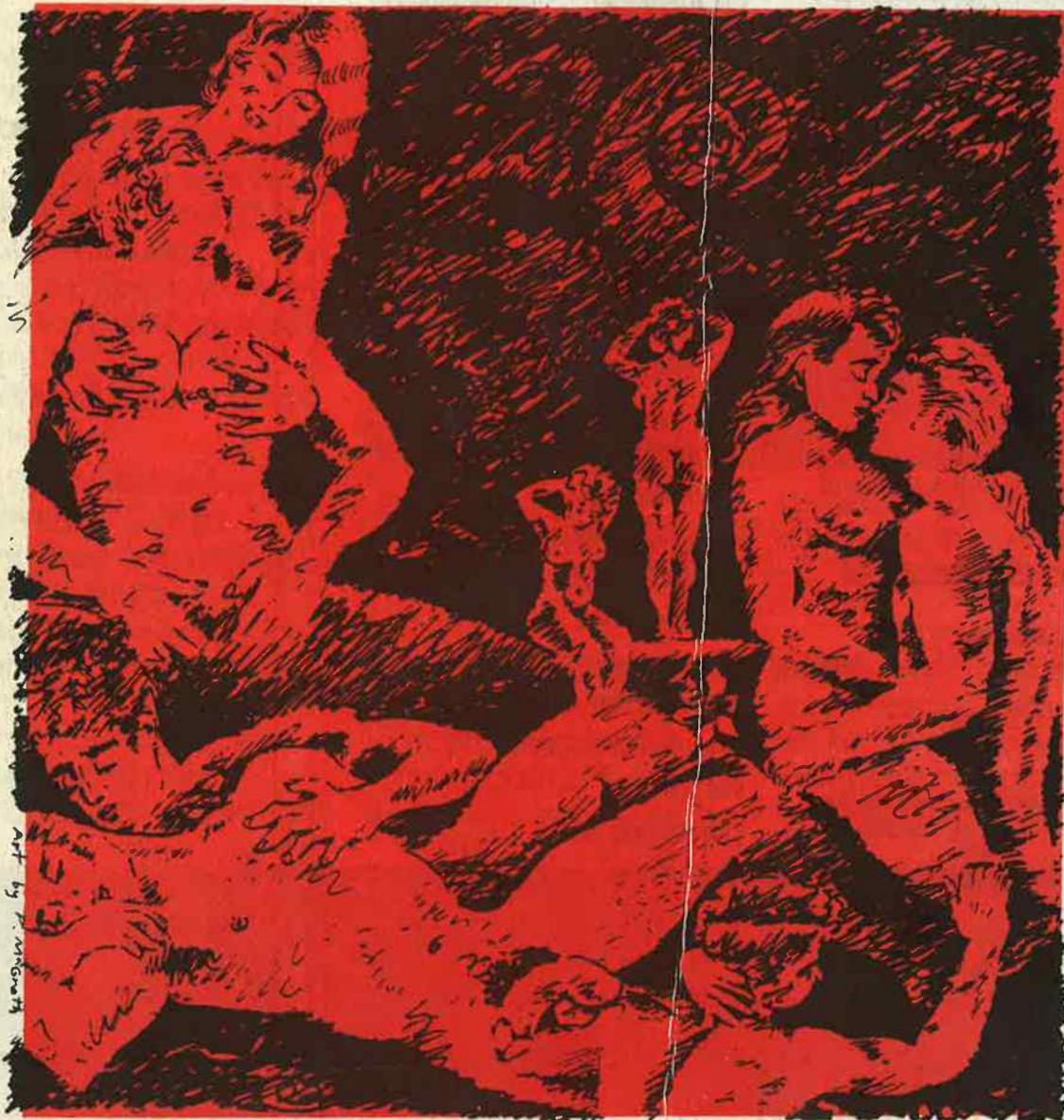


Talkabout

Newsletter of People Living With AIDS Inc. (NSW)

Where we speak for ourselves

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POSITIVE SEX

Volume Two, Number Two: MAY/JUNE 1991

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How to Contact Us:

PLWA Administrator:
Don Carter

TALKABOUT Co-ordinator:
Jill Sergeant

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

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

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CREDITS

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Anguish in Bohemia graphics: Ian Barbour.

Thanks to the HIV Support Project, Wollongong Research Project, the ACON Treatments Project, ACON Women's Officer and all those who contributed ideas and information to this issue.

Bye Don

It is with great regret that PLWA NSW has received the resignation of probably the singularly most instrumental worker in the affairs of the organisation.

Don Carter was the successful applicant for the administrative support officer's position when it was first created in July 1989 and has continued in that position since.

Don is well known by PLWA membership, committee and affiliate organisations as the person at the end of the phone line and the first point of face to face contact. He is also well known for his extra curricular activities in AIDS

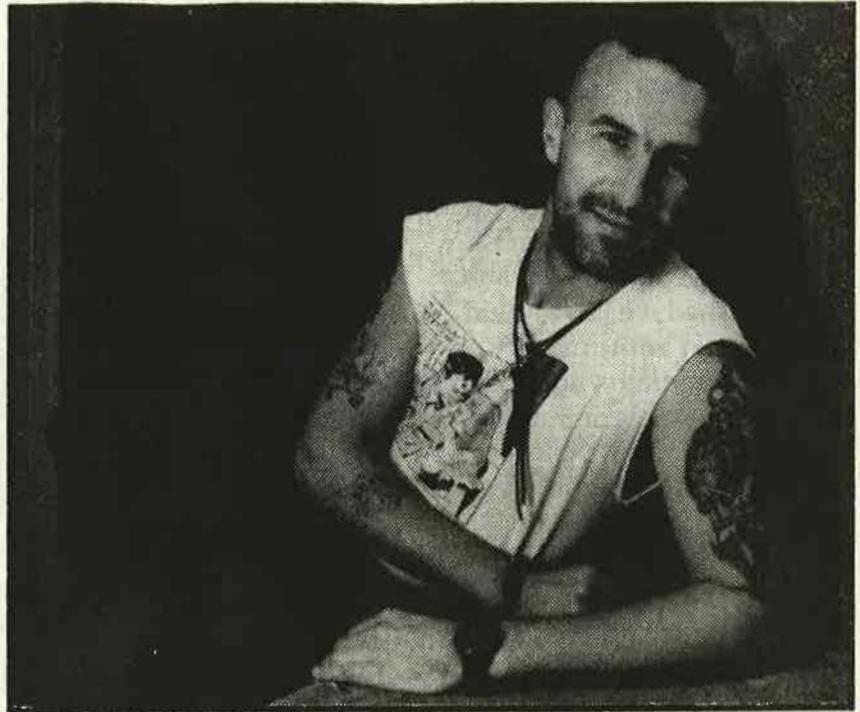


Photo: Elisabeth Orison

activism being instrumental in the setting up of ACT UP Sydney Australia.

Don leaves the organisation to pursue a career in international travel, global activism and cheap sex. He will be

greatly missed by all who have had the pleasure.

The committees, past and present, and the membership thank Don for his tireless work and complete dedication and wish him well.

Some people think that people with AIDS/HIV don't have sex, or even that we shouldn't.

BUT

We want to

We do

and

SEX IS OUR RIGHT

Victims of violence

This is to inform you of a project which is a pilot group for people who have been bashed. Since my partner and I were bashed we have found little support in the mainstream community, notwithstanding the gay community for us as victims of violence, and so we have sought ways to try and bring about an understanding of the victims themselves.

Victims of Violence Anonymous (VOVA) is being set up for victims regardless of sexuality and we are hoping to affiliate with Victims of Crime Assistance League (VOCAL) in the very near future.

Victims are often disenfranchised by well meaning people who don't recognise the trauma that all victims go through after the attack, thus VOVA is also about empowering the individual with their own self esteem, and letting them know they are not alone.

The victim runs the gauntlet of the system and even health workers themselves have not

got a clue exactly what it is like to be the actual victim, other than utter niceties and that silly line: "you will get over it". Some never "get over it". Some never even get a chance to "get over it" and many are unable to find an ear to listen. Worst of all, public fear of violence permeates throughout society.

VOVA is being set up in the Eastern suburbs in conjunction with the Police Department's Development Branch, but it is open to all victims of violence. Some experts in the field of Post Trauma Syndrome and secondary lines of referral are almost in place, but overall the group is for victims and run by victims. Victims are the forgotten element of bashing, they become tools of others and their rights scorned and sneered at, thus adding to the trauma of the event.

At present VOVA runs on a shoe string, but that's okay because in the long run people will support a service and project that becomes a tool for the victims to use, instead of others.

I can be reached on (02)387 2670 mornings and evenings Monday to Friday. There is an

answering machine if I'm not available. Professional advice is also available by referral. Our postal address is VOVA, PO Box 638 Bondi Junction 2022.

Michael J Winter, organiser.
(edited for length)

HIVs & HIVnots(II)

In response to the letter "HIVs and HIVnots", *Talkabout*, March/April 1991.

One of the people in the same stream as myself at Living Well III did make mention of HIVs and HIVnots, but as I remember it was only in the context of Peer Support. By definition co-ordinators of such groups are PLWAs.

I made mention on the day and again in a report of Living Well III in *Network News* (the newsletter of Community Support Network) and again now, that it is out of the question to suggest that any group with a life threatening disease can be self sufficient. This is blatantly obvious to me as a care and training facilitator with Community Support Network for the past six years.

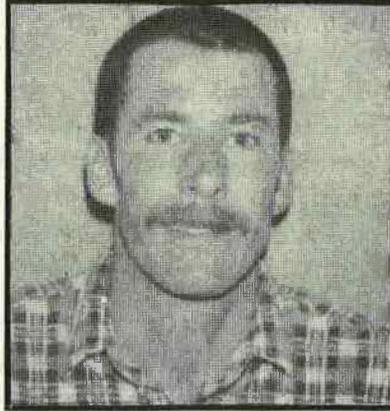
Dazie (David Edwards).

LETTERS

It is with a great sense of loss that PLWA (NSW) acknowledges the death of one of its committee members Adam Marriott.

Adam's contribution to the Gay and Lesbian and HIV/AIDS community spanned over many years. During his career in fashion design Adam became a committee member with the newly formed Sydney Gay Mardi Gras Association. In this period of the early 80's Adam was among the first people in our community to respond to the impending health crisis. As a founding member of the AIDS Council of NSW he served on the interim setting up committee and twice again on the

ADAM MARRIOTT 16.6.77 - 3.4.91



committee of council in later years. Adam also gave of his time and energy

on a personal level to people with AIDS through his involvement with the Community Support Network and the Ankali Project. He was also a great source of support to many of his personal friends.

Adam will be sadly missed by his extended Gay and Lesbian family and his traditional family.

Adam will be remembered for his compassion, creativity, astute understanding of Gay culture & politics, his arresting appearance and his sense of good taste and judgement.

**Gone from our lives,
never from our hearts.**

Pregnancy on a drug trial

I refer to Robert Ariss's interesting article "AIDS - a masculine disease?" in *Talkabout* March/April 1991.

I understand that the woman referred to participated in the Wellcome-sponsored European-Australian double-blind placebo-controlled trial of zidovudine in asymptomatic persons at high risk of progression to AIDS not the low risk study. Her dose was reduced not because of her pregnancy but because she had developed anaemia on study prior to becoming pregnant.

The article fails to communicate to your readers the subtlety of the decision making

by the patient and her doctor given she was on a double blind placebo controlled trial, whose informed consent precluded pregnancy. Neither the patient nor her doctor knew whether she was on zidovudine but an educated guess was made because she had previously been dose-reduced. Moreover, the article does not give any credence to the risk that her partner took in her becoming pregnant (hopefully through unprotected vaginal intercourse!).

The decision that this patient made following a discussion of current knowledge with her HIV specialist, paediatrician and counsellor, to continue both her pregnancy and zidovudine therapy was a brave one. The many uncertainties included the chance of the baby becoming infected,

the possibility of damage to the baby by zidovudine and her own long term outcome. The decision was made by the patient in conjunction with her partner. Having made the decision, her wishes were respected completely and absolutely.

I believe that Robert Ariss has over-simplified the example provided by this particular case and in so doing has failed to acknowledge the many difficult and informed choices that HIV-infected women can and do make regarding their childbearing and destiny with the complete support and understanding of their care givers.

**David Cooper,
National centre in HIV
Epidemiology and Clinical
Research.**

Andrew Carter goes to Perth

Last issue I wrote a piece on the departure from the AIDS Council of one of the co-founding-parents of PLWA Inc (NSW) and the PLWA movement in Australia, Terry Giblett. This time fate has it that I write on the person I have known longer than any other. A person I have known longer than even his own mother - of course he is my twin brother, my womb-mate, Andrew.

Drew has moved back to Perth, where we were born in July 1970. His HIV illness has been complicated by mobility problems and he is moving in with our sister Anne and her family.

Drew has been one of that special breed of person who has tirelessly worked in and for the HIV community since long before the bloody bug had a name. With close ties to San Francisco and New York, Drew and his friends experienced similar circumstances to the characters portrayed in the movie *Long-time Companion*. Friends were getting sick and dying and no one knew what it was - let alone that the agent was a communicable disease.

Drew was among the co-founders of the Community Support Network, the AIDS Council of NSW, People Living With AIDS [NSW], and was actively involved in other AIDS specific



groups. His most prominent achievement was to establish the Quilt Project, the Australian AIDS Memorial.

On behalf of the many people living with HIV and AIDS in Australia who have had the privilege to meet or work with Drew, I'd to thank him for his hard work and great determination in realising his beliefs. Likewise, on behalf of Drew and our family I want to thank all involved in his care, his friends and his co-workers for their assistance, love and friendship.

In a dramatic change from years in Sydney, San Francisco and New York's highrise and horrid air, Drew will be living in a one level house in suburban Perth, close to the beach and fresh ocean breezes.

Don Carter

Open Doors

In my street neighbours sitting late
doors open and lights on
moist lazy summer night
post holiday

Down certain hallway a woman
blonde hair feet on sofa
tv transfixed

Next along people playing cards
among pizza boxes and beer
/ but /
behind closed door away away

Invisible Boy
sensed only not seen
really quite nice looking once
no really

Till flat lesions crept up arms
over gentle unresisting face
invisible lad drinking
juiced up lovely liquid dope

Invisible scream bleeds
through other windows other walls
into comfortable careless homes
in my street

Andrew Roffe 1991

Letters and other
Contributions to
Talkabout are welcome.
The deadline for the
July / August issue is
JUNE 13
Send contributions to
PO Box 1359
Darlinghurst 2010.

POSITIVE SEX

I was diagnosed HIV+ seven years ago. The first thing the doctor said to me was "Well you realise you can't have sex any more." - Roger

Desire doesn't necessarily vanish just because you're diagnosed HIV+, but it becomes a lot less straight forward for many people. Sex is one of the least talked about, but biggest issues for people with HIV. It was this realisation that prompted the *Talkabout* Working Group totake up the issue. We thought it was time sex got talked about in public.

The main focus in this issue has been on publishing the feelings and opinions of people with the virus a sex 'vox populi'. The following pages contain extracts from interviews conducted with a large number of people, both in groups and on an individual basis. Most were carried out through the HIV Support Project of the AIDS Council of NSW. Some are taken (with permission) from transcripts of interviews with HIV+ gay men undertaken by the Wollongong Research Project 1990. All names used are fictitious.

As the interviews were being edited, it became clear that the participants held a number of common concerns about sex, whether they were male or female, straight or gay. Several feature articles address some of these concerns - we hope you find them useful.

There are some unfortunate omissions, but it's not for want of trying. The most obvious is that people with AIDS and ARC are under-represented - most of the people who spoke to us were asymptomatic. Anything we've missed out goes into a file for future issues, so if you feel that your experience is not represented here, or if you want to add something to the discussion we've started, please write in and have your say.

Many thanks to all who participated in the interviews.

finding out



I was diagnosed HIV+ seven years ago. The first thing the doctor said to me was "Well, you realise you can't have sex any more." For two years I did not know another person with HIV - I was too frightened to tell. I didn't go out looking for sex for nine months. The first time I went out I went to a sauna. It was like the first time all over again. I was so nervous I got the shakes and then finally just went and wanked in the steamroom.

Roger, 37

I found out I was antibody positive two years ago. I was going out to a dance party with my friends, none of whom knew. I was really frightened of taking drugs because I thought I'd blurt it out, I deliberately lost my friends at the party and met this really cute guy who was pretty out of it. I had to tell someone - so I told him. He was antibody positive too. We were lovers for eighteen months.

Paul, 27

After being diagnosed I didn't have sex for a while out of choice. I couldn't be bothered with men and I blocked it out. I didn't think about it.It was about 18 months after D-Day, I was at a party, having a fabulous time. there was a good mix of people, I was chatting to everyone. The next day I got a phone call from a girlfriend saying "God, what was with you and all those men trying to pick you up?"; and I just registered that I'd been having conversations with them without any sexual overtones and to my girlfriend it seemed really obvious that they were trying to pick me up. I guess that was a good boost for my ego and gave me a bit more confidence in myself.

Maria

I had the antibody test with my lover. It was a joint decision. We had been monogamous for a year and had had some unsafe sex early in the relationship. We thought, well either we're both negative, or both positive. I came back positive, he came back negative. We weren't prepared for that. It was the most awkward couple of weeks I've ever had in my life. Our sex lives were really awkward for about four months after that because I was so frightened of giving him the virus and there was sort of this wall between us. He wanted to be positive too, so that we could go through this together. My biggest concern was for him - he had to stay negative. Talk about confused.

Paul, 29

Sex became something to be scared of, because initially, I assumed I'd infected my wife. ...My wife knew that I'd gone for a test, and I didn't tell her for a couple of days after I'd found out... I just thought this was the end of the whole thing and I wanted a couple of days as an observer of our relationship before it fell apart basically. Then I told her and she went to have a test. It was a very difficult few weeks. I can't remember if we had sex in the period between her having the test and the results of her test..... I didn't want to, but ...she wanted to keep it going and we started to use condoms from the time that I was diagnosed. I think ultimately the fact that my sex life survived owes an enormous amount to her. I probably would have just stopped doing it.

Mark, 30

I was so resentful when I found out I was antibody positive. I had only had unsafe sex twice in my life. I thought, why me? I'd never had a relationship before and I thought this meant I never could. I went on a binge of anonymous sex - all totally safe. But I refused to get involved with the other person or talk because I simply did not know how to handle talking about my biggest secret - my antibody status - and I guess that if someone liked me they'd want to know that stuff.

Neil, 26

I was changing my approach to my sex life anyway - I was totally alienated from the scene and plastic people. I was getting no satisfaction from one night stands. I totally expected to be antibody positive - 1981 to 1983 were busy years for me and who'd heard about safe sex then. I had decided that it would help me make the changes I needed to. I mostly stopped having sex -, but I think I might have had a period of no sex even if my result was negative.

Robert, 34

HIV/AIDS and sexuality:

some pointers for further discussions

"I am desperate to flirt. I even occasionally, but for the briefest moment, imagine sex with a real live other person. How did I give that up so relatively easily? Obviously it was tied up with my fieldwork and its commitments. But still, it was easier to give up sex than to give up cruising/flirting."

E. Michaels, *Unbecoming: An AIDS Diary*.

A classified in the *Star Observer* a few months ago read something like this: "Kaposi's on my beautiful body doesn't stop me from feeling horny...." I remember being impressed by the man's braveness and by his acknowledgment of desire thriving in the face of HIV infection. More recently, a number of gay friends talking about getting back a positive result disclosed that it did very much diminish their interest in sex, including in one case, sex inside an established relationship.

For some of these men contact for the sake of physical comfort seemed to replace contact for the sake of sexual excitement. Yet others reported that their interest in sex remained relatively unaffected by the change in their HIV status.

There is a dearth of research on the impact of seroconversion on sexuality. So far, there is no medical/physiological correlation between coming in contact with the virus and a lowering of libido. Nevertheless, there is evidence of a wide spread attitude among GPs that anyone with a chronic, life threatening disease should some-

how give up their sex life and concentrate on managing their symptoms/being a good patient. It is perhaps not surprising that this seems to be the case particularly when the sex lives in question are those of homosexuals.

The same discrimination seems to have crept in at least some of the early preventative campaigns: heterosexuals were to always use a condom (the famous risk reduction model), while homosexual men were to avoid penetrative sex, if they could help themselves, (risk minimisation). It seemed unthinkable to ask straights not to screw and few social researchers have considered that there is anything to be learned by heterosexuals from the mutability and playfulness of 'deviant' sexualities. I will return to these distinctions shortly.

People who find out that they are positive are faced with changes in their self image, social lives, health management and sexual practices. Typically, positive individuals

need most help soon after being informed of the diagnosis, during the period of adjusting to the result. Social stigma, financial worries, communicating to significant others etc are some of the factors that can make a positive result a singularly disruptive experience.

In this context, there are clearly many psychosocial reasons that would account for a loss of sexual interest once a person knows they are infected. It is certainly easy to see that self confidence may be eroded by visible signs of disease such as skin cancers. Purely psycho-

"There is a dearth of research on the impact of seroconversion on sexuality."

logical factors, too, can affect a person's sense of being desirable. Richie McMullen, for instance, reports in *Living With HIV in Self and Others*, that knowing that he was infected by a disease for which there is no cure made him feel polluted without the possibility of cleansing.

It makes sense that feelings of shame, grief and confusion in the face of a potentially fatal, sexually transmissible disease can obstruct the sharing of sexual intimacy with others. It may even be appropriate that the complex emotional response to HIV infection displace the desire to celebrate one's sexuality ... for a time. This could be the case for infected persons irrespective of their sexual preference and mode of transmission.

Once again, there is no systematic research in this area. Discussions in HIV support groups indicate that the disclosures involved usually take time and a great deal of trust. As a contribution to further discussion I want to consider the claim that gay men are psychologically more vulnerable than others to HIV-related loss of libido. This suggestion comes from E. Michaels who in his remarkable book *Unbecoming: An AIDS Diary*, argues that gay sexuality is the cornerstone of gay identity. Therefore, a loss of sexual interest is far more disruptive for a gay man's sense of himself as a person than for a heterosexual man.

Michaels sees gayness as something that a young male has to 'train' himself in during adolescence. Because it lacks the institutional and familial supports of heterosexuality, homosexuality can never be fully internalised and remains in constant need of being reasserted, rediscovered or, perhaps, reinvented.

According to Michaels, this is done through sex which, then, aims at more than pleasure; it

aims to define the people involved in some important sense; it is a ritual re-enactment of the participants' social identity. Once those activities by means of which a gay man defines himself can no longer be engaged in because of HIV/AIDS, then Michaels asks to what extent that person can even be considered gay.

All of this makes some kind of intuitive sense, though the implications are hard to unravel. To be sure, this is the account of a man whose experience of his own sexuality is riddled with contradictions. But Michaels' personal history is not what is at stake here and besides, the contradictions which he offers may be productive ones.

I personally am unconvinced that HIV/AIDS wreaks a more "terrible psychic havoc" on gay men than others. This is not to say that I disagree with Michaels' verdict of a greater vulnerability to the epidemic for gays than for straights. But I think that the reasons for this are political rather than psychological. This is because what I share with other gay men is not any essential bond to do with 'how to be gay' but, rather, a massive censorship of what is happen-

ing in our hearts and in our minds because we are gay (for whatever reasons and through whatever processes).

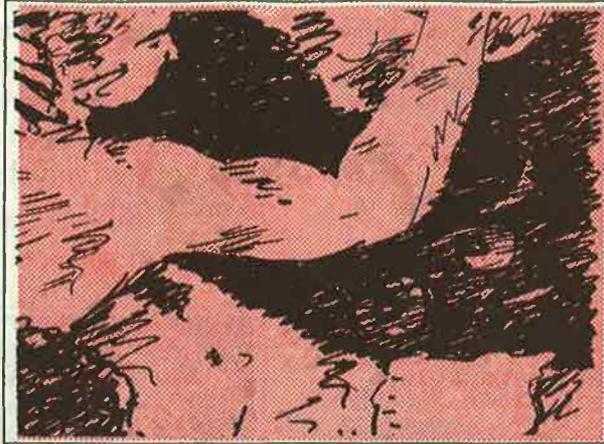
Though I have no conclusive answers to the questions raised by Michaels, I think his

comments are valuable because they offer a point of entry into the complex issues of HIV/AIDS and asexuality. It is important to not bear our personal crosses in silence but to share insights painfully gained and to use them to enhance our sense of community and direction. I think that this can be fairly considered one of the welcome lessons of the AIDS epidemic.

Kosta Matsoukas

"It is important not to bear our personal crosses in silence...."

POSITIVE SEX



telling sex partners

When do you tell somebody? Do you tell them when you first meet them? If you do that they just run like a mile.... If you don't tell that person and you do get close to them, is it fair to them?What do they do? They're emotionally involved and either they stick with something which will cause them a lot of problems or they might back off...it seems to me also it's harder to find the sort of man that I would like in Sydney...

Michael

I don't tell my partner I'm HIV. I don't have many partners, but the few that I have had I certainly haven't told them that I have HIV. But I have had the proviso of safe sex.

Joanna

I always tell. I have been for three years so I guess I've had plenty of practise. I started because I had two sexual encounters in a row where on our way home, the other person told me they were negative and had assumed that I was too. So I decided to get the issue out in the open first. It was really hard but I've noticed a big change lately. At

first, no-one else was positive or didn't say so. Now a lot more people are likely to say 'Fabulous, so am I'. The problem now is becoming that because you carefully disclose something so important about yourself, if the other person is positive and doesn't disclose or is isolated they tend to want to talk all night. It's far more likely now that negative gay men will have dealt with the issue on a more personal level than previously and sometimes they want to sleep with you to show they can cope. But the real problem I have is that I find out from people who I wouldn't choose to tell that I'm positive. There's no such thing as confidentiality in a gay bar.'

Emilio, 31

I never tell. I just insist that I'm into safe sex. Sometimes if they make hints about unsafe sex I get really angry. Often for stress relief I have anonymous and totally safe sex. I haven't met someone I've really liked for two years and I don't know what I'd do if it happened. I couldn't cope with lots of people knowing about my status unless I could control who they were. My HIV Support

Group, which I'm doing at the moment talks a lot about disclosure. I've been thinking about it a lot.

Matthew, 27

I only have sex with other positive men. It just removes the anxiety out of the sex. I guess my friendship circles as well as my sexual partners have become more and more other men who are positive. It just happened that most of my good friends are. So if that's my rule - I always tell, unless they tell first, which has happened twice.

John, 33

One of the things that was tied up with not having sex was the fear of infecting

someone else. I felt that if I told people straight out beforehand, it meant that it was their choice to take any risk. It also meant that I didn't have to negotiate safe sex, there was a reason why we were having it and then I could relax and enjoy a good fuck. The first time I picked somebody up it worked, much to my delight!

Maria



To disclose.... or not

Should we tell our sex partners we're positive? The law says we should - whether or not we're going to have safe sex. But there is world of difference between the fantasy of the law and the real world. Ross Duffin offers his opinion on this controversial issue.

An examination of the issues which surround telling our sex partners our antibody status ('disclosure') illustrates the complexities that AIDS and HIV have added to our sex lives. In anonymous sex or a sexual interaction where you have no interest in seeing the other person again and you're practising totally safe sex then the consensus seems to be - why bother? But then at what

point do you decide that you definitely have no interest in seeing the person again? Does the fact that you haven't told them your antibody status make it less likely that you'll take the effort to see them again?

If you think there may be the possibility of a future relationship then there seems to be no consensus on how to handle disclosure. If you disclose you face actual or perceived rejection, or the possibility of spending the next two hours involved in discussion about AIDS or being a safe sex educator. If you don't disclose immediately, you face the possibility of being asked for unsafe sex or being told that they're negative in a context which suggests that 'of course you are too'. Or you face the 'big discussion' at some point in the future and the possibility of your partner's resentment that you didn't tell them

earlier. You may also face rejection at a time when you are more vulnerable because you have become emotionally involved with the person. Of course, the outcome can also be good (eg 'I'm positive too', or 'that's not an issue for me - I practise safe sex').

There are many people with HIV who choose not to disclose, either because of previous experience, because of fears associated with what's likely to happen or because there is still many potential bad outcomes from disclosing (eg there is no guarantee that the person will respect your confidentiality).

Sometimes people with HIV don't disclose their antibody status but have unsafe sex with a partner whose status they don't know. One rationalisation made for this is 'Oh well, they must be positive'. This is the 'partner selection strategy'. It is a strategy that should be ripped up and put in the garbage bin. There is no correct way to come to a conclusion that anyone is positive - and that includes skin conditions, a previous lover who died of AIDS, a willingness to have unsafe sex, gossip, a previous unsafe encounter with the same person, appearance or any other attribute that you believe makes it one hundred percent certain that the other person is positive.

Another rationalisation that needs examination is 'it's their responsibility'. Yes, as people with HIV we get sick of having to take responsibility - but safe sex is everyone's responsibility. And even if you think the sex is only unsafe for you, what sort of reinforcement and peer standard are you giving to the person you're fucking with.

So, should disclosing your antibody status become the norm for everybody? In recent time there have been challenges to the notion of universal safe sex regardless of

antibody status. People with HIV sometimes feel that there is no point practising safe sex with each other. Negative people sometimes feel that, particularly in the context of relationships, that when people are both negative there is no reason to practise safe sex.

There is a world of difference between disclosing an antibody positive status and an antibody negative status. Firstly, an antibody positive result is immutable and permanent. A negative result only applies to the time it was taken and depending on behaviour it is not necessarily a permanent result that applies to a person. I well remember the last person who told me they were negative in a sexual context - they had been tested four years ago and had lots of unsafe sex since then - but they still said 'I'm negative'. And most times I've heard people disclose a negative result the intended outcome would seem to me to be more likely to be unsafe sex, particularly if the other person had said they were negative.

I guess for people with HIV disclosure would become a lot easier if there was less discrimination and if more people believed that the reason they practise safe sex is that they might actually have sex with a person with HIV one day and not just because it's the right thing. That gay men with HIV are starting to more commonly disclose and come out about their status is certainly changing opinions and attitudes. It's one of my motivations for doing it. And for a person with HIV to disclose makes it far more likely that safe sex will be practised.

The use of antibody status in the context of sexual negotiation is, in my opinion, becoming more common. For both people with HIV and those who are negative disclosure is a complex issue that needs more discussion.

POSITIVE SEX



relationships

The very fact that we have a sex life that I think is pretty good, considering the limitations, is something to be quite proud of. That we both like sex, and we enjoy sex with each other, it's an important part of our relationship and HIV hasn't stopped that. It's changed it but it hasn't stopped it.

It's had a profound effect on our relationship, butI think that our relationship would have changed and developed regardless of HIV. The major issue is having babies, which is what we want to do. And that is probably the saddest thing, and the biggest loss that we feel We've talked about the options, like sperm donors, adoption and all this kind of stuff, but we don't want to do that until we're sure that there's no possibility that I can't father a child by her without putting her at risk.

Mark, 30

I have been getting over an affair I had with a guy for about four or five months... we were both positive so we thought we would support

each other, be aware of each other's health situation... but subsequent tests were negative, so they're assuming his positive was false. So he was given a second chance for a clean slate. And I guess he didn't want to dirty it up again. And I can understand that, but the end result is he's gone. It was a painful departure... Being HIV positive makes the thing of needing or wanting love loom more largely in your mind than it would normally... the need to feel love to counter the leper mentality, that I'm still a lovable person despite this.

Eddie

I find an incredible difficulty in allowing myself to become emotionally involved beyond a certain point ...I don't want to put anyone else through any more, through any other difficulty... I've spent 15 and a half years in very stable gay relationships... I function much better as a unit

myself within a relationship. So my requirement for an emotional relationship is exceedingly high, and so there are a whole lot of difficulties that do occur from that.

Mike

I've come around to realizing now that you don't have to make friends with people purely for sexual reasons, people can like you just as a person...I don't have to make any other demands or investigate it any further, I can just accept it like that and I'm starting to realize people do like me just as I am with no further qualification or anything.

Stephen

[Things] changed when I met a lovely man, which was a strange relationshipI met him while he was in jail which was really easy, because I could talk about having safe sex and how I felt about all that stuff with him, without actually being able to do it for nine months, which was a really safe relationship to be in - sort of like a warm up period, which made me a bit more confident.

There are issues coming up like fear of infection, fears for my loss of health and my biggest fear (apart from infecting my partner) would be I would just hate to put anyone through a couple of years of me being sick and that being a burden on someone that I love. I'd rather they left me when things started to go down hill. That's a big thing for me. I don't want anyone to think they have to stick by me through the bad times, just because they were around through the good ones - healthwise anyway.

Maria

I met my lover through the waiting room at a well known clinic. We always seemed to be there on the same day.We cruised each other about four times at the clinic before we finally met at a gay bar. We both already

assumed that the other was positive, so it was really easy to talk to each other about issues that were really important to each other. It was such an enormous relief - we both wanted a relationship, we were both finding it really difficult to deal with forming one, we were attracted to each other and both decided to work really hard at making this relationship work. I really think there needs to be a social group for people with HIV. I also think that given the way AIDS has changed the gay community we could really think about better ways of helping to form relationships. Most of my friends want one and I think HIV has made it a lot harder. We tend to be dealing with so much that maybe this basic thing which defines us as being gay is being overlooked.

Robert, 34

Being alone is the greatest punishment - I've got someone and we do things together but because of the HIV it has made me feel really alone, I can't share the whole part of me anymore. I just feel too inhibited.

Helen

[My wife] just insisted that sex continued, from the outset. I think what was important was that she wasn't frightened. Her results came back negative, but even before that, there was no fear, or there might have been but she didn't show me any fear about having sex with me and that was probably the most important factor in keeping me sane on a sexual level. It was just there. I want to have sex with you, and you're going to have sex with me. And that was really important.... it was a belief in continuing my sexual lifebut it was the power of her demand that made it possible. From the very beginning there was a person there who..... was not going to collapse under the weight of the image of what AIDS

was. Because she saw me as a person first and foremost, as her sexual partner, her life partner. And that was more important to her than any media image of AIDS or any medical diagnosis of what AIDS was, and it sustained me through a very difficult time. I have thought that if I was a single man looking for a sexual relationship with a woman, I'd probably feel quite differently. The prospect of that would really scare me actually, I think I would feel very very isolated and I would feel that I didn't have any sexual options - any options of having sex, basically. I think I would find it very difficult just to go out there and negotiate sex with a woman. I think it would be impossible.

Mark, 30

I decided that I was only going to think about relationships with someone else who was positive. I feel guilty for saying that and I shouldn't - but there is some special understanding that is just there with someone else who is positive and you don't have to be so worried about safe sex even though you might practise it because of reinfection or other diseases. Anyway, having decided this then this meant you had to tell people who you were interested in. I met this man at a party and we had this special connection and started dating and having safe sex. We really clicked. I was sure he was positive. Anyway, I told him about my status on about our sixth date. He said it didn't

matter as long as we had safe sex. He didn't tell me he was negative for another month. We became lovers. I guess you can't choose who you fall in love with - but it would never have happened if I had done my usual thing and told him before sleeping with him. I'm glad I didn't.

Robin, 32

I've been in a relationship for twenty years. We always had casual sex as well, but never really talked about it. I found out I was positive first and had to go three weeks of very mixed feelings waiting for my lover to get his result. He was positive too. It made us closer, if anything. We have lots of gentle affectionate sex now. About once a year, maybe after Mardi Gras, it may get raunchy. I've been pretty sick with the virus in the last six months and doing this interview has bought up some really strong feelings about the loss of my sex life.

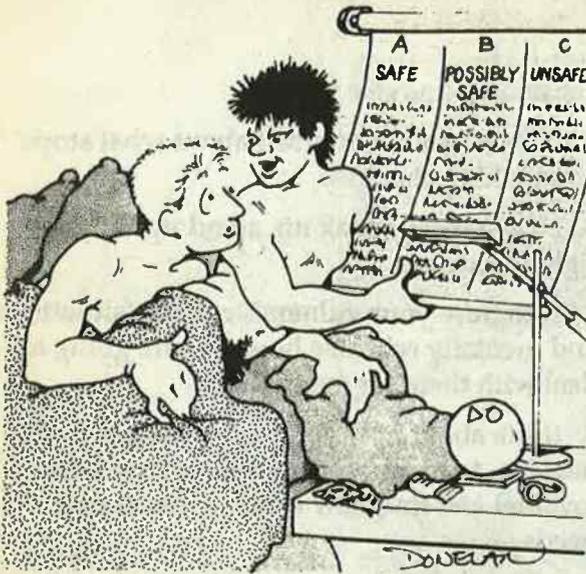
Richard, 46

I have a little girl and I'd like her to have a father, but it's not real easy to get someone to take you on when you're HIV. I'd love to have a relationship. I don't want to live the rest of my life on my own. I really want to be with someone and I want someone to share what I have to offer and give someone.

Joanna



Negotiating safe sex



Graphic: Strip AIDS USA

Two from column 'A', one from column 'B', and we'll just fantasize about column 'C'...

If asked to write about how to negotiate safe sex when I first started working in AIDS, I could easily have presented the do's, don't's, and how to's. Six years on, the issue seems so much more complex as I come to grips with the realisation that behaviour change is dependent on so many variables. Merely telling someone how to negotiate safe sex does not mean change will occur.

However, people with HIV do make changes and get on with living a full life which includes hot, erotic, satisfying safe sex.

Changing sexual behaviour means reassessing our identity and values around sex and intimacy. It means looking at how in every day life we live out our beliefs, societal norms, sex roles, and the cultural meaning or myths we have about sex, love, power and relationships.

For instance, a woman who says "God will protect me from the virus" as justification for not having safe sex with her HIV+ partner does not respond to the usual advice on safe sex. Her actions are based on a belief system which it is difficult to challenge.

Another example, a young man living with an older HIV+ man, in a comfortable lifestyle,

having come from the streets, refuses to negotiate safe sex after "he threatened to kick me out if I don't let him fuck me and I've got no money". The issue of economic dependency and power in the relationship has to be considered first.

The idea of negotiating safe sex assumes a fairly rational decision making process based on middle class values. It means having a feeling of self worth, not being a risk taker, being assertive, having good communication skills, being able to bring up and talk about sex, and having a relationship in which you can speak up.

Being unable to negotiate safe sex could mean any one of the following :

- it doesn't feel spontaneous
- you get too drunk/out of it to negotiate
- you equate love with unprotected sex
- you're in a relationship where you don't feel you have the power to negotiate
- you love risk taking or safe sex is just not a high priority
- you believe it's the other person's responsibility
- you have had bad experiences when you've approached the topic
- you don't want to tell people you're positive
- you're scared / embarrassed
- your partner insists on unsafe sex
- you don't trust your partner to stay if you insist

- it's hard to change habits in a long term relationship
- you make assumptions about safe sex (it's not real sex etc)
- you fear change
- you are afraid you will be unacceptable/unlovable as a HIV+ person
- you're not used to open honest discussion around these issues
- you make assumptions about other people's attitudes.

Let's face it, being able to negotiate safe sex requires a certain amount of forethought, persistence, self awareness, information, and communication/relationship skills in both partners. It is probably easier to bring about changes in new relationships (or make a decision not to continue, if your needs are not met) than in long-term relationships.

So, having said how difficult the issue is, I do believe people have an amazing ability for adapting behaviour and changing beliefs. Those who have managed to practice safe sex have had to change some of their personal attitudes or beliefs which determine how they relate to other people, how they see themselves, how they view sex. The change in these beliefs then in turn affects their behaviour and emotions.

BELIEFS/ATTITUDES ⇄ EMOTIONS/ REACTIONS ⇄ BEHAVIOUR/ACTIONS

Here are some ideas on how to approach the problem of negotiating safer sex:

1. break down the problem - tackle one thing at a time.
2. believe change toward safe sex is possible.
3. think about what has worked for you in the past to change behaviour, and use the same approach again.
4. have an action plan - take responsibility,

assume no-one else will.

5. be honest with yourself about what stops you making changes.
6. be assertive, speak up, stand up for your right to safe sex.
7. recognise your vulnerable times/situations and mentally rehearse how you are going to deal with them (or avoid them).
8. think about how you have used sex in the past (eg. to meet people, relieve stress, feel lovable) and find new ways to meet those needs.
9. what does safe sex mean to you - what do you feel you are giving up or losing - explore how you can express yourself sexually and stay safe.
10. start exploring all aspects of your relationships and develop more intimacy, openness and honesty.
11. talk it out and keep talking - the more you discuss sex the more confident and comfortable you will become in negotiating it.
12. check out assumptions you make about other people's reactions to you - how does this affect your negotiating safe sex.
13. go to a counsellor/or peer support group - become more aware of your beliefs and feelings about being HIV+, what it means for you, and how it's changed your life. Give yourself space to express your loss of "free, spontaneous, unsafe sex".
14. make practical plans - set up your room (toys/videos/condoms), make a list of safe pleasurable activities, see yourself getting off in a safe way.

I want to encourage you to get out there and throw yourselves into all of the pleasures of relationships, sex and intimacy.

Kerri Allwood

POSITIVE SEX



safe sex

One time we were having a good old bonk and realised that the condom was no longer where it was supposed to be; it wasn't in the bed and it wasn't around the bed (on the floor or anything) so it must be somewhere else and I had to go hunt for it. There I was standing in the bathroom and I could feel it but I couldn't reach it - thinking "Oh my God" and freaking out thinking "Oh well - I'm going to get pregnant, he's going to get infected and the whole world's just come crashing down!!" But it all worked out. I was at the stage where I was about to yell out for help - he's got longer fingers than me - because it was definitely there but I couldn't reach it, when I finally snagged it and pulled it out. It was pretty funny.

Maria

My problem with safer sex is that I find the information really confusing. If you're HIV positive then you have got to err on the side of caution. It seems you can't apply the general rule 'No exchange of body fluids' and

apply it easily. For example, the person fucking is at risk - but where do the body fluids come from. Then cumming on each others skin is meant to be totally safe - but if you both cum at the same time by rubbing against each other it seems to me there is lots of cum close to the head of the penis. Then there's lots of other diseases like hepatitis to think of. I find lots of the information produced is designed to be really simple so that everyone can understand it. But it does seem to be written from the perspective of the glamour and fun of sex and to deny some of the new realities of our sex lives. But maybe for someone like me who's in a relationship with an antibody negative person we need all the information so that we can both be comfortable. And then of course that all makes sex seem so clinical. We have had to invent other ways to get back the excitement -

Continued page 22



This isn't about love. It's about feeling good.

I want to be able to relax with you. Maybe that's how love starts.

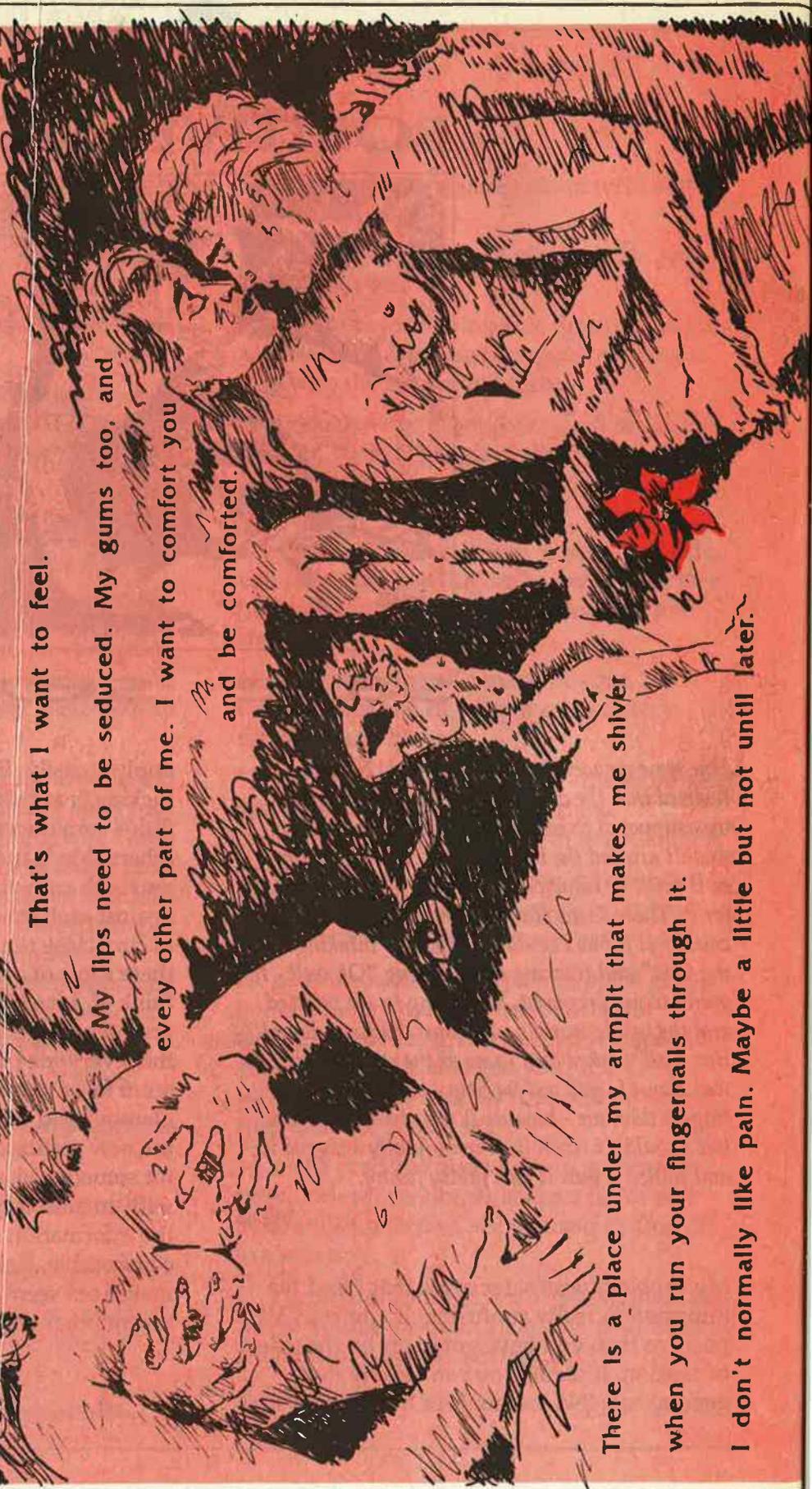
But these moments have a value of their own.

Especially so since I got that goddam virus.

Just hold me for a while. Do you know about lustful tenderness?

That's what I want to feel.

My lips need to be seduced. My gums too, and every other part of me. I want to comfort you and be comforted.



There is a place under my armpit that makes me shiver when you run your fingernails through it.

I don't normally like pain. Maybe a little but not until later.

Some people keep their eyes closed all the way through.

Some people fuck with their eyes.

Do you like talking? I do.

Lick my thighs where they join with the pelvis.

Slide your finger in me but put a condom on first.

Yes, even for that. It feels better, smoother.

I'll do the same for you, if you like.

Is this good? Do you want more?

I like watching you.

People often become more beautiful when they are being pleased.

Do you want me to make you come?

We don't have to fuck but I'd like to give it a go.

I want you to put the condom on me.

Keep touching me for a minute.

Tell me when you are ready. Let's keep still for a minute.

This feels wonderful.



Continued from Page 19

like dirty talk and a few of those practices you read about in sex advertisements.'

Robin, 32

I'm glad that there is safe sex, I have to say, I'm really pleased, because I would have hated to give up my sex life and I think that would have been really hard. Safe sex is not ideal for me, but it's something.but even though we've tried to change our sex lives and incorporate condom use in a more spontaneous way, and avoid penetrative sex so that we can do things which don't involve having to stop and be mechanical and employ some kind of technologyit still has made a difference and to me the difference is that we have to manage it, which stifles a more creative sex life, a more impetuous one.

That could just be the passing of the years as well, you're five years down the track in a relationship. When you're working in a relationship and trying to keep the interest going and keep it dynamic and creative, those things don't particularly help, as far as I'm concerned. They become like parameters you have to work within, and that really irritates me.

David, 30

I think safe sex just has to be assumed for people with HIV. But what really pisses me off is the way doctors assume that it's not an issue for you or it's too hard or it might somehow stress me. My doctor always talks to my (negative) lover about safe sex, but never to me.'

Paul, 29

Sexually we've experimented with all the really safe things to do and they're tons of fun so my sex life is a lot more varied than it ever used to be in a long term relationship. It's really nice to have sex and not have to worry about when to stop and grab

the condom and slap it on and worry about how safe it is etc. Just to play around - it's actually added a dimension to my sex life..... Sometimes I have penetration but I very rarely have orgasms that way - direct clitoral stimulation is the way I get off, so more often than not I'm not missing anything anyway - fingers do the job adequately. It creates a lot more closeness because you're more aware of what the other person likes and doesn't like and making sure that they are enjoying themselves.

But things do pop up in my mind from time to time - does he have any little cuts on his fingers, what are his gums like. In the middle of something you really enjoy you think "is this risky?" It can just pop in from nowhere and that can be really depressing. But my partner tries to allay my fears and assures me that he thinks about those things before he does anything - because he's responsible for his own health.

Maria

I know that when I was negative, I used to slip up every now and again - and now, unless I know for 100% certain that the other person is also positive - there can be no slip ups. Perhaps if every gay man had to live with being positive for a year there would be more caring and support and no excuses.

John, 33

I don't know what it is - I think because I'm young and relatively shy - but people assume that I must be negative. I'm attracted to lots of men but basically because I don't ask, it is often older men - I wish it wasn't so often that way. And sometimes they assume that I'll always be the one who gets fucked and they'll always be the one who takes responsibility or control. It's the one area I've learnt to be totally assertive about. I love sex - it just has to be safe.

Gareth, 22

You've just got to play safe sex. there's nothing wrong with casual sex at all as long as you've pulled every precaution out that you have. It's the condoms first. You cannot physically make your partner put that on. I mean, you really can't. You can be in a sexual position sometimes that you just can't roll him over and say here it is and wham bam thank you mam it's on. You know, next minute you know it's all happening and even though

you've talked about "there's the condom on the dresser, put it on or pass it over", it's already happening before it gets to that stage. So you can't be blamed. But you *must* promote safe sex. Basically I will do everything bar put that condom on. However if they won't put it on with my insistence - I'm not going to put on on for them. I mean it's their responsibility as well, I really do.

Joanna

LESSER KNOWN DANGERS

If you really want Safe Sex you'd better take your earrings out first



Graphic: Kaz Cooke

There is a lot of confusion amongst HIV+ people about whether or not it's okay to have unsafe sex with a partner who is also HIV+. This confusion isn't helped by the fact that there's little reader-friendly literature available on the subject, and the virus is still new enough that expert opinion can change rapidly due to new research findings. The advice that experts can give is often ambiguous because there is insufficient information. Safe sex education campaigns have usually focussed solely on preventing the transmission of HIV and targeted at HIV- people, rather than addressing safety issues which are specific to people who are seropositive.

If you choose to have unsafe sex with another HIV+ person, it's important that you both make this decision as well informed as possible. There are risks in unsafe sex between positive partners

SAFE SEX POSITIVE (confused?)

and it's important to know what they are. After that it's up to you.

There are two main issues of concern about unsafe sex between positive partners. The first is what's commonly called the *Reinfection theory*. Opinions about this have been changing with increased knowledge of how the virus evolves. It is believed that as HIV evolves in your body it mutates into increasingly hardy strains which are likely to be more damaging. Unsafe sex may expose you to these more virulent strains of HIV, or to strains which have developed a resistance to drugs such as AZT, which you might be taking. So you could get sick faster, or your drugs could stop being effective.

However, the strains you contract from your partner may not be that different to those already present or developing within your body,

so the extent of risk is rather ambiguous.

The theory that the more often you're exposed to the virus the more quickly illness will develop has been largely debunked. It's not the frequency of exposure but the virulence of the strains that is significant.

The other main concern about unsafe sex - and this time there's no doubt about the risks - is that you may pick up some other infection such as cytomegalovirus, toxoplasmosis, herpes and other STDs. It is believed that these infections can activate the immune system and this can cause the replication of HIV. You also put yourself at risk of developing these illnesses, which otherwise you may never have.

Unsafe sex with a positive partner *may* cause a transition from being asymptomatic to becoming ill, but if you are in an exclusively monogamous relationship or always practice safe sex outside your relationship, the risks of either contracting other HIV strains or infections or passing them on are reduced. If you have been practising unsafe sex within such a relationship for some time, you have probably already exchanged all the bugs you both have and practicing safe sex is unlikely to provide extra protection. A San Francisco study comparing monogamous HIV+ couples found that there was no difference in progression to category IV AIDS between those couples who practised safe sex and those who had unsafe sex.

Oral sex bottling the taste

"It's not a banana daquiri, but it's not bad". Readers could hardly miss the rampant banana (wrapped in an Ansell Chekmate) on a full page of *Outrage* last month. Was it an April Fool's Day joke? Was it life size?

If you read the fine print, you discovered that the Chekmate lubricant flavour has been improved so that it's "virtually the same as the taste you used to prefer". Penis-flavoured condoms????? What else could they mean? Cum flavoured condoms perhaps. The mind boggles. How did they do it? Who did their market research? ("Ladies of the Night", as it turns out). Circumcised or uncircumcised? Most importantly, *whose penis?*

An intrepid *Talkabout* reporter took matters into



Graphic: Cindy Patton, Janis Kelly

her own hands, so to speak, and approached Ansell. Umm - just what flavour are we talking about here? Kiss of Mint.

No. That's not banana daquiri. But it's not the other thing either - unless there's someone out there with a peppermint flavoured penis. Could it be little green men? Perhaps the martians are coming.

If you're fond of peppermint then I guess this is quite good news, to compensate for the not so good news that unprotected fellatio (oral sex) is not such a safe activity as had previously been thought by many HIV/AIDS educators. A recent San Francisco study of gay men has found that 13 out of 82 men (17%) who seroconverted during an ongoing study had not practised any risky activity except for oral sex with-

out a condom - which was thought to be of low or even no risk.

Although as Adam Carr pointed out in a recent issue of *Outrage*, it's possible that not all of these men did in fact contract HIV through oral sex, (for example some may have contracted it through unprotected anal sex but didn't test positive in the first round of antibody tests), it seems clear that at least some of them did. US experts are now saying that this latest study confirms that oral sex does carry a degree of risk, although there is still not enough research on it.

There is little evidence available for oral-vaginal transmission of HIV, although there are some documented cases of woman - to - woman transmission, and even one of woman - to - man transmission through oral sex. In theory the partner who is performing cunnilingus is at greater risk than the person receiving it, because they may ingest vaginal fluids or menstrual blood if there are cuts or sores in their mouth. Lesbians have been advised in safe sex campaigns to use dental dams for oral sex (available in bubblegum flavour). For anyone who wants to go down on a woman, dams or remodelled condoms are the most reliable protection if you know your partner is HIV+ or are uncertain of each other's HIV status. Unfortunately, unlike condoms, dams are notoriously difficult to get hold of.

I know of one lesbian woman who is very suspicious that the advice being given to lesbians differs from that given to heterosexual women - or to gay men for that matter - who have oral sex. If gay men and heterosexuals have been doing it without condoms, why should lesbians need to use dental dams?

Many people are reluctant to give up unprotected

oral sex, so it's worth reiterating here in what ways it can put you at risk. Basically the advice is the same whether you're going down on a man or a woman. Cuts or open sores in the mouth or on the genitals increase the risk of HIV transmission, as does gum disease or recent dental work. Avoid unprotected oral sex with a menstruating woman. Pre-ejaculate (pre-cum) does carry the virus in small concentration, but to date there is no evidence that it can transmit HIV orally. If you swallow semen stomach acids will kill the virus. It is also believed that saliva has anti-viral properties. The San Francisco survey had no information as to whether the men in the study had taken semen into their mouths or swallowed it. A halfway measure you can take if you really can't come at a condom is to roll it only over the head of the penis so that the shaft and the balls are still uncovered.

Anyone practicing unsafe oral sex also puts themselves at risk of contracting other infections such as herpes or hepatitis, and this is particularly dangerous if you are HIV+. As with other unsafe sex practices, the risks may be less if you've only been doing this in an established monogamous relationship.

The bottom line is that unprotected oral sex still seems to be a fairly low risk activity but the level of risk depends on the circumstances in which it takes place. Ultimately it's up to the individual to decide what safe sex behaviour they are comfortable with, and is most appropriate to their sex life. If that means rolling on the Kiss of Mint, (or spreading the bubblegum) so be it. But perhaps we should all start lobbying Ansell for barriers that really do taste more like the real thing.

Jill Sergeant

The people who have the power to stop the spread of HIV are those with the virus. PLWA (NSW) salutes the integrity of all people living with HIV/AIDS who are helping to stop the spread of HIV.

POSITIVE SEX



how it feels now

Being HIV+ has meant a total re-evaluation of what sex means. I find I want more intimacy, contact and emotional contact now. And on one level that frightens me, because why shouldn't I feel like getting just as dirty as I used to - provided it's safe. I wish there were more people talking about these issues.

Roger, 37

Every time I get into bed the virus is with me. Safe sex - erotic - ha - it was a good idea but it's just not what happens. The reality is that you always know you've got this virus, you know that you got it from sex and you know how it's affected your life. It becomes very hard with all of that to make sex erotic.

Paul, 29

I have sex, and it's really good sex, butI feel I've lost something in the desire to have sex, there's no doubt about that. Something's gone.now sex has to be managed, and however much you incorporate safe sex into your sexual activity there's always an element of staging the sex. The other issue isthere must be something in me which deep down in the recesses of my subconscious is saying - you can't have it anymore, or it's not going to be the same, or whatever.I imagine a world without AIDS

sexually, and project myself in that world as somebody who's not HIV+....

Mark, 30

A guy at a party, he was quite drunk, he poured a drink over me, I was scantily clad, put it that way, and he poured a drink over me. I sort of grabbed him by the back of his trousers and said "I have a way of dealing with people like you", and he thought I wanted to, or was talking about fucking him or something like that and he said "oh no, I'm out of bounds for you" and I said "what do you mean by that?" and he said "you're antibody positive" and I just saw red, I was hurt and I was angry, and I said "you're being presumptuous aren't you?" and he said "I've got a right to be" I was livid. I was really hurt and very angry.

Simon

I'm more picky now and more assertive about my own needs. I don't just take it because it's there. The whole process I went through when I didn't have sex was so long that I got in touch with myself and built up my self esteem a lot more so now I'm not afraid to state what my needs are and what I like doing. Whereas before it was a bit of pot luck

- lie back and think of England, or lie back and hope that you won't have to think of England!

Having gone through 18 months of not having sex.... well sex is nice, I've survived a year and a half without it and I survived. It wasn't "Oh god, another day without sex" every morning - it was just another day. So I guess there's that element of take it or leave it. If I'm going to take it, it should be good - otherwise there's really no point. Mediocre sex is not worth having! I was only 22 when I was diagnosed, so it was a whole process of growing up and coming to terms with myself - becoming confident enough to state what my needs are - experiment more..... So you can't isolate HIV as a particular factor in my sex life, because there has been an ongoing continuum of change that has been caused by other things as well.

Maria

I do feel a bit of anger at the moment and it's because of the loss of possibilities. I mean two years ago I'd walk down the street and I'd see an attractive guy and immediately there was a possibility of sex. Now I walk down the street and I see an attractive guy and I say "yeah, that was nice", and I think "Oh, what's the point of thinking like that". Because me being positive, he might, is probably negative. So there's no chance...

Neil

I realised that before [HIV] I used to relate to almost all men as ultimately whether I was going to bonk him or not. That's probably a bit far fetched but generally... I don't do that any more - I just don't do it. You don't think about it because you'll just upset yourself. It's not a happening thing, so I just shut that off. Sex used to be a major motivating force for me. But I've just shut it off now. I come in my

sleep about once a month before my period's due, it's only started in the last six months. I wake up just when it's happening going whooh! I don't think it would happen if I was having sex because it would happen anyway - I don't know, when a woman's 36 she's meant to be most sexually mature so maybe that's it. It helps take the tension off and maybe that's why I manage it better because that happens.... I guess if we had all those cuddles there'd be more sex anyway - a lot of it is having that cuddle and that reassurance of having someone physically. I think I miss that as much as the actual sexual stuff. So you just shut it off.

Helen

Well for five years my sex life was boring. I needed to find new meaning for my sexuality. Then I was asked to be a fuck buddy of two men who were also positive. It was a sense of freedom - I could think about sex without thinking about transmission of HIV. All of a sudden my sex life had returned. It was OK to be sexual again.

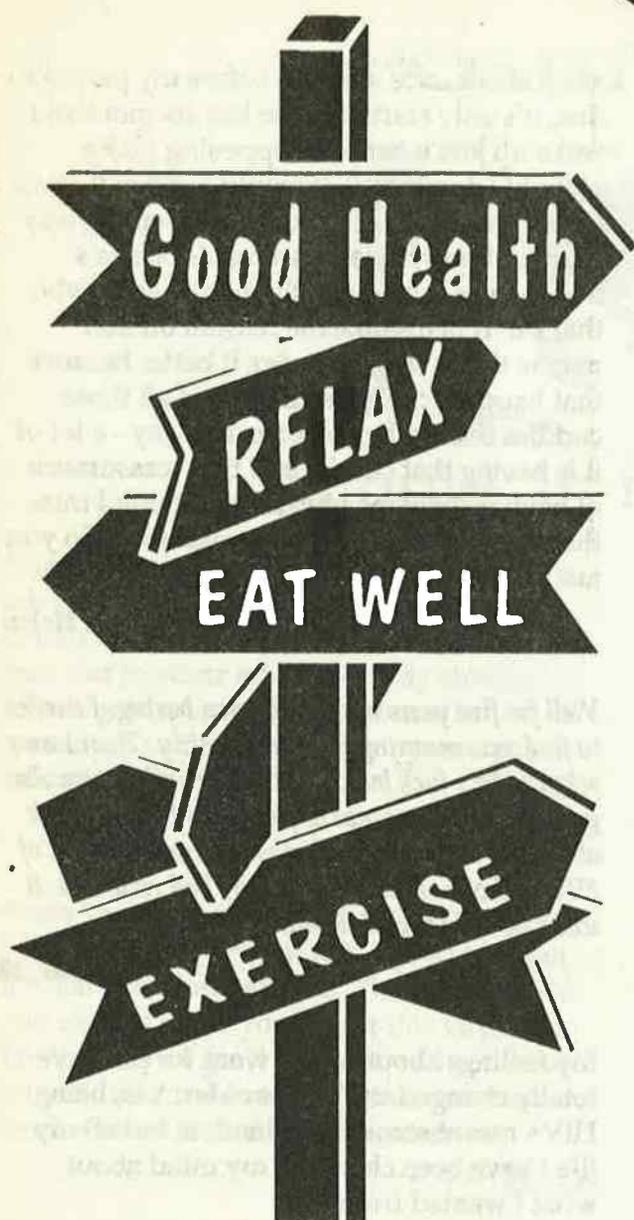
Peter, 38

My feelings about what I want for sex have totally changed as I've got older. Yes, being HIV+ meant some re-evaluation, but all my life I have been changing my mind about what I wanted from sex.

Emilio 31

I don't know that my attitude towards sex has changed at all. I think that's because most of my friends are positive and got tested about the same time. I guess, though, that with lots of people dying that sex has assumed less importance in our lives and also for those of us who are still here the quality of our friendships has changed.

John 33



Wisdom teeth

(yes, those things in your mouth that you were trying to ignore)

This month Good Health presents the first in an occasional series on dental health by Dr Peter Foltyn, from the Dental department at St Vincent's Hospital. In this article he addresses some common questions about impacted wisdom teeth and explains why, if you are HIV+ you should not ignore them.

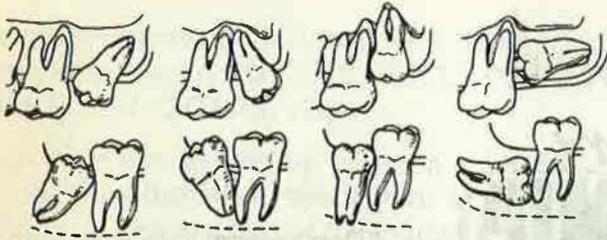
Your wisdom teeth, or third molars, are the last teeth to erupt. On average they make their presence felt between the ages of seventeen and twenty one; however, eruption of wisdom teeth in someone in their early teens can occur, as can the eruption of wisdom teeth in those well into their nineties.

Primitive humans had larger facial bones than we have today. Their wisdom teeth served a functional role by providing an additional area for coping with the demands of chewing tougher, uncooked foods. As modern humans evolved, the facial bones became smaller, yet we still retained the same number of teeth.

Any tooth in fact can be impacted, which is the reason why it is important to retain deciduous, or baby teeth as long as possible. Should deciduous teeth be lost prematurely other teeth may drift into the space and block the new permanent tooth from coming through properly.

Impaction simply refers to the inability of a tooth to fulfil its destined functional position in the mouth. The actual form of impaction can differ quite markedly. The most obvious is where another tooth prevents the orderly eruption of the impacted tooth.

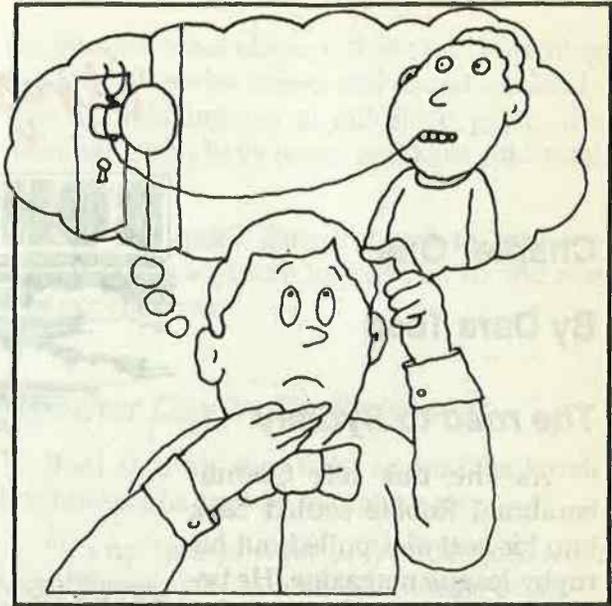
The following are examples of impacted upper left and lower right wisdom teeth.



If you are HIV+ there are additional problems when considering wisdom teeth. Often infection can occur around these teeth which may compromise your immune system further.

The wisdom teeth shown in the above diagrams would not be expected to erupt into a functional or useful position. It would be better to have them removed before they cause you any problems.

At St Vincent's Hospital there were three patients during the last year with AIDS who were quite ill at the time their wisdom teeth started to play up. The infection, subsequent extraction and delayed healing in these three



cases complicated their medical management.

Make sure your mouth is not a source of infection. Don't abandon your dentist. If you are HIV+ dental health is more important than you think.

Souping up the immune system

There's nothing quite like soup to warm you up as the weather gets brisk. Here's a tasty pumpkin soup from *A Recipe For Health; Building a strong immune system*, by Brighthope, Maier and Fitzgerald.

Pumpkin and carrot soup

2 cups chopped pumpkin
1 cup chopped carrot
1 chopped onion
2 cloves garlic, chopped
1 teaspoon celery seeds

Place ingredients in saucepan and just cover with water, cook until vegetables are soft. Place vegetables and liquid in blender and blend until smooth. Return to saucepan and heat. Garnish with yoghurt and chopped

parsley. Serves 4. Cooking and preparation time 35 minutes.

Energy per serve:

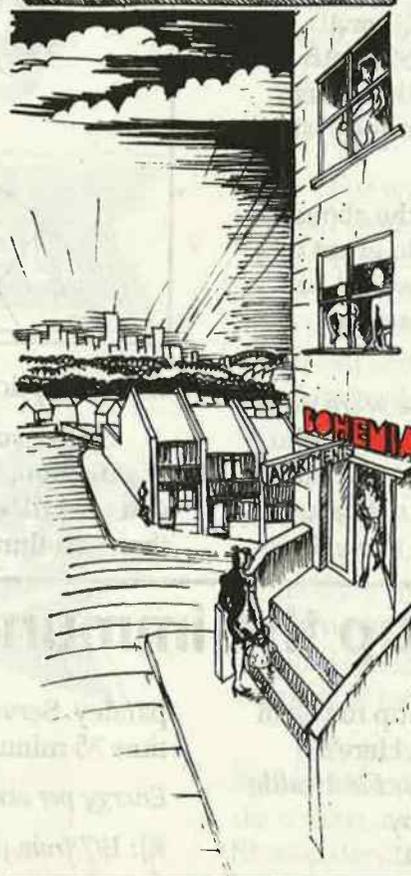
KJ: 197 from protein 26, fat 4, carbohydrate 168.

The ACON Vitamin Service

The Service provides discounted vitamins to PLWAs. It currently operates a prescription system and scripts are valid for six months. If you are using the service and do not have a script, or the script we currently hold has expired, then you must obtain a new prescription from your practitioner. For a list of medical and alternative practitioners, or further information about this service, contact Christine or David (02)283 3222.

Anguish in

BOHEMIA



Chapter One

By Dara Toad

The road to Sydney

As the bus left Coonabarabran, Robbie settled back into his seat and pulled out his rugby league magazine. He began to flip through it but found he was unable to concentrate. So he put it back into his bag, sighed, and turned to look out the window at the moon running alongside the bus.

Robbie was unable to get his mind off the events of the past few weeks. His sister Nancy had come home for a visit. Rather than being her usual bouncy self she seemed nervous and upset about something. When he asked her about it, she denied that anything was wrong. However, five days into her visit, Robbie walked in on an argument between her and Mum and Dad. From then on everyone in the house was in a bad mood but no one would tell Robbie what was going on.

Nancy left rather suddenly after two weeks. Robbie could only surmise that she had been unable to reconcile the dispute with their parents. Everything was so strange. He was annoyed that he had been kept in the dark, so this morning he confronted his parents about the issue.

"Don't worry son, everything is just fine between us and Nancy," Dad had said. But Robbie persisted. Soon he found himself arguing with his parents.

"I wish you would all stop treating me like a two year old. For christ's sake I'm 18 years old! Why won't you tell me?"

"Don't you talk to us like that young man! Look, you're making your mother cry! Just leave it alone Robbie!"

At that point Robbie stormed out of the house. After calming down, he rang his sister to tell her that he would be coming to Sydney straight away as he needed to talk to her urgently. She had to tell him what was going on.

Coffee - cigarettes ...

Nancy struggled to keep with her dream but that insistent ringing was becoming too much to ignore. Fighting with the duvet, that had so effectively snuggled round her body, she managed to free herself enough to reach the phone.

"699 234 - this is your 6 a.m. wake-up call."

"Oh really ar..." but before she had time to abuse the operator, he'd hung up.

She was trying to orientate herself. What to do first?

Coffee - shower - clothes - cigarette - coffee - time check - back to bed - NO. Shower - ,coffee -

clothes - cigarette - lie down - NO. Oh bugger, wake up Nancy! PUT THE KETTLE ON. LOCATE THE CIGARETTES!

Why was getting up early on a Saturday such a performance, when from Monday to Friday it was just part of the routine.

The coffee was hitting the spot and the Winfield was doing its regular amount of damage. Nancy was awake now, deciding whether to tidy up, shower or check in with Brad.

Contemplating her home for a minute or two she was sure her brother would like it here. Admittedly it was small but she'd acquired some tasteful bits and pieces. It had a very warm feel to it; not too much junk but just enough to give the place character. Her bed was especially inviting - why didn't anyone else notice that?

By 7a.m. all was in order. Nancy was showered; the bed was made; the apartment looked spick and span. Phone Brad.

Nancy left a garbled message on the answering machine; she was feeling rather excitable.

"Why do I feel so nervous? He's my brother, for christ's sake. Whatever he knows, it'll be okay. What did Mum and Dad say? What does he know? Oh hell, Nancy - you're HIV positive, that's a fact. He either knows or he doesn't; he'll either accept or he won't. It's fairly straight forward - CALM DOWN!

It was 7.20 and far too early to go to meet

the bus, but what else could she do? Watching her fan-tails swim round and round aimlessly was not relaxing her at all! She'd get to the terminal early, have some breakfast and read the paper.

One last quick glance round to reassure herself that everything looked just-so and she was out the door.

Another Day In Darlinghurst

Brad shut his eyes tight against the harsh brightness of a Sydney summer's day.

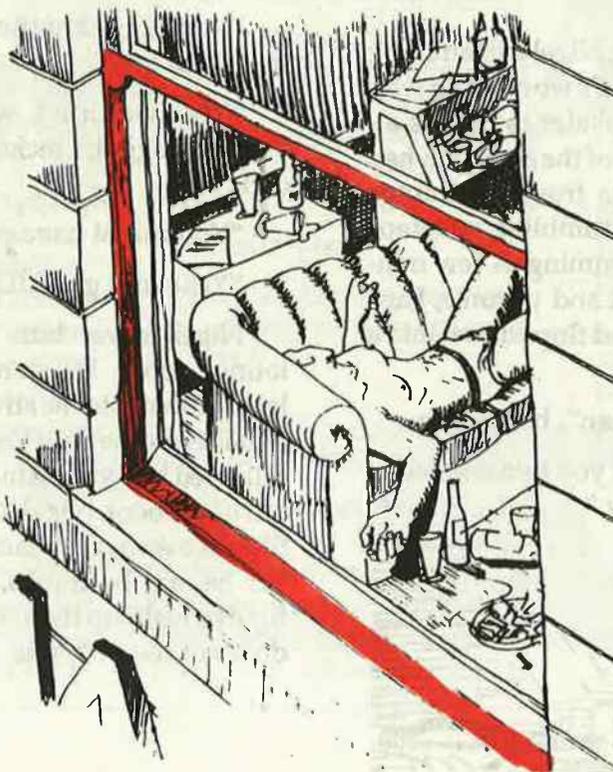
"It's not time to wake up yet. Oh god, why won't this virus let me sleep" thought Brad.

The day won, even though it was Saturday. Brad staggered into the kitchen, sheet draped around him, first cigarette of the day dangling from his mouth. An exploration of the fridge revealed a multitude of vitamins but no milk for the obligatory early morning cup of coffee.

The phone rang. Far too early for any polite Sydney queen - let the answering machine handle it.

Out of the machine came a pleasant, friendly female voice - exactly wrong for this time of the morning.

"Brad, just in case you're up I thought you might like to come to the station with me to meet my fabulously, fabulously attractive younger brother. I'm leaving at about 7.30 if you get to hear this."



Graphic: Ian Barbour

It was Nancy - the woman from upstairs. Far too early to cope with Nance, and even if her brother was cute, he was apprehensive about having to put up with a young country bumpkin for an indefinite period.

Shower time. Life was returning to Brad's neurones. A glance in the mirror. "Not bad" thought Brad "Not bad at all for a queen who's been into as much as I've been into - if I only had a sex life. That purple blotch on my bum is a bit bigger - oh well I have my normal check up in two weeks."

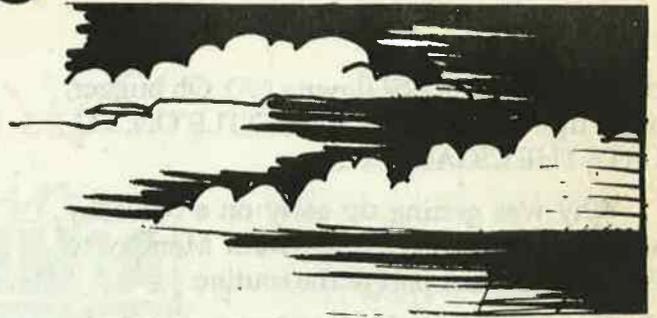
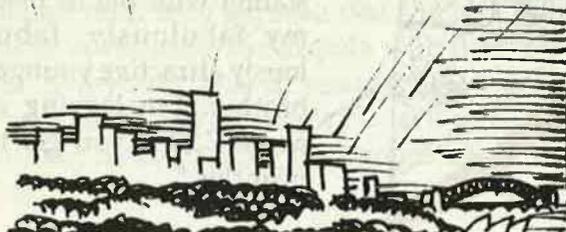
Brad planned for the day - leisurely dressing and the Saturday paper, cruising around the supermarket, maybe to the gym in the afternoon or perhaps to Lady Jane to work on the tan, afternoon nap and then deal with the answering machine and Saturday night - a typical summer Saturday for Brad.

The fluoro screw

In the flat directly below, Nigel is examining the contents of his fridge. He's wondering why people who bring mineral water to parties always end up drinking most of the alcohol when he hears a series of groans from the lounge room. This is followed by stumbling footsteps and the bathroom door slamming. A few minutes later, wearing tee shirt and y-fronts, Kurt wanders into the kitchen and flops down into a chair.

"Great flat-warming, man", he mutters.

Nigel smiles. "I thought you two seemed to be warming up quite nicely."



"She pissed off the moment you crashed. And by the way, man, your sofa's really lumpy." Kurt rubs the back of his neck. "Got any of that stuff left."

"A bit. Here", he hands Kurt a crumpled envelope, "I haven't got any clean ones though. You better -"

"Yeah, I know."

While Kurt clears a space on the kitchen bench, Nigel starts to collect empty bottles. He picks up a cork screw with a florescent pink dildo for a handle and waves it at Kurt. "Who the hell brought this?"

"I borrowed it from the poof upstairs."

"You bugged my neighbours? I haven't even met them yet."

"You wouldn't want to", Kurt grunts. "Bloody faggot. I reckon he wanted to suck my dick."

"You might have enjoyed it."

"Yeah and got AIDS at the same time."

Nigel leaves him to it and goes into the lounge room. He stands by the window and looks down into the street below. A taxi pulls up outside and he watches a woman get out. She's followed by a young man who drags a backpack out of the boot. Nigel looks again at the woman. She seems vaguely familiar. Where have I seen her before, he thinks, as he watches the two figures walk up the steps and through the front doors of the Bohemia Apartments.

To be continued....

Welcome to the new committee

PLWA's Annual General Meeting on April 11 was our best attended AGM since the organisation was incorporated in 1989. Members discussed the organisation's role, objectives and future directions in a lively debate. The energy of the meeting promises that the coming year will be an active and creative one for PLWA.

A new committee and office bearers were elected at the AGM. Thanks are extended to the outgoing committee.

The New Committee:

Convenor: Lloyd Grosse. Presently Operations Manager of the AIDS Trust, with nine years community sector experience, three years of which have been in HIV/AIDS organisations including ACON and the Bobby Goldsmith Foundation.

Secretary: Peter Canavan. Peter is a volunteer facilitator for ACON's HIV Support Project and was previously an Anjali Project volunteer.

Treasurer: Mark Tietjen. Mark is Client Liaison Officer at the Bobby Goldsmith Foundation. He has previously worked in various casual positions at ACON including CSN, HIV Support. Otherwise a country boy at heart.

Co-Deputy Convenors: Titi Chartay, Nicolaas van Schalkwyk. Titi has been active since 1970 in the Women's and gay Liberation Movements. Involved with ACT UP. She now shares her time between caring for friends, fighting the AIDS cri-

sis, and a tall girlfriend.

Nicolaas has been involved in ACON for the past six years, first as a telephone counsellor and later in other capacities. Has also worked with NPLWAC, AFAO and the Department of Corrective Services on AIDS related issues.

Alternate Secretary: Brian Hobday. Brian has been on the Mardi Gras Committee and is involved with ACT UP.

Alternate treasurer: Guenter Plum.

Robert Ariss. Previously Convenor of PLWA (NSW) and is ANCA delegate to National People Living With AIDS Coalition.

Claude Fabian. Claude has been a facilitator with the HIV Support Project at ACON, and he is also involved with ACT UP. He has an interest in holistic issues.

Stuart Linnet. An AIDS counsellor since 1986, currently Senior Social Worker at St. George Hospital. Stuart helped set up Body Positive, the predecessor to PLWA.

Michael Staiff.

(Info about other new members unavailable at time of going to press.)

Other News

★ PLWA T-shirts have been selling well, but there are still a few left. From the proceeds on the sales we made a donation to Maitraya Day Centre of \$1,000.00. The money will be dedicated to

an additional meal day at Maitraya.

★ PLWA has a representative on the Ministerial Advisory Committee on AIDS, which is currently considering a range of IVDU issues. If there are any issues you'd like to see raised, contact Stuart Linnet c/- PLWA.

★ PLWA also has a representative on the AZT Prescribers Group, which is about to run a second course for medical practitioners. After this training, and approval by the group, more GPs are able to prescribe AZT.

★ PLWA has a representative who regularly meets with the Anti-Discrimination Board. PLWA and ACT UP are consulting with the ADB on the process of setting up an ongoing inquiry into HIV/AIDS discrimination in NSW.

★ PLWA has a representative on a working party set up by ANCA to look at the role of the Commonwealth in addressing HIV related discrimination.

★ The Central Sydney Area Health Service has approached PLWA to be on their policy and planning committee.

★ PLWA will be collecting names and arranging for them to be read at the Candlelight Vigil on May 20th. If you want a name read out, get in touch with us.

PLWA Committee Meetings are held on the first Thursday of every month at 6pm, 2nd floor, 185 Goulburn St Darlinghurst. All welcome.

Quilt Number 200

At a workshop held at ACON in early April, the two hundredth panel of the AIDS Memorial Quilt was made for Tim Rigg who died in December. Although the panel for Tim (a foundation member of CSN and past president of Maitraya Day Centre), will bring the Quilt area to nearly 350 square metres, it still represents less than 13% of the people who have died of AIDS in Australia - ie the names of more than 1,300 people have not so far been included in the Quilt.

We have asked South Sydney City Council for temporary use of a vacant shop front

in Oxford Street to display blocks of the Quilt. The whole Quilt won't be displayed in Sydney again until World AIDS Day in December.

1991 has started at a gallop for the Quilt with a number of Quilt making workshops conducted and blocks of the Quilt travelling to Alice Springs, Darwin, Melbourne and Brisbane. The Quilt, or parts of it, will also be going to Melbourne, Brisbane, Canberra, Perth, Adelaide and Auckland, New Zealand. For any further inquiries please contact the convenor, Libby Woodhams on (02)283 3222.

QUILT DATES 1991

MAY

- 3,4,5 **Quilt Display Canberra.** Individual panels in conjunction with screening of *Common Threads*. Further details Keiran O'Brien (06)257 2855
- 19 **International Candlelight Rally and Quilt Display,** World Trade Centre, Melbourne. Further details Phil Carswell (03)616 7721

JUNE

- 4 **Quilt Display Brisbane City Hall.** Further details Chris Ehler (07)840 0466
- 15 **Quilt Display (one Block) Australian Society of Archivists Conference,** Sydney.

AUGUST

- 25-31 **Quilt Display, Wollongong.**

OCTOBER

- 4 - 13 **Quilt Display Auckland, New Zealand.** Further details Darren Horne in Auckland H.(09)357 0114, W. (09)39 5560 or Libby in Sydney.
- 23, 24, 25 **Quilt Display Adelaide (to be confirmed).** Further details Teddi Mclean (08)362 1611.

a letter for mr howe

D

DRUGS needed urgently by people with hiv/aids of 50 available overseas 5 are in use in australia

DEATHS caused by lack of hiv/aids treatments which have been tested and approved overseas

DELAYS in the approval of new hiv/aids treatments in australia caused by the current system

DEADLINE for the current system to be replaced by a new system is 1991

D-DAY June 6 1991

we can't wait.

Our demands are few. We just want drugs for life threatening conditions made available. Without delay. We want an emergency mechanism in place so that people with HIV/AIDS can access the latest approved and experimental treatments that are in use overseas.

We cannot wait until the minister receives yet another review of Australia's inefficient and murderous drug approval system. We will not wait.

Don't let indifference take the lives of any more Australians. Demand change in Canberra.

We need your support. We need your anger. We need your energy to help us with the campaign and also we desperately need your financial contributions.

But most of all we need you to demonstrate with us. As our campaign unfolds over the next few weeks please add your voice to our chorus of damnation and defiance.

Look for the D.

For more information
Ph. 281 0362.

TALKABOUT DIARY

Talkabout Diary is intended to publicise any regular events like meditation or self defence classes, or support groups, or anything else you want people to know about.



Recovery group

A small group of persons who are recovering alcoholics and drug addicts living with HIV/AIDS meet every second week at a private home to discuss HIV/AIDS issues, sexuality, day to day problems and recovery issues.

The group is open to anyone who is a member of any 12 step recovery fellowship and is living with HIV/AIDS.

Anyone interested in knowing more or keen to get involved in this group can write to PO Box 936 Darlinghurst NSW 2010.

POSITIVE WOMEN

the First National Conference for Women with HIV

June 8-10th 1991 in Sydney

This is a conference **for** and **by** HIV+ women, not a conference **about** infected women.

We'll do the housekeeping. **YOU** decide on the program.

The Quest for Life foundation is organising this first national conference in conjunction with a committee of positive women. The Conference will address the special issues raised by HIV+ women.

Accommodation is available at the conference venue from Friday 7th for women from interstate or outer metropolitan areas. The venue is peaceful and private.

Costs: Please contact the Quest for Life Foundation about partly or fully reduced rates for airfares and accommodation as sponsored places are available.

Registration:

Accommodation and all meals:

Full cost	\$150	Concession	\$100
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Meals only:

Full cost	\$75	Concession	\$50
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Please contact us if you will need childcare or a Deaf Sign or other language interpreter.

We are conducting a survey to find out what women want in the conference and how they want it to happen. Please contact us for a survey form or write in with your suggestions.

The closing date for registration is May 17th. Let us know if you need to register late.

Confidentiality will be respected at all times and any correspondence will be in plain envelopes. You're welcome to register under another name.

For a registration form or other information contact

Quest For Life Foundation, PO Box 267, Cammeray NSW 2062

Phone: (02)906 3112 Fax: (02)906 1203

TALKABOUT DIARY

8th
June

THE PARTY

The
Stadium

The Party is a community fundraising event. All profit will be distributed to the following organisations:

ACON, Bobby Goldsmith Foundation, CSN, ACT UP, Maitraya, PLWA(NSW) The Gay and Lesbian Immigration Task Force and The 17 South HIV/AIDS Ward at St Vincents Hospital.

For information Ph 283 3222.

HIV Support Group

ILLAWARRA

A welcome is extended to HIV positive people to attend the Illawarra HIV Support Group. The group meets once a fortnight and offers support and social-get-togethers. The group members recognise that confidentiality is very important in our small area.

If you would like to attend the group, or if you would like further information, please contact **Kerry Banks** on (042)76 2399 during business hours.

HANDS ON

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

MAY INFORMATION NIGHTS FOR HIV INFECTED PEOPLE

- Tuesday, May 7: HIV infection and the immune system
- Tuesday, May 14: Monitoring and prophylaxis
- Tuesday, May 21: Treatments and drug trials
- Tuesday, May 28: Sex (by popular demand)
- The evenings commence 6.30pm and end by 8.30pm, at the AIDS Resource Centre, 188 Goulburn St, Darlinghurst.

MEDITATION AND RELAXATION CLASSES

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

PARENTS AND RELATIVES OF A PERSON LIVING WITH FULL AIDS

Have you just found out someone you love has a diagnosis of full AIDS?

We understand. We are all going through the same experience. Many of us find there are a limited number of people we can talk openly with, so we meet, we talk, share information and support each other in total confidence.

The Parents and relatives group meets from 12.30pm to 1.30pm alternate Wednesdays at the Conference Room, Aikenhead Building, first floor, St Vincent's Hospital.

May/June dates

8 May - 22 May - 5 June -
19 June - 3 July

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

GENERAL

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

AIDS Coalition to Unleash Power (ACTUP): A diverse, non-partisan group united in anger and committed to direct action to end the AIDS crisis. Phone the info line (02)281 0362. PO Box A1242, Sydney South 2000.

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

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

ACON Illawarra: PO Box 1073 Wollongong NSW 2902. (042)76 2399.

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

Albion Street AIDS Centre: (Sydney Hospital AIDS Centre) Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. (02)332.1090.

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

Civil Rehabilitation Committee Family Support Centre. HIV education for families of pris-

oners at Long bay Jail. Call David Bunker (02)289.2670.

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

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

CSN North Coast: Contact Nora Vidler-Blanksby (066)29 5048 or ACON (066) 22 1555.

CSN Wollongong: Contact Angel Carrasco, (042)762.399.

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

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

Friends of People With AIDS: A peer support group for friends, lovers, partners and spouses of people with AIDS. Provides emotional support. Starts 7.00pm, 1st and 3rd Mondays in the month, at Maitraya Day Centre, 396 Bourke St, Surry Hills. Inquiries Ph Gary: 369.2731.

Legal Project (AFAO): Legal advice and advocacy on HIV/AIDS related problems. Contact Michael Alexander (02)283 3222.

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

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

National Centre in HIV Epidemiology & Clini-

cal Research: Federal research centre conducting trials for AIDS treatments and other AIDS related research. (02)332.4648.

National People Living With AIDS Coalition (NPLWAC): PO Box 75 Darlinghurst NSW 2010.

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

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

NSW Users and AIDS Association (NUAA): NUAA is a community/peer based organisation providing advocacy, support and referral for injecting drug users and their friends. Needle exchange services also available. Free forums/information nights 6pm, 3rd Monday of each month. Ph: (02)357.1666.

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

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

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

Quilt Project: Memorial project for those who have died of AIDS consisting of fabric panels and completed by friends and lovers of those to

be remembered. (02)283.3222.

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

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

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

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

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

Transfusion Related AIDS: A support group for people acquiring HIV through a blood transfusion. Please phone to indicate attendance. Parramatta Hospital, Marsden St Parramatta. Meetings are held on the last Tuesday of each month at 10.00am. Contact Pam or Claire (02)635.0333 EXT. 343.

Red Cross BTS: Contact Jenny (02)262.1764.

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

ACCOMODATION

Share Accomodation Register: for people affected by HIV/AIDS and others seeking accommodation. Free, not restricted to HIV+ people. For details ph: 283.3222.

DAY CENTRES

Blue Mountains PLWA Support Centre: Oper-

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

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

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

HOSPITALS

Prince Henry (Special Care Unit): Anzac Parade Little Bay (Sydney) (02)694.5237 or (02)661.0111.

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

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

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

St Vincents Hospital 17th Floor South (AIDS Ward): Victoria St, Darlinghurst (Sydney) (02)361.2236/2213.

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

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

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

JOIN US IN THE FIGHT AGAINST AIDS SUBSCRIBE NOW!

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

First name: _____ Last name _____

Postal address _____ Ad-
dress _____

_____ P'code: _____

Phone: _____

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

Y/N

I wish to subscribe to TALKABOUT*: Y/N

I wish to make a donation of: \$ _____

I enclose: \$ _____

In the interests of your confidentiality:

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

I am publicly open about my membership: Y/N

Annual rates are:

Membership of PLWA Inc. (NSW) \$ 2.00

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

* Subscription donation to TALKABOUT \$20.00
(Organisation)

Please make all subscriptions to TALKABOUT and/or memberships of PLWA payable to PLWA Inc. (NSW). Please forward this completed form with all subscriptions/memberships to PLWA Inc. (NSW), PO Box 1359, Darlinghurst NSW 2010.

Signature: _____

Date: _____

*That feeling's not the only thing
that makes sex a positive experience.*



If you're both HIV positive, the good thing about safe sex is it protects you from a lot of things. It can help prevent other sexually transmitted diseases and further exposure to viral infections which could damage your immune system. Safe sex is about protecting each other. And enjoying yourself while you're at it.

That feeling can't protect your health like

Safe sex does.

ANCA

For more information, please call 008 011 180

AIDS
DEPARTMENT OF
COMMUNITY SERVICES
AND HEALTH