrous relationships aside!). There was so much to do and it was the natural thing to do with my skills. However, as *Talkabout* goes to print, I'm working as a volunteer, interpreting

WEST

French in the Olympic and Paralympic Villages. It's almost as far removed from HIV as I can get, and I'm glad of that. In the Mountains, there are few people who are gay or HIV oriented and most of them don't factor those things into our interactions. Rather than being gay or HIV positive, to the locals in my village, I tend to be 'that guy who was on *Sale of the Century*'; and that's fine with me.

My life belongs 'up here' now and after two years, I'm learning how to sculpt that life to give me what I want. I'm a dedicated member of the Sydney Swans. There's almost nothing (except anaemia), that can keep me - and my core 'chosen' family - from the Sydney Cricket Ground for their home games. Since my Hep B precludes alcohol, I don't go to bars or pubs - it's so boring being the only sober person in a group. I've been to a couple of the Three Sisters monthly dinners now and plan to join up and go on a regular basis. Another friend from the early '80s, is a regular at the PLWHA luncheons and insists he'll drag me along. So far, I've resisted, but next time I might go.

I keep my contacts 'down there' - I love and care about those people. I still do talks for Positive Speakers' Bureau and after the Olympic madness is over, I'll probably go back and facilitate a support group or two.

I'd like to find a way to earn a better living without compromising my health. Living in the Mountains lets me see that there is a track to walk. The activist may have retired, but he's learning how to stay active. ①

John Trigg is a member of PLWHA (NSW).



Pharmaceutical company, Merck Sharp & Dohme Australia, (MSD) have launched an educational project designed to assist people living with HIV/AIDS to manage nutrition and their health.

The national project features an audio cassette/CD covering key information on nutrition for HIV positive people. As part of the project, MSD will sponsor consultations with experienced HIV dietitians. Pictured at the launch are well known HIV positive performer, and host of the audio resource, Vanessa Wagner, with guest dietitian, Jennifer McDonald. Positive people who would like a copy of *Nutrition for Life* or who would like a free consultation with an HIV dietitian should talk to their doctor or treatments officer. ②



our secret

Elizabeth is in her mid-forties and lives in Westmead. She is the HIV negative partner of James who has been positive for five years.

When James told me three years ago I went into shock. He said "I haven't got cancer - I'm HIV positive". Then I had to be tested and that was scary. At the time I couldn't be angry - that came later. The anger is triggered quickly now and then it settles again.

I have four grown up children who are still at home - and the dog makes five! We don't disclose to anyone, not even our immediate family. James is afraid of rejection and the stigma; he fears people will react negatively to his children and to himself. So we live with this secret, and the pressure builds up and puts stress on our relationship and the family. All the time we are on alert not to tell anyone. It's hard living this way. There is one friend who knows our secret; and that's helpful.

At the time I couldn't be angry - that came later. The anger is triggered quickly now and then it settles again.

James works hard at present and is unwell. It adds to my stress because I think he should look after himself but he doesn't; men generally are not good at that. Treatments give people a future and they give me hope that James will survive this virus. It is terrible being unsure of the future. I hope James is around to see his grandchildren.

I try not to dwell on it. I go to Ankali. James goes to Pozhet West and sometimes I go with him. We both go to Pastoral Care. I keep busy, play sport and work part-time. The pay is not so good but it keeps me occupied. Without my family, I'm not sure what I would do. Its always there - you are never without it in your life. ①

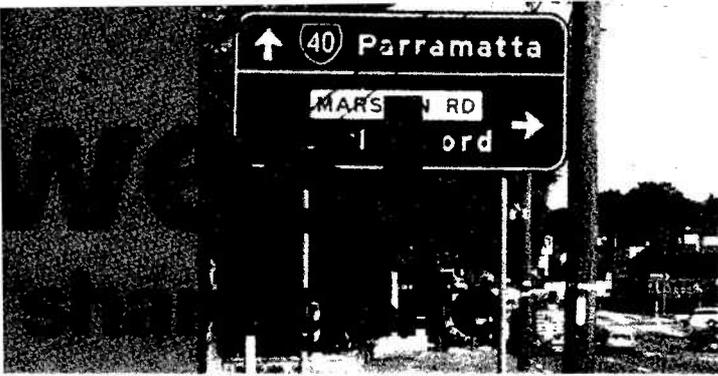
we have contact ...

... a comprehensive listing of NSW HIV/AIDS services now featuring complementary therapists available by subscription or at the usual outlets inquiries 02 9361 6750 another PLWHA (NSW) publication



Pictured (clockwise from top left) at Western Suburbs Haven: John, a volunteer cook at Friday's lunch; the Haven's vegetable patch; and Bill - a volunteer - at work on the phone.

Pictured (below) at Western Suburbs Haven Pat helps to install the Haven's computer service.



Pastoral care means many things to people.

Marie Lavis works and ministers to people living with or affected by HIV/AIDS in Western Sydney. For Marie, pastoral care is as broad as you want it to be.

My brother Michael told me that he was gay in 1987. He wanted me to know about his lifestyle, to come to know his lover Peter, and meet his friends so we could continue to share our lives in a meaningful way, as we had in the past. This new knowing certainly turned my world-view around, and broadened my outlook on life.

Then, in 1991, Michael told me he had AIDS, with only a limited time to live. This news came as a deep shock, but again we seemed to be able to embrace the fact with the help of good friends and services. To this day I'm grateful for the two years we had together, for the support of his partner Peter, my Ankali friend Roy and the Ankali team.

Michael died in January 1993 in the arms of Peter and surrounded by his family and friends. Peter, who had always been the strong one, died suddenly six months later. These two deaths made me reflect deeply on what I might do with my life and the call to be with people living with HIV/AIDS became very strong inside me. I started this journey by training as a member of the Bethany Respite team in 1995. Then took up the Pastoral Care role in 1998. At the moment, I'm also the coordinator of PozHet West and the Western Sydney Positive Women's Committee.

I am more than happy to talk to any one – no matter what their beliefs or values

Many people aren't sure what pastoral care is all about. My role is to journey with PLWHA, their partners, family and friends. I also support carers and people working in HIV/AIDS services. I also talk to families and friends of people who are coming out as gay.

My work can be a simple chat about anything under the sun – it can be related to HIV/AIDS or not. Sometimes I'm a sounding board about a family worry or a decision that has to be made; for others, an ear for the latest gossip, for others I'm a spiritual adviser. Whatever is said is treated confidentially and no judgements are made. Although I am a Catholic Sister I am more than happy to talk to any one – no matter what their beliefs or values. For me it's all about the meeting of people, where our common humanity touches, where we can share life.

To contact Marie for a chat, or to inquire about Pozhet West or the Western Sydney Positive Women's Committee, telephone 9671 4100 or pager 9937 2882.

Women living with HIV/AIDS working together

WOMEN'S HIV SUPPORT PROJECT

The Women's HIV Support Project offers information, referrals, and assistance to access other services, emotional support, advocacy, social events, therapy, retreats, newsletters to Positive Women

Up coming events include: **The Inner City Luncheon Program** October 11 - Finance and budgeting, accessing financial assistance; November 8 - Documenting memories/stories

Monthly Support Groups **Panella** first Monday 12noon - 2pm; **Newtown** last Wednesday 6pm - 8pm; **Inner City** first Wednesday 12.30pm - 2.30pm

The Project will be commencing **Facilitator Training** at the end of the year, please call now if you are interested.

Women and HIV Speaker Series October 4, 10am - 12noon, 6-monthly series for all those interested in keeping up to date with current issues for women. Launch of the 2nd Women's Report from Futures II - *A Complex Uncertainty*. Karlyn MacDonald from ARCSHS, La Trobe University will present key information and emerging issues from this report. A panel of speakers, including Positive Women, will respond to the findings and join in debate.

retreat

Enrol Now for your annual Retreat!! Enjoy a few days off from the day to day responsibilities, relax under the eucalypt trees of the bush, available for retreats to a large area of bushland in the Northern Beaches. November 2011 has been approved for 2012 and your next dates limited spaces available.

Enquiries regarding any of these events, please call **Amelia or Vivienne** at ACON on **02 9206 2012**

ACON
AIDS Council of New South Wales Inc.
9 Commonwealth St, Darlinghurst **Ph** 02 9206 2000 **Fax** 02 9206 2092

www.acon.org.au

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, wills, power of attorney and more.

To make an appointment please call us on

02 9206 2060.

All information is kept strictly confidential.

HALC
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9 Commonwealth Street, Surry Hills NSW 2010
PO Box 350 Darlinghurst NSW 1300
Telephone **(02) 9206 2060** Fax **(02) 9206 2053**
email halc@halc.net
Freecall **1800 063 060**

my son the miracle

Vincent is 35 and was diagnosed HIV positive in 1987 when he was 22. He lives in Western Sydney, at Rooty Hill.

I'd love to be an old man but why plan when my health is not crash hot? The one thing I'd like is to be around for the 21st birthday of my son.

That feels more realistic now that he's eleven. Watching him grow up is important.

I was married and we have a son, but I lived in fear of passing on the virus so we separated. We have a good relationship, but my wife and my son have moved to Queensland and I find that new distance between us hard. I travelled up to see them recently. My son is eleven now. When he was born negative it felt as if we had a miracle child. I have had lots of loss – recently I lost my cat. I miss its company so I guess I should get another cat. I also lost my house when I went onto the disability pension.

My mum, my wife and my son know that I'm HIV positive – my wife and I educated our son about HIV. Aside from them, and the boss at work, I don't tell everyone – actually, I'm ambivalent about it. Sometimes I think 'bugger it, why should I keep it hidden?' Other times, well, I'm heterosexual, and heterosexuals don't talk about HIV or AIDS because of the stigma. I keep myself occupied but sometimes I just want to hibernate. I lost a lot of friends to the virus so I keep to myself and don't get involved. I have support, especially from my mum, but I'm independent so I don't ask for much. Sometimes I go to Pozhet West or the Pastoral Care Service.

I suppose, how you approach life with the virus mentally is what counts.

I don't know how to approach people to begin a relationship. I want a relationship and it's not just for the sex, it's the companionship – to wake up with someone beside you. But I'm afraid of putting people at risk. It's a lonely life but I don't feel as if I have a choice. I feel trapped between two extremes: I want a relationship but I'm scared of the risk involved.

I'm not well enough to do full time work but I deliver pizzas part time. I told the boss that I was HIV positive. I told him "I'm reliable but my health isn't reliable". He understands and always inquires when I am ill.

Socially, I enjoy films, go to the local club to escape – play the pokies, have a drink.

I watch cable TV and keep my home in order. I enjoy driving because I think a lot while I'm on the road so I studied for my Public Vehicle Drivers Licence. Now I'm doing a three-year traineeship in Food Processing.

Being positive is stressful. I have to watch what I eat all the time so that I stay healthy. Living alone is my biggest stress, especially if I am sick at home and can't make a meal. I get stressed trying not to get sick or stressed!

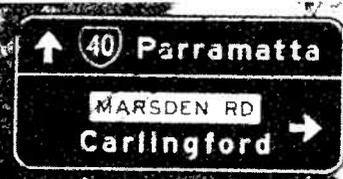
I miss the time I spent at Bethany Respite – which was a place away from home. To help my stress levels and relieve the depression and pain. I smoke pot – it also helps release boredom.

I take each day as it comes, plodding along trying not to get sick. It's true that people are living longer on treatments. I'm happy about the treatments I'm on and have no side effects. I'd love to be an old man but why plan when my health is not crash hot? The one thing I'd like is to be around for the 21st birthday of my son. That feels more realistic now that he's eleven. Watching him grow up is important. ●

Vincent is a member of PozHet West.

West

Health care for western women



A 'Healthy Lifestyle EXPO' in the grounds of Cumberland Hospital in November will raise awareness of HIV/AIDS in Western Sydney, and promote the health of people living with HIV/AIDS. **Sue Talbert** (pictured right with, from far right; Trish Walsh CNS and Debbie Owen RN) has been a HIV Clinical Nurse Consultant at Westmead Hospital for six years. She takes a look at some of the issues facing PLWHA in Western Sydney.



In my fourteen years of working in HIV/AIDS there have been many changes in the epidemic and its effect on – not only PLWHA – but also on carers, families and friends.

In the early years of the epidemic many local people went into the inner city for treatment and support because they didn't know about the HIV services in Western Sydney. This meant long and frequent travelling. Now, as well as using local health services, people get involved in local volunteer work and fundraising for PLWHA in the West.

In Western Sydney we have a greater mix of people from different cultural backgrounds. This creates new challenges for HIV services particularly around maintaining confidentiality for clients. Confidentiality and disclosure is a big issue for many of our patients, because of the fear of stigmatisation and personal harassment from some members of the general public.

PLWHA in Western Sydney – just as PLWHA everywhere – make choices about their lives. Some choose to use health care services and get involved in the PLWHA community through social or peer activities. Others live their lives as they always have before they were diagnosed HIV positive; sometimes this choice leads to isolation.

There are a significant number of positive women living in Western Sydney. Often, they are caring for not only themselves, but for their children and families. Part of our ongoing support for positive women is organising our third 'Open day for Women living with HIV in the Outer West and Rural Areas' on November 5.

There are a significant number of positive women living in Western Sydney.

Often, they are caring for not only themselves, but for their children and families.

An ongoing problem in Western Sydney is the shortage of General Practitioners who are trained as HIV Prescribers. As a result, the majority of patients see doctors at Westmead Hospital and the Parramatta Sexual Health Clinic.

As one of our doctors said "Westmead provides all services to all patients".

For example, one of our HIV/AIDS patients with a low CD4 count has

successfully undergone Coronary Artery Graft surgery. This is high-risk surgery not only to our patient, but also potentially to the surgeon and associated teams during and after the operation. The great news is – our patient is now free of cardiac pain and enjoying his life.

Westmead staff endeavour to ensure that the focus on HIV/AIDS in Western Sydney is not lost. Teamwork is a big factor in how we care for and support our patients. I work closely with the HIV Specialists and Doctors, Social Workers/ Counsellors and Nurses in the hospital ward areas, the University Outpatients Clinics, the community, and our invaluable volunteer services.

Sue Talbert is the Clinical Nurse Consultant for HIV/AIDS and Infectious Diseases at Westmead Hospital. For information about Westmead HIV/AIDS services, the Healthy Lifestyle Expo (Sunday November 26, 2000 at Glengariff House, Cumberland Hospital grounds), or the Open day for Women living with HIV in the Outer West and Rural Areas, contact Sue on 9845 5555 and pager 1748.

a 'hush-hush' life

Angela is forty and lives with daughter in the Hawkesbury area.

I lost my husband suddenly to a Meningococcal Virus. He got sick and went into hospital. During routine tests, the doctors discovered his immune system was low so they tested for HIV and he came up positive. He died within twenty-four hours. It was traumatic for me, Tara, and for both our families. Tara was nine at the time. After the funeral, Tara and I were tested. I am positive, but my daughter thankfully is negative. To this day I find it hard to go near hospitals or emergency rooms. My world has been turned upside down – I've lost my husband, my best friend, I lost my home and a sense of the meaning to my life.

It's been tough since then. We were renting but I couldn't afford the house so we moved in with my mother. I became sick and had to give up work. Now I live a "hush hush" life. I told only my immediate family, although I suspect they told others. I lie to protect my daughter who doesn't know my status and to protect the memory of my husband because I loved him. To guard my confidentiality I travel to the Nepean Area for services.

The grieving process is the hardest part. I get depressed and find it hard to engage with the day. I live for Tara and her wellbeing. It's because of her that I engage with the day. I don't like leaving her and she's frightened of losing another parent. She lost confidence after losing her dad. Consequently, I don't get out much socially. Both our families gave me lots of support in the beginning but my husband's family has faded as my health improves. I feel they would be there if I needed them but they live busy lives. My mum is my biggest support.

I try to stay positive and keep occupied. I volunteer at my daughter's

school. I spend a lot of time with my horses, visit friends, and take care of mum. I like to walk and be outdoors, and ride my bicycle with my daughter.

I attend a positive women's support group run by ACON at Penrith and use the Pastoral Care Service.

I lie to protect my daughter who doesn't know my status and to protect the memory of my husband because I loved him.

To guard my confidentiality I travel to the Nepean Area for services.

I am stressed. I'm frightened to get a job because I lose energy easily and have to see the doctor frequently. Finding the right combination of medication was a long process with many side effects – but this has improved in the last six months. I want to live as long as I can and see my daughter grow up and get married in a stable relationship with kids. For myself, I'd like to get my own place.

Improved treatments have changed what it means to live with the virus. People are living longer and have better lives; the future for my daughter would be bleak otherwise. I want to be here for Tara so that gives me hope. I think now that forty has come and gone, I do look forward to ageing gracefully. 

Angela is not her real name.



Pictured (top and above) a PLWHA lunch at Glengariff House, Parramatta.

West
on the move



Greg has been living with HIV since 1985; he's a survivor. Born in Alice Springs, he likes to keep on the move. He has lived in Darwin, Queensland, Kings Cross, Campbelltown and now in Windsor, but not for much longer. **David Urquhart** was lucky to catch him at the Western Suburbs Haven one a wintery Friday in July.

“Well, you were pretty lucky because today, I wasn't going to come in. To get me, you've got to come and find me 'cause, I'm never home. I like to have room to move around. I need my space and I need time so that I can get my head together.”

“I've only been out at Windsor for the last two years, and the reason I moved out that way was because it's quiet, it's away from the traffic and everything else. But now, because I've been there for two years, I just want to get out.

“There's not really much to do there, especially in winter, except wait for the weekend to come and go up and walk through the mall and go to the markets.

At the Haven

“I come to the Haven on Fridays if I'm feeling alright. It's for the support, friendship, yeah, and the feed. We ask each other about medication, if they're on the same medications, how it reacted to them, so you can get an idea of what's going on.”

Getting access to medical services that inner city people take for granted means Greg spends time getting around on the train.

On the move for medication

“There is a place in Richmond, a clinic out there, but for the services that you really need, there's a doctor only once a week. I've got an off and on sort of doctor. He doesn't know much about my condition. He treats me like he can't work out what's wrong with me. I get on with him not too bad. I just don't like having to give out information to a doctor who doesn't understand what I'm going on about, medications and that. It makes it pretty hard because then I've got to go into town

or somewhere to see someone else. I usually go to Liverpool to get medications.”

Greg has seen some good changes since 1985. Unfortunately, not all people's attitudes have improved.

Telling people

“There's a lot more support now I guess, than back between 85 and the early 90s. I hadn't even heard of ACON or BGE. The doctors don't tell me about these places, I found out myself.

The shock on my mum's face, you could understand anything about her by the shock on her face.

But when I told her how long I've had it for she said “look, I'll back you up one hundred percent”.

“My mum didn't know at first. I told her and now her two sisters. I was scared to tell anyone, because I wasn't sure how they would react. I knew the first thing they were going to say to me was ‘am I an IV user?’. The shock on my mum's face, you could understand anything about her by the shock on her face. But when I told her how long I've had it for she said ‘look, I'll back you up one hundred percent’.

“There's not many friends, well close friends, who know that I've got it, because I just won't tell them. I don't know how they're going to react. It's like if I walked into a pub and said, to one bloke, ‘I'm

HIV, will you still be my friend’, and he turned around and said ‘I've got cancer, will you still be my friend?’ It depends on the reaction, whether they'd walk away from me or they'd still stand next to me. If they do that I'm happy but if they were to walk away it's not going to make me any better. It'd be like I walked through a minefield.

“I've got three close mates and I brought the subject up one day. Some program came on the TV about HIV/AIDS and I said ‘what do you think?’. One of the guys went off his rocker about gays. I said ‘look, it doesn't matter if you're queer, straight or whatever, it's a disease that come through. These things happen. You see, tomorrow you could end up getting cancer or leukemia or something. It happens’.

“I put it on to one of them. I turned around and said, ‘well, what would you do if you were positive’, and first thing he came out with is he'd bloody commit suicide. I said, ‘I've tried that; I did that four years ago, it didn't work. You've got to do the job properly, you gotta be stupid to do it’. He didn't know what to say after that. He wanted to know why I knew so much about it. I said, ‘because I did a bit of study on my own. I used to be a health worker and I learned about HIV and AIDS when I was studying’.

“I started my health worker's course in Alice Springs in 1994, Associate Diploma in Health Work but I never got a chance to finish it. I was half way through my second year when I left. Why did I stop? I moved to Darwin.”

“Now I'm on the move again, to Penrith.”

Greg is not his real name. If you live in Western Sydney and want to know more about the Haven, call Pat Kennedy on 02 9672 3600.

new friends, new home

Gerry is a positive gay man in his forties. Twelve years ago, he swapped the gay life of Sydney's inner city for the quieter lifestyle of Western Sydney.

Originally, I moved for the convenience of work, though I think I also wanted to escape the emphasis on HIV that you find in the inner city suburbs. As time went by and I grew to like the West, I found less and less reasons to go to the city.

The West is certainly a different lifestyle to city living but it has its own rewards. Perhaps as I am getting older, the quiet life of suburbia appeals more than the bustle and hectic nights out in the city.

At first, I held onto my ties with city life. I attended a clinic in the city and occasionally I went to the city for the night. Soon after I moved here I got sick and I realised I hadn't escaped HIV after all. My city doctor admitted me to Westmead Hospital and eventually I transferred to the Western Clinic. I soon felt just as at home there as I had at the city clinic. The health care and support are just as good here as in the city. I think that the people involved in HIV care and support become closer to their patients than in any other field.

So although I didn't escape HIV by moving west, I discovered a whole different world. People still lived, still went out, still became sick, but there was a sense of community and support that I hadn't felt in city life, though I know others did.

I found plenty of opportunities to be of use in fundraising and education (I know similar opportunities exist in the city, it's just that in the city I was too busy to notice).

I also found lots of support. For a long time the peer support offered by the Clinic, and the support I got through Community Support Network (CSN) was all I needed. The Clinic offers broad support because there are a lot of straight men and women and gay people using the service. I found the straight men and women at the Western Clinic are at ease enough not to

find us gays intimidating. In the city, the clinic staff is friendly and supportive, but the patients don't have much to do with each other, especially the straight people and the gay people.

These days, I still get support from the clinic, but also from social groups and organisations like The Haven. The Haven offers me a combination of peer support, a chance to learn, and put new skills into practice. It also gives me a focus and understands that my health and energy is inconsistent.

New generation, same old discrimination

Being gay in Western Sydney is also different. Outside the Gay Mecca, it's best to keep a low profile. People's attitudes in many parts of Western Sydney have improved, but discrimination is alive and well in the West.

Just recently I found a few plants smashed in my front yard (this usually only happens during school holidays). An old neighbour of mine said that she thought it was dreadful because I lived a quiet life and didn't disturb anyone with my lifestyle. Obviously not everyone thinks I'm quiet and subtle enough. Fortunately, that's about the worst that has happened to me.

Unfortunately, education for the general public about HIV/AIDS and PLWHA isn't what it could be. These days information only seems to reach small pockets of the population. There hasn't been any concerted effort to educate the general public in some years. At least in recent times there has been some advertising in the media around homophobia.

It's almost twenty years since HIV/AIDS first emerged in Australia but I think we still need to be educating the general public about the lives of positive people. Discrimination might have stopped in the

city, but out here, it's the same old discrimination. HIV/AIDS will always be a public health issue now and each new generation will raise new challenges for education and putting a stop to discrimination.

An old neighbour of mine said that she thought it was dreadful because I lived a quiet life and didn't disturb anyone with my lifestyle. Obviously not everyone thinks I'm quiet and subtle enough.

The West has a lot to recommend it. It's not far from the city for a night out or for Mardi Gras and the Queer Film Festival comes out to us. The West is also the home of many diverse and interesting people and places and we aren't far from the mountains for a trip away.

In short, I enjoy living in the West. ●

Gerry is a volunteer at the Western Suburbs Haven, a drop in centre in Blacktown. If you live in Western Sydney and want to know more about the Haven, call Pat Kennedy on 02 9672 3600.

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everyone is welcome

salvage or salvation

By **Tim Alderman**

salvage (saelvid/, n. 1. the act of saving (a ship or its cargo from the perils of the sea) 7. to recover or save as salvage. **salvation** /sae've((an/, n. 1. the act of saving or delivering. 2. the state of being saved or delivered. 3. a source, cause, or means of deliverance. *The Concise Macquarie Dictionary.*

The term 'salvage therapy' has been bandied around in recent years, and is perhaps one of the most misunderstood, if not misused terms of its time. In straightforward language it means that, if you are not responding well to your current treatment, or are experiencing treatment failure, or your options for drug combinations have run out, you are given high doses of a large number of drugs. This may include drugs that you have had at an earlier time - sort of like drug recycling. The end object is to bring down a sky-rocketing viral load.

Whether this is a viable means of reducing viral load in treatment-experienced (often over-experienced) PLWHA has been a contentious issue for years.

An old controversy

Many of us remember the arguments that raged back and forth about AZT as a result of the Concord Trial (poorly conducted), which showed it to be a relatively ineffective, if not poisonous, drug. Some of our local activists jumped on the bandwagon, and even went as far as calling it 'human Ratsak'. Despite the controversy, many of us are willing to extol the virtues of drugs such as AZT. From a personal perspective, AZT was not a life-saving drug, but it kept the wolf from the door long enough for other drugs to come into the picture.

I started on AZT back in about 1989/90, after a blood result that was nothing less than frightening. I progressed from AZT to the 3TC trial. I had to leave the trial due to haematological toxicity and ended up in hospital with AIDs related conditions. Luckily my timing was spot on for the introduction of d4T and the first protease inhibitor - Saquinavir. In recent

years, I have experienced problems when not being on one of these drugs; these drugs are reasonably famous for stopping the virus from crossing the blood/brain barrier. As late as last year, I was again put onto Combavir (a combination of AZT and 3TC). This was the third time I had been back to one or more of my 'old' drugs, and still found them effective.

When confronted with 'treatment failure' late last year, my doctor and I sat down and went through my drug history. The results were surprising. My arsenal wasn't as small as I believed.

Know your drug history

When confronted with 'treatment failure' late last year, my doctor and I sat down and went through my drug history. The results were surprising. My arsenal wasn't as small as I believed. I should point out that I don't like Protease Inhibitors, and have had bad side effects from Indinavir, Ritonavir, and Nelfinavir including chronic diarrhoea and kidney sludge. However, Saquinavir is still in the arsenal, and is one drug I can tolerate with few problems. I have also used d4T, DDI and DDC very little over the years, so it is likely they could be reintroduced into a future combination. I would have to be careful regarding peripheral neuropathy. I already have it in a controlled state, but these drugs are notorious for causing problems of this kind. Add to this NNRTIs (non-nucleoside reverse

transcriptase inhibitors) and several new drugs on the horizon and things are not as bad as I thought they were. I could possibly recycle a couple of the Protease Inhibitors as well, but the severe side effects make me reluctant. Mind you, this has never stopped me taking a drug before! I tolerated 18 months of chronic diarrhoea from Nelfinavir before I finally called it a day.

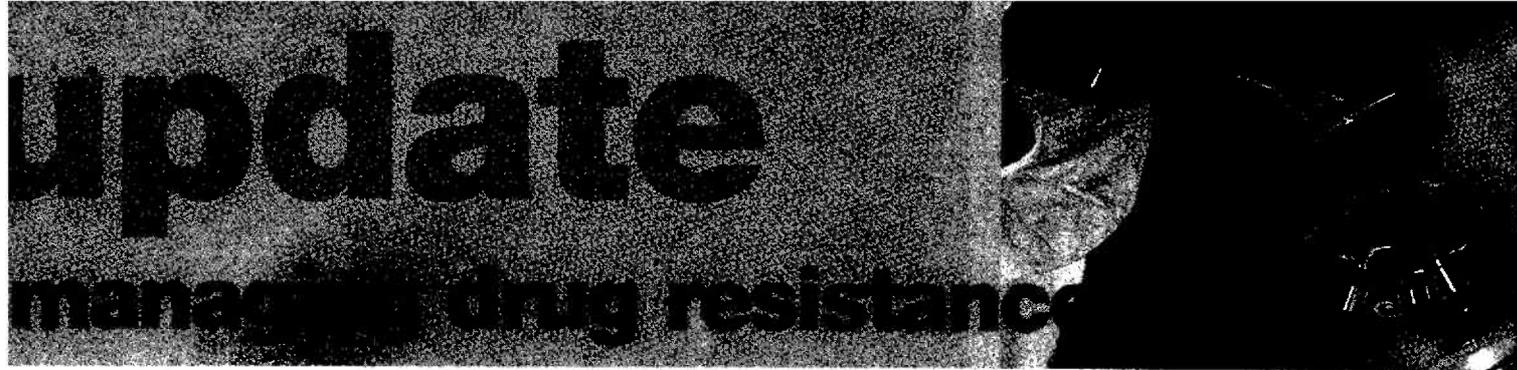
The point of this piece is to stop thinking there are no options left. Sit down and discuss your drug history with your doctor, and ask the following questions:

- What combinations have you used?
- What drugs were changed when your combination was changed?
- Of the drugs you excluded from any particular combination, how long were you on any particular one?
- Did you change the entire combination, or only one or two drugs?
- What dosages were you on?
- What drugs have you tolerated well, and which would you never touch again?

By going through this process, you may find options there that you never realised. I am not going to be stupid enough to say this process will work for everyone, but it certainly worked for me. My other option is a drug resistance assay, which is now common. It's a long process, but at least it can give you an idea of what your options are. The main problem is do you watch your viral load fly off the meter while waiting the three to four months it takes to get results, or do you take a chance with changing your combination?

Of course that is a decision you must make yourself. ●

Tim Alderman is a member of the Talkabout Editorial Committee and a regular contributor to Talkabout.



It's difficult enough to adhere to three-drug combinations, so if you are persevering with a salvage combination, which may contain five or six drugs, you deserve plenty of support. ACON's Treatment Officer, **John Cumming** looks at the tricky business of managing drug resistant virus.

The ideal environment for drug resistant virus is created when a person's drug levels are too low to suppress viral replication. This can happen because of missed doses, poor absorption, individual differences in body chemistry, drug interactions and other reasons. HIV gains an advantage from its natural tendency to mutate, eventually mutating to the extent that HIV drugs cannot suppress it. One researcher describes the development of drug resistant virus as like "going to Las Vegas. HIV just keeps spinning its bases [its genetic building blocks], looking for a jackpot."

The options

Take the example of Dennis, who had a long history of treatment monotherapy with AZT and ddI, both of which eventually failed. When protease inhibitors became available he was able to keep his viral load undetectable for a number of years with ritonavir, d4t and 3TC. He substituted nevirapine for ritonavir after he noticed some fat loss from his face. Unfortunately his viral load reappeared and began to climb at the same time as his T-cells began to decline. What options did he have?

In this situation, laboratory tests can help determine which drugs may be effective against drug resistant virus. Genotypic testing identifies specific mutations in the genetic structure of HIV that confirm which antiviral drugs the virus is resistant to. It is this information that enables new drugs to be designed that overcome specific mutations. Phenotypic testing determines which drugs are active against the virus. Some disadvantages of these tests are:

- they are often difficult to access because they are expensive (the Federal Government has yet to be convinced that they are worth subsidising)
- the expertise necessary to interpret genotypic test results is not always readily available
- some suspect genotypic test results do not provide an accurate picture of drug resistance because they may not sample all the circulating mutations
- results can take weeks to obtain

New techniques

A new process called therapeutic drug monitoring can confirm whether a person's drug levels are above or below ideal levels. Although lab technicians cannot measure levels of the nucleoside drugs (eg d4t, AZT, 3TC) they can measure levels of protease inhibitors (ritonavir, nelfinavir etc) and the non-nucleoside drugs efavirenz, delavirdine and nevirapine. This information is also useful for people not on salvage therapy who are getting severe side effects from

One researcher describes the development of drug resistant virus as like "going to Las Vegas. HIV just keeps spinning its bases [its genetic building blocks], looking for a jackpot."

News from Durban

Having drug resistant virus doesn't necessarily mean that some drugs will no longer work for you. Sometimes higher concentrations of drug will suppress resistant virus. This is why doctors choose drugs that enhance the activity of other drugs for salvage therapy. Indinavir and ritonavir are often used because they interact to produce much higher levels of indinavir than normal. Hydroxyurea and ddI are often used because hydroxyurea enhances the effect of ddI. The experimental protease inhibitors amprenavir and ABT-378, available through special access can also be useful for salvage therapy. Data presented at the recent International AIDS Conference in Durban suggests that ABT-378 can be effective in people who have resistance to other protease inhibitors.

their HIV medication or are experiencing a rebound in viral load despite never missing doses. Therapeutic drug monitoring may reveal higher or lower than normal drug levels. At present in New South Wales this drug analysis service is only being offered by the Department of Clinical Pharmacology and Toxicology at St Vincent's Hospital (phone 02 8382 2243).

Dennis was able to suppress his drug-resistant virus with a combination of ddI, hydroxyurea, indinavir, ritonavir, abacavir and efavirenz.

To find out what support is available talk to your doctor, Clinical Nurse Consultant, or – if you're in a rural or regional area – your local HIV Nurse. ACON's Treatment Information Officers can also help – phone 02 9206 2000 or the new Treatment Support Line on 1800 45 45 10. Check the Contacts Resource Directory for phone numbers.



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money

The Bobby Goldsmith Foundation released updated guidelines for financial assistance in July. For PLWHA on a limited income, it's all good news.

The BGF has been giving assistance to people living with HIV/AIDS for sixteen years. Recently, it expanded the range of services on offer. While basic assistance will stay the same, now eligible PLWHA may apply for limited assistance in three new areas: telephone call costs, complementary therapies, and costs associated with returning to work.

Mark Tietjen, Manager of Client Services at BGF told *Talkabout* that the changes reflect a new commitment to make the guidelines easy to access.

... returning to work can be a challenge. There can be extra costs to sort out. Now the BGF can help you pay for attending courses or study, or with buying suitable clothing for work.

"We've been assisting eligible PLWHA in these areas for several years already. But our guidelines didn't really reflect the current needs of our clients, and they were sometimes hard to understand. Now we've re-written the guidelines to make them really clear - and we've also included these new services."

We all want to keep in touch with friends and family - but sometimes it can be hard to pay for the calls. Under the new guidelines, eligible PLWHA can apply for up to \$10 a month from BGF to help pay for telephone call costs.

If you use alternative or complementary therapies, it can add to your weekly expenses. Sometimes these therapies are more expensive than other kinds of treatment. If you have a referral from your HIV treating doctor, or another suitable referral, BGF can now give you some assistance with the cost of these therapies.

For some PLWHA, returning to work can be a challenge. There can be extra costs to sort out. Now the BGF can help you pay for attending courses or study, or with buying suitable clothing for work.

People interested in obtaining a copy of the BGF Guidelines for Financial Assistance, and their new application forms and promotional brochures for welfare assistance, financial counselling and supported housing should contact the BGF office on 9283 8666 or 1800 651 011 or visit the BGF website at www.bgf.org.au

Assistance in taxing times

Tax Help is a volunteer run program to assist people on social security benefits or low incomes with their tax returns. They assist with simple tax returns only.

The program runs until October 2000 and further details are available from the Australian Taxation Office on 132861.

The following are phone numbers of some of the Tax Help Programs. Ring your local Tax office to check if tax help is available locally. You will need to ring and make an appointment for assistance with your tax return.

Ultimo ☎ 9552 1140

Paddington ☎ 9331 3328

Pitt Street, Sydney ☎ 9261 3611

Bondi Junction ☎ 9387 2885

do it!

diary



events

Outings Outings are free events for positive people, carers and friends, coordinated by South Eastern Sydney Area Health Service. **Coming up** September 1, Sydney National Park Bus Trip; October 6, Bear Island, La Perouse Bus Trip; November 3, Bronte Beach Bus Trip. Contact Jane ☎ 02 9319 4439.

Morning Tea at the PLC Morning Tea at the PLC with Elizabeth Morley from the Disability Discrimination Legal Service 11am September 20. To book your place call the PLC ☎ 02 9699 8756.

support

Bamb! A support group for HIV positive women in the Hunter region. Meets monthly. Contact the Community Support Network Care and Support Coordinators, Rosemary or Mary Anne ☎ 02 4927 6808

Positive Speakers' Association (Hunter) Seeking PLWHA who are willing to share their experience through public speaking and help the community understand more about HIV/AIDS. ☎ Rosemary and Mary Anne 02 4927 6808

Lunch Free lunch for eligible PLWHA at the PLC on Tuesdays, Thursdays, Fridays. Register for a class on a Wednesday and lunch is provided. Please book your place in the classes by calling the PLC ☎ 02 9699 8756.

Mental Health Consumers' support The St Vincent's Consumer Consultative Committee meets so that mental health consumers and their carers can have a voice in our local mental health service. Upstairs Wayside Chapel, 3.30pm-5pm, second Wednesday of month. ☎ Gail Johnson 02 9360 3133.

South Sydney Carers Support Group A support group for carers of PLWHA. Meets 3rd Tuesday of each month at Sutherland Hospital. Guest speakers and information. Contact Terry or Emma ☎ 02 9350 2955.

Friends of Waratah A support group for PLWHA who live in Southern Sydney. 1st Monday of each month at Kogarah. Emotional support, information and social activities. Emma or Terry ☎ 02 9350 2955

Pozhetwest Western Sydney peer support and education for men and women living heterosexually with HIV/AIDS. ☎ 02 9671 4100.

Brief Support and Youth Suicide Project for Youth 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. ☎ 02 9360 3232

Support Group for Significant Others of People with HIV/AIDS related Dementia The group offers respite care, company and support. Meets last Wednesday of every month at the Tree of Hope cnr Riley and Devonshire Sts, Surry Hills. ☎ Angela Kelly 02 9829 4242 and Carole Knox ☎ 02 9580 718, the AIDS Dementia Outreach Team ☎ 02 9339 2078 or David at The Bridge ☎ 02 9552 6438.

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 ☎ 02 9316 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 ☎ 02 9380 7674.

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 ☎ 02 9026 2037.

learn

Buddhist Meditation Free classes for PLWHA, friends and family at ACON Hunter (129 Maitland Rd, Islington), 7pm, first, and third Tuesday of each month. Facilitated by Tom Pengally from the Shamata meditation Centre.

Cooking Classes Late September Nosh with dietician Simon Sadler - learn new tricks in the kitchen with one of Sydney's leading dietitians. At the Positive Living Centre. Please book your place ☎ 02 9699 8756.

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 ☎ 9517 9118 leave a message and your call will be returned. Fit X Gym ☎ 02 9361 3311 4pm-7pm Mon to Friday.

Yoga for PLWHA Special weekly classes at Acharya's Yoga Centre. ☎ 02 9264 3765 for more information.

The Sanctuary Free massage, acupuncture, therapy information, social work and Shiatsu services are available. Call Robert for details and bookings ☎ 02 9690 1222

Complementary Therapy advice Advice and referrals for PLWHA interested in exploring complementary therapies is available on Monday and Friday at the Sanctuary. Call Mac ☎ 02 9519 6830 or email complementarytherapies@hotmail.com.

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@plwha.org.au or fax: 02 9360 3504.

Good looking, great body 34yo male in Surry Hills. Recently diagnosed looking for male similar age, looks and interests. Hang out, share experience of becoming recently positive and have some fun. Enjoy keeping well, meditation, movies, drives and coffee. **Reply 010700**

Blue Mountains. Two friendly HIV+ guys (40s) living in the Blue Mountains invite other positive guy/s for day or stay overnight. Own room with double bed (Couple OK). Take this opportunity to visit the beautiful Blue Mountains **Reply 020700**

Good looking HIV+ het male living in Sydney. 37yo. I'm a sharing and caring person, want to meet a HIV+ female for friendship/relationship. My first advert. **Reply 010800**

Gay guy, 40s HIV+, genuine, DTE GSOH, good health, enjoys what life has to offer and makes the most of it. Seeking friendship with other gay and heterosexual HIV+ people. Could also do with penfriends. **Reply 010600**

32yo HIV+ guy, 6ft, 80kg, good-looking, masculine, muscular, hot, healthy. Into gym, travel, clubbing, love, sex, and intimacy. Seeking HIV+ guy to 30yo, smooth, sexy, rebel-boy. Share good times, some/all of above. Please include phone number. **Reply 020800**

Handsome, happy, professional gay man, 34, HIV+ 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 030600**

Attractive HIV+ female seeking sincere, romantic gent who loves life and doesn't mind being there not only through the good times but also the bad, who loves laughter and honesty, then I'd like to hear from you. All replies answered. **Reply 040600**

Really nice male, 30s, HIV+. Maintaining good physical and emotional health. Is caring, affectionate, reliable and sincere. Lives in Melbourne. Is seeking a genuine loving female, positive or not. Also would like penfriends interstate. **Reply 010500**

Caring, sincere 34 yo HIV+ heterosexual male looking for a HIV+ female to enjoy life's finer things together. I have many interests such as swimming, reading, music, bushwalking, picnics and dining out just to name a few. If you're interested - age open, kids ok - please **Reply 020500**

30yo Heterosexual guy HIV+, good in health 6ft, 66kg, Asian background lives in Sydney. Fit, honest, non-smoker, down to earth and caring, easy going and likes quiet times. Would like to meet heterosexual female with positive attitude 20-30, kind, honest, caring, with good sense of humour, for friendship/relationship. Nationality no bars. **Reply 030500**

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 1300.**

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.

continued from page 9

We walked down the staircase with his right hand resting lightly in the small of my back. I wasn't sure whether he thought I was about to topple down the stairs or if he was cautiously testing my reaction. We stood in the concrete wastelands of Collins Street, amidst oscillating shadows of overhanging plane trees, waiting for a taxi.

"I've got a better idea! Why don't we go back to my place for coffee? Better still ... a Christmas drink?" A mischievous grin creased his face.

"A Christmas drink?" I echoed, a picture of blithe innocence.

"Well, yeah!" he said, pointing to his watch. "After all, it's now officially Christmas eve!"

The cab stopped outside an apartment building in trendy South Yarra. We climbed the stairs to the first floor, he produced a key from his pocket, unlocked the front door, and swept me inside. I was ushered down a hallway into the living room. The room throbbed with eerie colour. Christmas lights adorned a tree in the corner, blinking on and off, reminding me of the disco we had just left. A low moan filled the room. Something moved near my feet. Searching the gloom, I discovered a body supine upon the cow hide rug.

Jason snapped on the light. The body came to life. "Fucking hell!" it yelled with annoyance.

"This is my flatmate, Branko," said Jason with a peculiar look, facing the prone figure, but surveying me out of the corner of one eye.

"And this is Luke," he informed Branko with a nod of his head toward me.

"Hi!" I said breezily, trying to mask my nervousness, but studying his dark configuration attentively.

"Hi! How are you?" I couldn't place his accent. He observed me intently, his dark brown eyes brandishing every inch of me, before capturing my blue eyes. I was prisoner to his probing stare. I stood, immovable, looking into two deep mysterious wells, drowning in their dark waters.

Why the fuck wasn't he at the disco?

"What can I get you to drink?" inquired Jason. "Scotch, gin or vermouth?"

"Oh ... scotch will be great, with Coke if you have it?"

"Same for me," said Branko huskily, blasting me with a luminous smile. His eyes did not leave me for an instant as he drew himself into an upright position. With the vague wave of a tanned hand he indicated I should take a seat on the couch. In one fluid motion he was sitting alongside me, perhaps a little too close. Jason returned, his eyes upon us, something unreadable flickering across his face. Without a word he brusquely set down our drinks before sinking into an armchair to one side.

Communication passed between them in their own unspoken language. Jason drained his glass, stood, and motioned me to follow. My dilemma hit. Head on. Like a speeding truck. I could feel the heat of the smouldering man next to me speaking to some undiscovered, primal part of my being. I was held fast by an intangible force. Yet I felt an obligation to the blond man who had danced with me earlier that night. Reluctantly, I wrenched myself from the couch and, without chancing a glance backward, trailed him to the bedroom. We undressed in the dark with our backs to each other. I awkwardly climbed into bed alongside him. My heart racing feverishly as I bumped against a naked body for the first time. His arms cradled me, trying to still my trembling form. Hesitation grew. Doubt entered the room and sat between us, like an affronted old lady voicing her opposition to our coupling. I didn't know it then, but both of us were thinking of the dark-haired man in the next room.

"You like Branko don't you?" whispered Jason. His words stung as if from a well aimed clout. My face rapidly heating as I felt shame rising within me. "Would you like me to send him in?" he asked in an odd flat voice, as he climbed out of bed and enshrouded himself in a toweling gown.

I could manage only to croak, "Yes."

They are just flatmates aren't they?

The door opened, revealing a tall silhouette in its frame, before closing again, throwing the room into expectant blackness. An inky figure slowly approached. I could sense him, feel him,

rather than see him. Suddenly a match was struck near me, lighting a candle on the bedside table. Unhurriedly, he stripped the clothes from his tawny body, dappled with golden light; a stalking lion fixing its gaze upon the chosen quarry, carefully timing his assault. His rapt dark eyes held me as firmly as if I were lashed to the mattress. Without warning the frenzied attack came. He fell upon me, pinning me with his sinuous body, his mouth at my throat, biting and kissing in turn. His big hands holding me firmly in place, his mouth finding my own, stifling any protest that may come. His probing tongue parted my lips, forcing its carnal passage into my waiting naiveté. My boyish body responded instinctively to his thrashing, crushing bulk; my mind reeled in a kaleidoscope of newly discovered sensations. I felt the friction of his hard, straining cock as it frantically massaged my belly; his buffeting, invasive tongue buried deep within me, stroking my mind. Greedily, he fed upon my innocence.

He pulled free for a moment and rolled onto his back, dragging me with him so that I lay on top. Our positions reversed, I was free to explore the undulating terrain of his body. Tentatively, my inquisitive tongue touched the tip of a raised brown nipple. Encouraged by his sudden intake of breath, I swept the dark areola, tasting its sweet saltiness; before taking the awakened tit between my teeth and biting upon it. "Yeah!" He purred. "Oh ... yeah!" His fingers played through my hair before roughly pushing my head further down the minefield of his treacherous physique. Savouring his piquancy, I mopped the crater of his navel, hiding in ambush, partly obscured by a thicket of black hair. Gradually my mouth inched lower, following the trail into a musky scented forest. His cock leapt at me. I looked up into his face, his angular features chiselled by stern concentration. He looked so handsome in the corona of candlelight. His dark, liquid eyes huge and imploring. It seemed the most natural thing in the world to take his thick, uncut prick into my mouth. I was struck by the sensation, intrigued by the steely hardness upholstered

story

with throbbing velvet softness and a caul of distended veins. Intoxicated by the heady smell of his maleness, I allowed his cock to find its rhythm. I swam in his eyes; his action as eternal as the tide washing onto the shore. I watched him watching me. With one hand I cradled his balls, feeling them lift and his scrotum pucker, as his thrusting grew more furious. His body grew rigid as his urgency escalated. He was beyond the point of no return. Poised high upon the plateau of pleasure, about to plummet headlong into ecstasy. His body spasmed as he disengaged himself from me. He gasped frantically like a drowning man. A guttural roar escaped his throat. "Ahhh yeah!" he wailed, as an arc of thick, white fluid erupted from his towering engorged dick. I felt the burn of his boiling juice as it spattered my throat and chin.

A satisfied smugness settled into his smile. He studied me, silently, as if searching for an answer to a question that had not been asked. I traced the outline of his lips with a solicitous finger, wondering what that question might be. Leaning forward, I brushed my lips along the bridge of his nose. I swept a jet black lock of hair from his eyes, looked into the deep brown wells, and was lost once more. As I sank deeper and deeper, I felt the brackish darkness washing over me, stroking and soothing me. I did not struggle, did not cry out, but surrendered to carnal hunger.

Crazy shadows leapt about the walls that night. Two dance partners performed some primeval routine, choreographed by time, before the candle was finally snuffed out. Its acrid smoke hung in the still room as I succumbed to sleep, safely nestled in the arms of my dark stranger. Initiated into a covert club, feeling a sense of belonging I had never known.

Branko drove me home next morning, dropping me at the corner of my street. On the way he explained the situation to me. They had fought the night before, Jason storming out of the apartment, slamming the door behind him. He had toyed with me, taking me home knowing I was to Branko's predilection; fresh bait to dangle before him. Playing a perilous game of making Branko

jealous, he had not counted on what was to follow. It had been a desperate attempt to resuscitate their dying relationship. A gamble Jason had chosen. I sat speculatively beside the man I had just slept with, unsure where I fitted in the curious love triangle, knowing only that I had to be with him. We saw each other every day over the next few weeks, until obsolete Jason moved out and I was crowned as his successor.

"Are you happy, Luka?" he asked, plundering my rumination. His brow furrowed in concerned concentration.

"What?" I said. Shaken from the hold of memory. The noise and crowd settling back around me as I was transported to the present. "Oh well ... I'm not unhappy." I replied truthfully.

As we caught up on our post relationship lives I could not help eyeing him, recalling how I had loved the man and how he had shattered me. He stood before me, telling me how much he had loved me, and how sorry he was. I questioned what I felt toward him, he had deceived, lied to, and cheated upon me. I had been transformed into Jason. I wondered how many other Jasons had followed into my side of his bed. Those he had tamed and tired of? I gravely gazed into his eyes, but the tide seemed to be out.

You say all this now! Why should I believe anything you tell me? I learnt that a long time ago. You will never change ... but I have changed ... you changed me ... when I met you ... then when I left you ...

I have not seen him since, not sure I want to see him, as I realize it is all buried in the past where it belongs. I had moved on; making a new life, discovering my own path, changing cities, finding new love. There was no going back, trying to correct the misdemeanors of those distant years, for life had travelled forward, dragging me with it. He lived in my youth, now snatched by time. I am not bitter for he taught me important lessons. Steeling me as I buried fallen comrades. Fortifying my resilience as I battle alone with my own demons. He taught me to love, grow, and leave when it is time.

He taught me good-bye!

Inner City

AIDS Care is a community focussed service providing spiritual and emotional support for those living with and effected by HIV/AIDS in the Sydney area.

We offer hospital and home visits and a monthly support group.

All information is strictly confidential.

Please call Jeff or Lesley on
9150 4468 (after hours)



AIDS Care

Got a story to tell?

Talkabout welcomes stories and letters from PLWHA.

November's **Talkabout** will feature positive women. Personal stories and fiction on any issue relevant to positive women are welcome. We'll be covering women's right to children and pregnancy, women partner's of positive people, women and work, women and art, lipodystrophy, disclosure and much more.

The bi-monthly December/January **Talkabout** will report back from the Positive Rural Forum, take a light-hearted look at PLWHA and their pets ... 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 November issue is
10 October, 2000.

Deadline for the December/January issue is
10 November, 2000.



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

13 hyperactive



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

Critical Path AIDS Project

<http://www.critpath.org>

Rating Excellent, huge and comprehensive – well worth a look

This excellent site was founded by PLWHA to provide treatment, resource and prevention information for researchers, service providers, treatment activists and other PLWHA. The site hosts a huge 88 web pages.

The site starts on the index page with a dedication to AIDS activist Kiyoshi Kurofumiya – a founder of the site who died in May 2000.

From here you find your way to *Bulletins – Late Breaking News Archive* that has links to sites such as CDC, as well as current warnings etc on dangerous drug interactions. There is a link to the online version of the revised *Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents*.

The *Prevention* link includes an interesting article called *Women-Controlled HIV Prevention Tools*, as well as links to *Terence Higgins Trust* and *The Body*. Research contains a FAQ, a document library with articles, abstracts and papers as well as links to a large variety of HIV journals. *Clinical Trials* has an overview of drug development, an *AIDS Clinical Trials Database*, as well as links to trial information. *Treatment* is comprehensive (last updated December 1999) with its own search engine and links to conference reports. Please remember this is an American site. The publications page features a search facility for the archives, subscription information, and links to publications themselves. The page on *Alternative Treatment* has links and an index of alternative, complementary and unconventional treatments. *Organisations* links to national (US) and international organisations. And there's plenty more.

Traditional Japanese Reiki Foundation

<http://www.japanese-reiki.org>

Rating A comprehensive guide to the art and therapy of Reiki. Unfortunately centered on Canadian practice. This site was recently updated and includes bilingual affirmations.

First page off the block is the *FAQ*. This page leads to links on the origins of Reiki and using the Usui Healing System. You'll find information on Makao Usui, the founder of this system, on the history page. System describes treatment guidelines, hand positions, origins of symbols, and ethics. *On the Story* page you can read about people's experiences with Reiki. *Teachers* is a useful page with links to practitioners in Australia, Brazil, Canada, Sweden and the USA but the page on *Workshops* is centred on Canada.

Being Alive

<http://www.beingalivelo.org/>

Rating Interesting site in itself but also useful for activists, service providers and other PLWHA who want to see how small PLWHA organisations are doing it in other countries. If Spanish is your first language you're in luck – this site is bilingual.

The site was set up by the People With HIV/AIDS Action Coalition. A *Site Map* is the gateway to various pages including their newsletter (archived from 1996); *Events* (includes a writers workshop for PLWHA); *Subscriptions*; *Support Groups* and the still under construction, *Donations* page. There are links to *Bulletin Boards*, a *Resource List*, their *Speakers Bureau*, political action, the site in Spanish, and United States information on housing, travel, financial assistance, nutrition, prisoners, grief, a chat area, and the organisations Mission Statement.

AIDS Links is up to date as of July 2000 and takes you to plethora of sites and subjects, including live radio shows, hepatitis and nutrition.

HIV Cyber Mall

<http://www.hivcybermall.org>

Rating A mind-boggling variety of pages. Useful for those wanting to learn about HIV/AIDS and diverse communities, or order books on HIV/AIDS. Also has chat room facilities and a more sophisticated section aimed at medical practitioners.

Enter by clicking on the site logo, then select your choice of viewing format either using the 'Flash' plug-in (a standard web page), or as a text only format.

Links to *Breaking News* are culled from 230 different news and medical sources and you can subscribe for a daily posting. *Directories* is a listing of US and international sites. A link from there to the *Communities* page introduces you to an impressive diversity of communities, including African Americans; Geriatric Concerns (nice to see that!); Jewish people; Deaf and Hard of Hearing People; Latinos; Native Americans; Asian-Americans; Pacific Islanders; Incarcerated and Previously Incarcerated People; Gay Men and Lesbians; Heterosexuals; the Homeless; Teens; and Women.

The Library contains over 1000 books pertaining to HIV/AIDS and related topics that you can order in the normal way.

To discuss HIV/AIDS issues take the link to *Ask Dr Tony* – a discussion group open to all.

The *Drugs and Treatment* section is huge with links to a free, interactive teleconference; *HIV Positive.com*; a drug chart from Roxanne Labs (download); information on drug holidays; and a dosing daybook (also downloadable). *Camps and Kids* links to thirteen different camps for kids, including one called the *Starbright Foundation*, which appears to be their version of our Starlight Foundation.

The Physicians Knowledge Area is comprehensive and includes *The Physicians Handbook on HIV*. 

Tim Alderman is a positive person and a member of the Talkabout Editorial Committee.

registration closes november 2

contact details

NAME

ORGANISATION NAME

ADDRESS

TELEPHONE (BUSINESS HOURS)

(AFTER HOURS)

FACSIMILE

EMAIL

SIGNATURE

DATE

cost

EMPLOYED 3 DAYS (16, 17 AND 18) \$165.00 INC. GST OR \$55.00 INC. GST PER DAY

UNEMPLOYED 3 DAYS \$22.00 INC. GST OR \$11.00 INC. GST PER DAY

ARE YOU A PLWHA (PERSON LIVING WITH HIV/AIDS) ON A DISABILITY SUPPORT PENSION (PLEASE TICK) YES NO

REGISTRATION IS FREE FOR PLWHA ON A DISABILITY SUPPORT PENSION. PLEASE FORWARD A COPY OF YOUR CURRENT DISABILITY SUPPORT PENSION CARD WITH YOUR REGISTRATION.

PLEASE NOTE: LIMITED **FINANCIAL ASSISTANCE** IS AVAILABLE FOR PLWHA ON A DISABILITY SUPPORT PENSION. THIS ASSISTANCE IS TOWARDS ACCOMMODATION AND TRANSPORTATION AND IS AVAILABLE ON APPLICATION.

INCLUDED IN THE COST OF REGISTRATION WILL BE TEA ON ARRIVAL, MORNING TEA, A LIGHT LUNCH AND AFTERNOON TEA.

attendance

WHICH DAYS WILL YOU BE ATTENDING (PLEASE TICK)

THURSDAY NOVEMBER 16

FRIDAY NOVEMBER 17

SATURDAY NOVEMBER 18

payment method

AMOUNT \$

PLEASE TICK CHEQUE CREDIT CARD MONEY ORDER

PLEASE MAKE CHEQUES OR MONEY ORDERS PAYABLE TO AIDS COUNCIL OF NSW

CARD TYPE (PLEASE TICK) MASTERCARD VISA

NAME ON CARD

CARD NUMBER

EXPIRY DATE

SIGNATURE

DATE

TAX INVOICE ABN 846 339 103 55

PLEASE FORWARD REGISTRATION FORM TOGETHER WITH PAYMENT TO:

Rural Forum, AIDS Council of NSW, PO Box 6063, South Lismore NSW 2480

2000 HIV Rural Forum

Pre-forum workshop

The National Needle and Syringe Worker Training Project will be holding a pre-forum workshop

Dates November 14 and 15 **Time** 9am to 5pm

Venue Ballina RSL Club, 246 River Street, Ballina 2478.

Audience Target Current needle and syringe program workers in the Public and Private sector, NSP and HIV Program Management and Health Promotion Workers/Educators. The Project will be based on a train-the-trainer model.

If you are interested in participating in this workshop contact Wendi Evans 02 66 207505

Or if you would like further information on the project please contact Geoff Woolcock 07 3365 5421 Email: g.woolcock@spmed.uq.edu.au

PLWHA (NSW) are in the process of consulting rural positive people about other workshops they would like at the Rural Forum.

Details of these additional workshops for positive people will be announced at the end of September through ACON regional offices, regional Area Health Services, and regional Sexual/Community Health Clinics. If you have ideas about what issues you would like to see included at the Rural Forum contact PLWHA (NSW) on 1800 245 677 or email Michael Riches on ragsta@jprimus.com.au

program

Wednesday November 15

PLWHA (NSW) and ACON invite positive people to gather at the Ballina RSL on Wednesday 15 November at 5pm for a pre-forum get-together and briefing, followed by a cold buffet dinner (\$5 contribution please). Bookings essential ☎1800 245 677.

Day 1 Thursday November 16 Morning

Building a Hepatitis C-friendly workforce
Rob Wilkins Hepatitis C Workforce Development Project and Norman Booker, NSW Health Study Grants Program

Concurrent Workshops

Indigenous Health Care Workers AHS/Study Group QPP PLWHA
Alcohol and other Drugs/Needle and Syringe program AHS
Positive Space PLWHA NSW Inc

Afternoon

Financial Counselling BGF
Living heterosexually with HIV/AIDS EPA Health
Me, Young and Proud ACON Mid North Coast
Positive Space individual PLWHA

Evening

ASHM/Prescribers/Sexual Health Society Dinner

Dates November 15 (PLWHA only day), 16, 17 and 18

Location Ballina, Northern New South Wales

Venue Ballina RSL Club, 246 River Street Ballina

Registration See form on the reverse. **Closing date November 2**

Transport Ballina Airport is serviced by Eastern Australian Airlines

☎13 13 13; Kendall Airlines ☎13 13 00 and Sunstate Airlines ☎0266 86 3155.

Trains runs daily to Lismore or Casino with coach connections to Ballina. For timetable and cost details phone Countrylink on 13 22 32. Concessions available.

Information on accommodation and location map will be forwarded with registration form – or phone ACON Northern Rivers ☎0266 22 1555.

Day 2 Friday November 17

Morning

S100 Prescribers Introductory Program ASHM

Concurrent Workshops

"I Think I'm Losing My Mind" untold "Personal" Stories ADAHPT
Rural ADAHP Project: An Overview of HIV and Complex Conditions Case Management Model ADAHP
Legal Issues HALC

Afternoon

Plenary session Keynote addresses TBA

Evening

AIDS Treatment Project Australia "Introducing Vanessa Wagner and Nurse Nancy"

Day 3 Saturday November 18

Morning

HIV/HCV Treatment update ASHM

Concurrent Workshops

Advocacy and campaigning PLWHA (NSW) Inc.

Afternoon

S100 Prescribers (Advanced) program ASHM

Concurrent Workshops

Advocacy and campaigning PLWHA NSW Inc

Evening

Social event Date and venue TBA