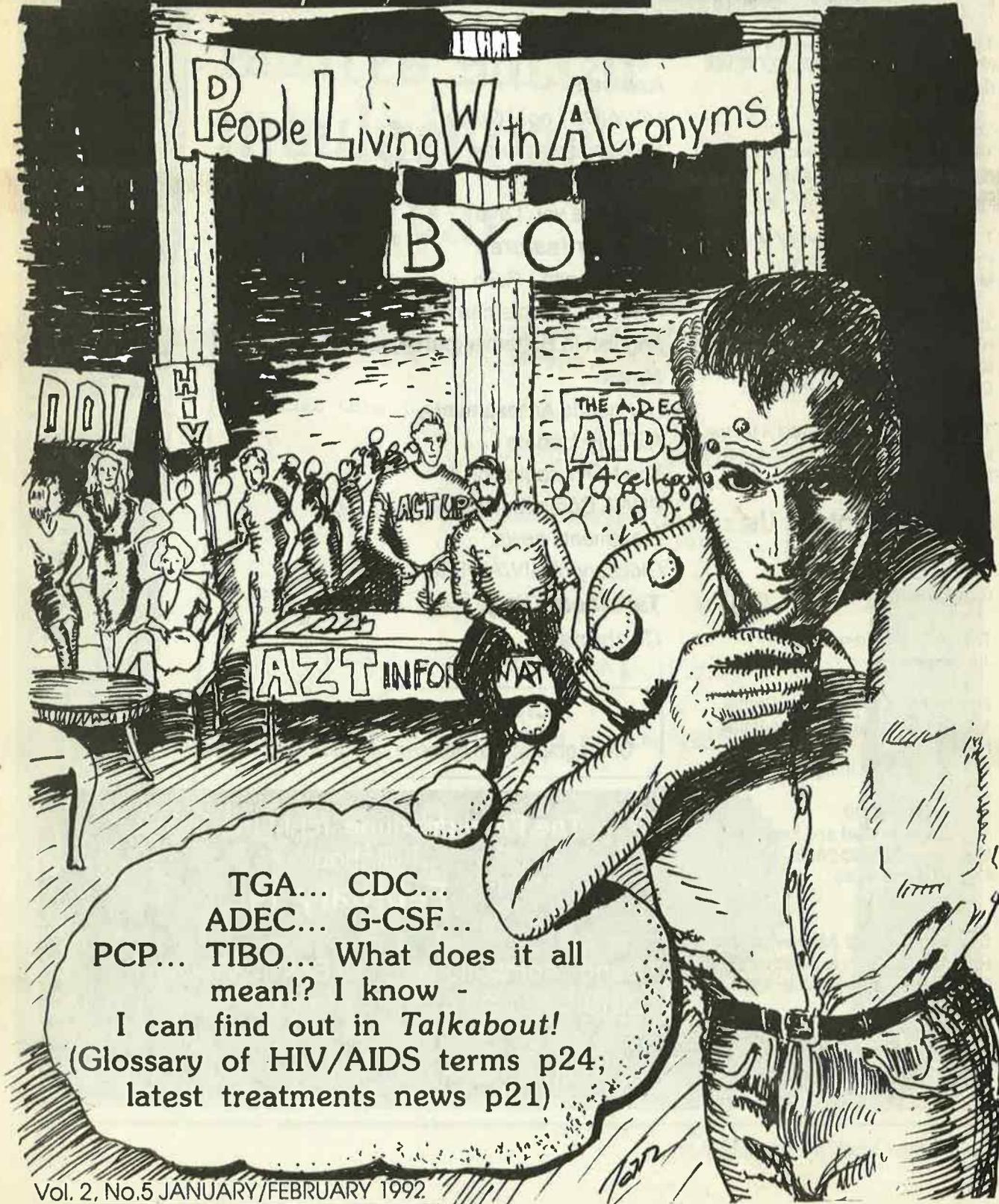


Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

Where we speak for ourselves

ISSN 1034-0866



TGA... CDC...
ADEC... G-CSF...
PCP... TIBO... What does it all
mean!? I know -
I can find out in *Talkabout!*
(Glossary of HIV/AIDS terms p24;
latest treatments news p21)

CONTENTS

TALKABOUT is published every two months by People Living With AIDS (NSW) Inc. All views expressed in TALKABOUT are the opinions of the respective authors and not necessarily those of PLWA (NSW) Inc., its committee or members.

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Commonly Used Abbreviations:

HIV+: HIV antibody positive
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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Credit

Cover graphic: Ian Barbour

The Final deadline for March issue of
Talkabout is
February 14

Send contributions to PO Box 1359, Darlinghurst
2010.

Call Jill on 283 3220 to find out the date and time
of the next Newsletter Working group meeting

Sorices sacrae indulgentiae perpetuae

DECLARAMUS etc.

That this day we declare our

IMPRIMATUR (affixing our
Seal)

and our NIHIL OBSTAT (nothing
obstructs)

for the publication

TALKABOUT of P.L.W.A (N.S.W)

and recommend it for the reading and study
of the faithful

Sister Venus de Lilo
Abbyss, o.p.i
Mother Mary Anagnoston to you Habit
Prioress, o.p.i *with you.*



Wollumbin CARES (1)

It was with great interest that I read your article 'HIV in the Sun: PLWA goes to the North Coast of NSW' (November/December '91).

With the loss of my partner, Graham, in May 1991, people living with AIDS in the Tweed became painfully aware of the need for greater HIV related services, particularly owing to our rural, social and geographical isolation. It was necessary to rely on the support of our friends who rallied around immediately. Since Graham's death our small core of supportive volunteers have designed and made a quilt in Graham's memory, and which is now a part of the Quilt Project.

As a member of the group discussion chaired by Nicholaas van Schalkwyk in Murwillumbah it is pleasing to report a positive outcome from that meeting. A local education and support group called Wollumbin CARES (Community AIDS Resources Education & Support) has been formed with the support and resources of the

Murwillumbah/Tweed Hospitals HIV/AIDS social worker Steve Coady.

CARES has 28 paid up members and meets monthly. So far we've raised \$1,200 from community fundraising events and have put a detailed submission to the Department of Planning Area Assistance Scheme (North Coast) for a peer outreach drop-in centre to be utilised as a PLWA meeting, education, support and resource centre. As well, a CARES member will be attending the ACON Rural HIV Outreach Training Program in Sydney.

As each month passes our group sees the real and increasing needs of PLWAs in the Tweed. We welcome any assistance and guidance as our small group develops.

Harold Glynn
CARES Treasurer.

Wollumbin CARES (2)

Talkabout's walkabout by Nicholaas van Schalkwyk on the NSW North Coast was both welcome and timely. In the 18 months that I have

worked here in the Tweed as a HIV/AIDS educator and counsellor many people living with AIDS have migrated (escaped?) from urban ambience to sunny (well, drought stricken really) North Coast climate.

The Tweed, situated on the Queensland border, is a sort of HIV no-ones land in the sense that the Queensland AIDS Council's (QUAC) coverage *effectively ceases* on our Northern doorstep while ACON's umbrella seems to develop serious leaks this side of the Burringbar ranges.

As Nicholaas reported, the relatively sudden death of a local person with AIDS brought home to Tweed PLWAs their social and geographical isolation from HIV health, welfare and peer services.

The death proved a shocking catalyst to action and realisation for the need of a community and peer based support group.

Those of us who attended the Stokers Siding (Murwillumbah) meeting with Nicholaas have been working to get such a group going. The group's name is

LETTERS

Wollumbin CARES (Community AIDS Resources Education and Support). We have had great success in terms of improving public HIV/AIDS awareness through volunteer training courses, outreach to licensed premises and a presence at local markets and festivals such as the Murwillumbah Banana Festival where we had a float in the parade with the theme 'Go Bananas ...Safely!'. The group has also been successful in networking new arrivals with no local peer support.

This year for World AIDS Day CARES displayed the 'Self-Imaging Self Documentation' AIDS photographic exhibition at the local shopping mall.

Where we haven't had any success to date has been in establishing a HIV emotional/psychological 'Positive time' support group. Clearly this is on the agenda.

A Tai Chi group followed by massage and vegetarian cooking class was well attended during its eight week program. Any ideas on a support group format from *Talkabout* readers would be most welcome!

Mullumbimby locals have a long established peer support group with no 'professional' involvement which some of our locals attend.

Nicholaas' article also raised a topic which we have been discussing for some time, establishing a register of local alternative health therapists willing to donate their services. We have had a few interested therapists offer and we can now offer limited free massages and homoeopathic consultations. If you're into the alternative lifestyle, this is the place to be. And, of course, there's a

reasonably large, if scattered, gay community in the area.

Simon, the chair of CARES can be contacted on (075)36 8842 (h) or I can be contacted at the Murwillumbah community Health Centre on (066)72 0277.

Steve Coady
HIV/AIDS Social Worker
Murwillumbah / Tweed
District Hospitals and
Community Health Centres.

5 more comments you hate...

1. *Wow - you've lost weight. (Gee thanks, I hadn't noticed.)*
2. *Did you hear that X died? (Said as the opening line of a conversation.)*
3. *Well you look well on it. (Said dubiously, after I tell people I'm seven years into a naturopathic regime.)*
4. *You don't take AZT? (Ditto.)*

And the inevitable, said by a surgeon as I was flat on the table:

5. *And how did you acquire this? (It was on special at Grace Bros, Dingbat!)*

Love, John.



Talkabout readers are invited to write in and add to this list.

A father speaks out

(This prisoner lost his son 25 Dec 1990 as a result of AIDS).

Losing a child is something nobody could ever forget. But in my case, I blame myself because of a car accident which my son and I were involved in. My son caught HIV by a blood transfusion in 1983.

It has been just over six months since my son passed away and instead of getting easier, I think of him more often. In the beginning I asked God over and over; "why my son? Why not me?" I would have traded places with him if I could. I thought maybe God is trying to show me something by taking away someone who is dear to me.

To see your child sick off and on is very painful and not being able to help, you feel so helpless. Even though I loved him very much, it was hard for me to see him so sick. Just holding him in my arms would hurt him. His little bones were always hurting him. It was just like he had one layer of skin on his bones.

To look at how small and helpless he was brought tears to my eyes every time. And now that he is gone, I think of

him every day. I get depressed. It's not fair. I can never understand. One thing I am glad of is that he is not in any more pain and it helps me to know a sweet little boy like that couldn't go any place but to a place better than this. And I also feel that one day we'll be together once again.

But until that day, he will remain in my heart.

REQUESTS

Penpals required

I am writing to you to thank you for your magazine, and how important a link it is in my present lifestyle. I am an inmate at Long Bay prison serving a 12 year sentence for armed robbery. I am also HIV+. I am 22 years old. I don't correspond with many people so I was wondering if any of your readers would like to write to me? My interests are of a broad nature, I specially like surfing, horse riding, bush walking, poetry and general reading.

I know because of my present situation that my favourite activities are limited. But at the risk of sounding macabre, if any of your readers would like to know what it's like to be dying in an incubation chamber in

graphic detail please write to me. As the sentence imposed upon me exceeds my life expectancy, I am also continually held in segregation because of my medical condition, but please don't get me wrong I am not complaining I am just stating the facts. To you and all the people associated with *Talkabout* magazine I wish you a Merry Xmas and Happy New Year

Sandro Giardini

c/- PO Box 13 Matraville 2036

Jo Weston is a prisoner at Cessnock prison and would like to correspond with a PWA. You can write to him at:

PO Box 32, Cessnock
NSW 2325

House swap!

We're Byron Bay beachfront: you're Eastern Suburbs. Up to three months early '92 - prefer garden enthusiasts: Phone (066)85 3255.

PLWA

Committee meetings are held on the 1st and 3rd Thursdays of each month at 6pm, 2nd floor, 188 Goulburn St Darlinghurst.

ANYONE IS WELCOME TO ATTEND

Living with HIV?

How is it for you?

Peter Gay is project officer for ACON's HIV Education Needs Assessment Project, which was established in November last year. The Project aims to answer a number of important questions for HIV+ people.

Questions like: how have you managed since knowing you are HIV+? Or not managed? What do you need to know more about? What have you learnt that you can share? What skills have you developed that help you live with HIV? What new skills would you like to gain? We need to know if HIV related services are being promoted properly, whether they are accessible and whether they are providing what you need.

By talking to HIV+ people, those who support you and professional service providers, we can begin to understand the range of issues which different people with HIV face and we can more clearly address these issues by improving existing services at ACON and making recommendations to other service agencies. We can also identify any gaps between what you say your needs are, and what current services for HIV+ people are actually providing. The project will also distinguish between issues that can be addressed by programs that empower people with HIV and issues that require the education of other people.

The report from this project will create greater visibility of the needs of HIV+ people.

If you would like to be involved the first thing to remember is that the whole project is completely confidential. There will be no way of identifying individuals from the questionnaires or in any published reports. Only the project officer, Peter, will see the completed questionnaires.

The second thing is that having a say about

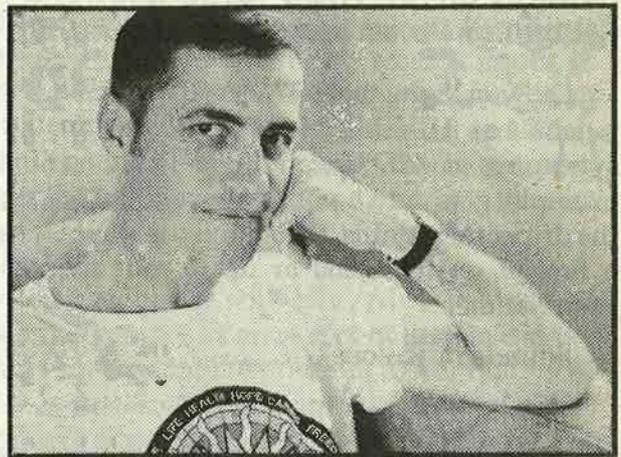


Photo: Jamie Dunbar

Peter Gay hopes to create greater awareness of the needs of people with HIV.

your situation means letting ACON know how life is for you. We need to get beyond the stereotype of the HIV+ person. The life affirming things that people with HIV are doing for themselves plus the areas where support is needed both need to be made more visible.

One way of helping us in this important process for HIV+ people would be by filling in our questionnaire. Peter will be happy to help you with this. We are also looking for HIV+ people who could assist the project further by being interviewed in depth to help us design the questionnaire as soon as possible.

REMEMBER: This needs assessment aims to encourage supportive services and community responses to the needs of HIV+ people through education for them and others.

For further information please contact me at the AIDS Council of NSW, PO BOX 350, Darlinghurst NSW 2010. Or Phone 2833222, FAX 2832199, TTY for the Deaf 2832088.

REVIEWS

Expensive journeys

***The Australian HIV/AIDS Legal Guide*, by John Godwin, Julie Hamblin and David Patterson. Produced by the Australian Federation of AIDS Organisations" Federation Press. reviewed by Titi Chartay.**

Did you know that in Western Australia, if a person has HIV infection, lymphadenopathy syndrome or AIDS related complex, and, for example, gets onto a public bus without telling the driver their status, that individual could face a fine of up to \$3,000 or up to four months imprisonment?

Sounds ridiculous?

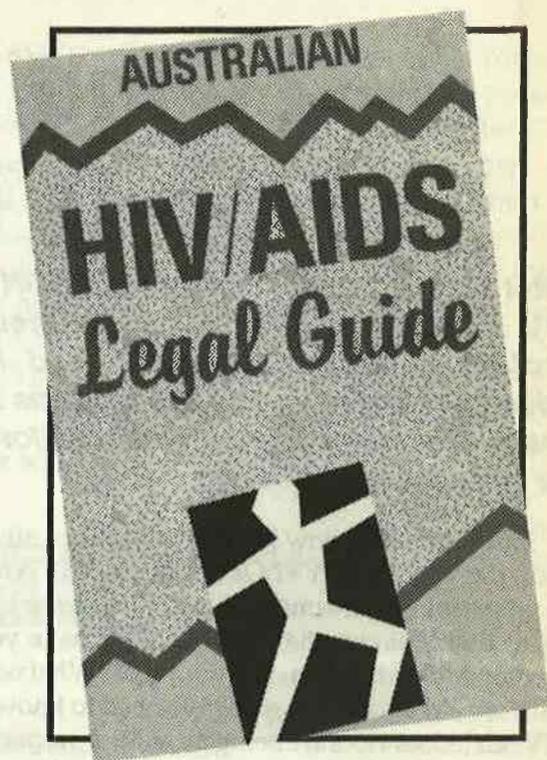
You bet!

Although it is unlikely that anyone will be charged with this offence, such a possibility is the absurd consequence of AIDS being declared a dangerous infection under the Health Act 1911. Remember, in 1911 even doctors were insisting that masturbation could lead to insanity.

Australian law is an edwardian minefield of statutes, amendments etc, tacked onto antiquated legislation. There are also innovative laws regarding rape in marriage, anti-discrimination and the decriminalisation of homosexuality. These last three of course vary or even disappear from state to state, as does every other bit of law, just to add to the confusion.

The Australian HIV/AIDS Legal Guide isn't quite a book to curl up with, but strolling through its pages is fascinating. It covers everything from privacy to euthanasia. The prose, though a touch dry, is commendably accessible to the lay person - you don't have to be a lawyer to understand it. And as self empowerment is the name of the game, the book is a valuable resource.

So next time a situation arises from your HIV



status that requires legal information, save the trip to the lawyer, use the *Guide*. Chances are that is what the lawyer's doing anyway.

Someone you know

***Someone You Know*, By Maria Pallotta Chiarolli, Wakefield Press. Reviewed by Deborah Giblett.**

Someone You Know is the story of the author Maria's relationship with Jon, a gay man with AIDS. Accompanying my copy of the book was a flyer from the publisher claiming this to be Australia's first AIDS biography - a simple story dealing with complex issues. (This qualifies as an understatement.)

I found it a difficult story to follow as it moved between Sydney and Adelaide both past and present. As a resident of Sydney for over six

years I was just a little offended at the implication that Sydney was a 'bad' place, although I respect the author's right to not like it.

Initially I developed an impression that Maria was a mainstay in Jon's life (she was with him when he received his diagnosis) but I was left to wonder why it was almost a year before she was invited into his home and introduced to his live-in lover. Subsequent chapters covering events such as the birth of Maria's child and the break up of Jon's relationship are described against a backdrop of Jon's deteriorating health. Much of the anguish and questioning between these friends about who to tell is familiar territory to anyone involved in the epidemic in the 80s. It is probably this aspect of the book which holds the most value as a document to be read by people who have not been as closely involved.

I have no doubt that some readers will find useful things in *Someone You Know*. It is after all the story of the profound and significant effect Jon's life and death had on Maria. And it is exactly this aspect of the book which is most disturbing for me.

Over the past six years many significant people in my life have died in this epidemic. Most recently it claimed my brother. I acknowledge the significance he held in others' lives and more particularly that my experiences of his life and death differs greatly from others'. For me the overwhelming question arose: how would I feel if someone we knew had written a story assuming the level of significance in his life Maria claims in *Someone You Know*, and in so doing relegated my experiences to the secondary role (unconsciously, I hope), given to others in Jon's life. These people after all lived a day to day existence with Jon over the last two years of his life in Sydney. Maybe they haven't had the luxury of walking away from the epidemic to ponder the experience - they are probably like so many of us battling for someone they know.

Final exit

The ultimate test of a how-to-do-it book is that the quality and effectiveness of the information and instructions can be judged after having done it. The difficulty with the book *Final Exit* is that if it is effective there should be no-one around to talk about it. *Final Exit* is a DIY suicide manual which recently stirred up controversy in the US. It is now available in Australia. Short of trying the ultimate test, Peter Hornby assesses what it has to offer.

For a lot of us with HIV/AIDS the issue of self deliverance as an aspect of euthanasia becomes increasingly important as our quality of life is sacrificed to the onslaught of the virus. When I have talked to some people about self deliverance the reaction is one of either silence, or "you shouldn't do that", (meaning that it would upset anyone or anything's plans for you). But when I have managed to negotiate beyond these two stances the comment then becomes "well if that is what you want - it's your life. it's not hard to do."

But it is very hard to make the decision to self deliver oneself. In the case of HIV/AIDS it is part of the painful recognition of an increasingly downward spiral from which there is no escape.

Self deliverance differs from suicide in that it is not an emotional reaction to a perceived failing. Some people commit suicide because their lover of ten years has left them or because they realise that they are homosexual. but if they did not suicide they would mostly get over these problems and continue living. Not so for those with advanced AIDS.

It is true that in practical terms it is not hard to kill yourself - although for those with advanced AIDS related conditions the practical reality of doing so without assistance or pre-

planning raises many concerns. *Final Exit* addresses these concerns to some extent.

Yes, you can drive your hire car at 180 kph into a brick wall or you can jump from a tall building or you can eat oleander leaves. However none of these are recommended by *Final Exit*. Dying is easy but easy dying is not. Like virtually everything that kills you, including AIDS, the above means of doing yourself in are no fun.

Final exit is about how to be in control right to the very end. It does not even attempt to try and persuade you that it might be a credible and rational idea to cut your losses while you're tolerably ahead by killing yourself, or that self-deliverance gives you an opportunity to maintain some control of your life. If you haven't decided these issues for yourself then this book is **not** for you. There are other books and articles on suicide, euthanasia and self deliverance which can help you formulate your ideas.

Final Exit is about as exciting as a cook book. And that is just what it is - it tells you what to do right from the early planning and organising stages right up to those last few moments.

If you have decided self deliverance is one of your possible options then get the book. It's rational, medical, daring, pedantic and absolutely necessary. It tells you how to go about it in a straight forward and practical way (it's even in large type).

And what does the book suggest as being the best way to self deliver? Well you'll have to decide that for yourself but interestingly plastic bags, food and alcohol are some things to be aware of at the time.

The book should be available from some bookshops or you can order it direct from Shepp Books 2/40 Leighton Place (02)476 3712. they do credit card phone orders. It retails for about \$35.

Someone you love

When Someone You Love has HIV, When Someone You Love is ill or dying from AIDS and When Someone You Love has died from AIDS are three booklets written and published by Beth Scott. Beth has worked for ten years with people with life-threatening illnesses, has been a counsellor with palliative care nurses and has been a counsellor for two years with the AIDS Action Council in Canberra.

I suppose that sometimes it is easy for those of us with HIV/AIDS to forget our family, lovers, friends, workmates and others also have their particular feelings about those they know are infected. I remember my total sense of inadequacy in the face of a friend's dying back in 1985. I regret my failures to him, but there is now, thankfully, a lot more information and support available, just to make it a little easier for all.

These booklets, while striking me as a touch patronising, provide a starting point for those 'on the outside'. I have found a deal of difficulty with how even some gay friends talk about 'it' (HIV/AIDS). Perhaps these books will provoke further interaction between gay and straight, positive and negative. Beth's dealing with death in the second booklet and the particular issues around it is very upfront and necessary.

The booklets are available for \$15.00 postage paid (or \$5.00 each) from Beth Scott, 19 Macgillivray St, Yarralumla ACT 2600.

They may be useful to doctors, social workers, psychiatrists and other professionals working in the area of HIV/AIDS and also to those affected but not infected.

- Peter Hornby

Reiki - a universal life energy

Six months ago I was diagnosed as being HIV positive. Obviously I was devastated and felt as though I had been handed my death sentence, a feeling I'm sure we all share on discovering our status. What I didn't realise at the time were the changes I would go through and how my life would be turned around.

If anyone had said to me back then that I would be grateful to have learnt this news, I would have laughed in their faces. Sure, I went through the grieving process and it felt like the beginning of the end. My first lesson in healing was that I realised I have total control over my life and I have choices. My first choice was to live and not become a victim of my disease.

I have discovered many ways to heal myself, all of which complement each other. One of the most important components to self healing is loving the self.

We can learn not to fear HIV, but work together in a loving and nurturing relationship. I now know, if I fight with him, he'll fight with me, but without me he cannot live, so now we take care of each other and live as one.

Finding out about being HIV+ has enriched my life and guided me along a path I would have not otherwise travelled. Through this journey of self healing I discovered Reiki.

Reiki literally means "Universal Life Energy". The Usui System of Natural Healing evolved from the experience and dedication of Dr Mikao Usui, the head of a small theological college in Japan in the nineteenth century. Through extensive study, meditation and research, he succeeded in accessing the



healing energy of great leaders like Buddha and Christ. The technique is very simple, we do not need to understand how it works, simply because it just does.

The application of Reiki is very simple. Any tight clothing is loosened, allowing for total relaxation. The client lies on their back, supported with pillows under the knees and head. I usually use a dimmed room with music to set the mood.

Treatment starts at the head. I place my hands across the face, allowing the healing energy to flow from me to the client. The whole body is treated by a series of hand positions. The length of a Reiki session varies with the individual, but a general treatment takes between one and two hours.

I have been receiving Reiki since my diagnosis. Each day I grow stronger and stronger. I have now chosen not to use conventional medicine because I trust my own self healing ability.

Several months into my healing, I was introduced to a wonderful lady who is a Reiki Master. It was from her that I became a Reiki Channeller. The experiences that were to follow changed my life further and increased my self healing to unbelievable heights. I no longer fear my disease, we are as one with each other.

If I can only give you a glimpse of what is possible in learning to live with your disease and a pathway to self healing, then I have succeeded. This is something everyone should be able to experience.

Go ahead, what do you have to lose?

Author's name withheld by request. Can be contacted through PLWA.

Personal Complementaries

- Life as Therapy -

Good health is more than just following your doctor's - or therapist's - advice. You can learn just as much from hearing how other HIV+ people are living with HIV - so we decided to set aside a regular page where people can share their personal experiences and insights about treating HIV/AIDS. Michael Staff* kicks off the series with reflections on his HIV treatment strategy.

My experience of discussions of those forms of HIV therapy deemed "complementary" is that they tend to centre on strategies and treatments as an alternative to taking AZT and other substances prescribed by the medicos. This is not my approach.

Rather, I have embarked on an exploration of the notion of an immuno-supportive way of living.

From ACON Info night lectures two ideas struck me as important: that essentially our besieged immune systems are letting us down because of their diminished capacity to identify those parts of us that are us from those that aren't; and that after adolescence the brain becomes the central control organ of the immune system. It seemed to follow that how we thought and felt had an important role in immuno-support.

I don't think this means trying hard to "positive" think (whatever that is!), unless I happen to be a positive thinker by nature, but rather trying to promote integral emotional and mental experiences, and gradually free myself from those imposed or learnt that aren't really me.

There is insufficient space here to detail specific complementary therapies, but there are

things that we can do to help ourselves. For example, an ex-doctor of mine told me there was nothing I could do to offset the toxic effects of AZT (*survival tip: feel free to sack a few doctors*). This struck me as preposterous. I thought about the damage AZT was supposed to do to the body, read up on vitamins, asked friends, and started supplementing my diet to help my liver and haemoglobin, and adjusted my recreational drug/alcohol intakes.

In other words, I kept taking the pills but also took control and decided what my response would be. It felt right for me.

As yet there is no cure for HIV and the damage it causes. So, it's up for grabs how we individually respond to it. In my own case I am experimenting with many types of therapy: AZT, ddC, Bactrim, vitamins, herbs, crystals, aromatherapy, healthy (and occasionally unhealthy) eating, suggestion, stress management, shopping, accessing support, finding meaningful things to do, promoting my sense of survival, attending to my spiritual life, allowing myself to love and feel joy.

In short, I'm living.

The word "complement" means that which completes or makes perfect. In immuno-supportive terms I believe it means deciding who and what we are and nurturing those parts.

Always the question should be "Is this me?", that is, if that's your response.

***Michael is currently Secretary of PLWA (NSW) Inc, an active facilitator in the HIV Support Project, and a founder member of The Little Brothers of the Positive Joy (OPI).**

Readers are invited to contribute to this page. Please contact Jill on 283 3220 if you would like to write something.

Ward 17 South brimmeth over!

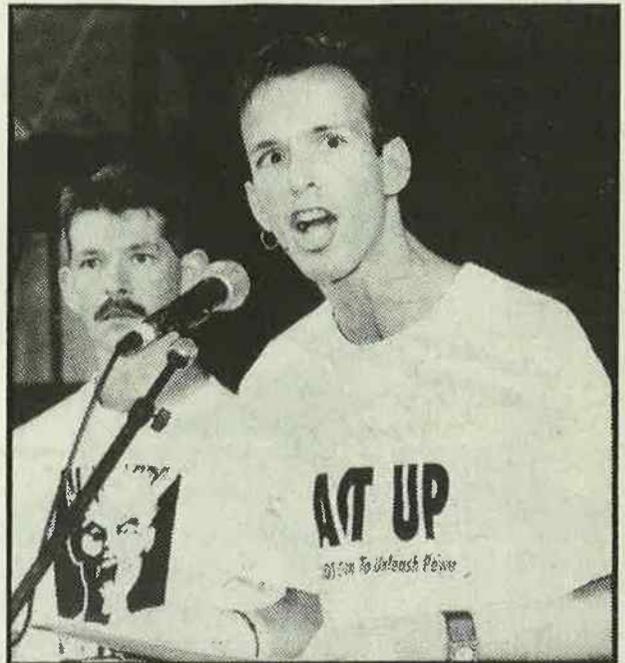
You must have noticed by now. The AIDS ward at St Vincent's Hospital has been full to overflowing. All eighteen beds are in constant use and when very sick people with HIV come to St Vincent's for hospitalization, they get stuck in casualty ward. And when *that's* full, they get left on trolleys in hallways. Sometimes for *days*.

When ACT UP tried to meet with various administrators at St Vincent's to clarify the problem and solve it, we got ignored and dismissed. *Alas, la vie d'ACT UP*. So we went all the way to the top and met with the Chief Executive Officer at St. Vincent's. He told us some interesting things. Like the Minister for Health John Hanaford had only just visited St Vincent's Hospital and was particularly interested in the AIDS ward. Funny how this happened right after ACT UP upstaged the World AIDS Day carnival and made a speech about hospital beds while Hanaford was forced to sit and listen...

Anyway, the problem is complicated (like you didn't know this, right?). Under the NSW AIDS plan, AIDS services are to be decentralized out of the eastern area (where St Vincent's is) to develop other hospitals in Sydney to deal with AIDS patients. So theoretically any person can present with AIDS at any hospital in Sydney and get quality care. Sounds great, right? The funds to do this have already been distributed. So where are these quality AIDS services? And does this plan take into account the fact that over 40% of people with HIV in the country live right around St Vincent's Hospital? Or the fact that a large number of the asymptomatic people have been infected for almost 10 years and what if they start falling sick within the next couple of years? At this rate no hospital, and certainly not St Vincent's, will be able to cope.

Time to ACT UP? You betcha.

ACT UP Sydney acknowledges the generous donation made in memory of Terry Bell which enabled us to buy our computer's printer.



Bruce Brown delivers ACT UP's speech at Darling Harbour, World AIDS Day 1991. Also pictured: Andrew McCormick

Photo: Jamie Dunbar

Post-mortem blues.

There is a problem with autopsies at St. Vincent's Hospital. They aren't being performed on people with HIV who die, thereby hindering research on how people die of AIDS. Back in November the *Sydney Morning Herald* ran an error-ridden super-optimistic article that the autopsies problem in hospitals (like St Vincent's) is solved, because the city morgue will now perform autopsies on people with HIV who die and that pathologists from St. Vincent's Hospital are invited to come watch and learn. Well, ACT UP has confirmed that St. Vincent's is not going to take part in the city morgue program. But as usual, no rationale is being given.

The reality is that doing autopsies is an unpleasant job and most people avoid it if they can. So the people hired as technicians in autopsy teams are virtually irreplaceable, and you don't want to offend them in case they quit. SO if they say they won't do autopsies on faggots with AIDS, then they won't do autopsies on faggots with AIDS.

WE WANT SAFE SEX ... NOW!



Bodies feel desire. Minds make decisions. As women we want to make up our own minds about sex. That means letting our desires be known. One of our many desires is to feel safe. The first step of **safe sex** is to make up our minds about who and what we like, and when and how we like it!

We make choices all the time. We choose to be mothers, to be single, to be lovers. We're now choosing **safe sex - for all sorts of reasons**. It's a great way to express our love with honesty, intimacy and fun.

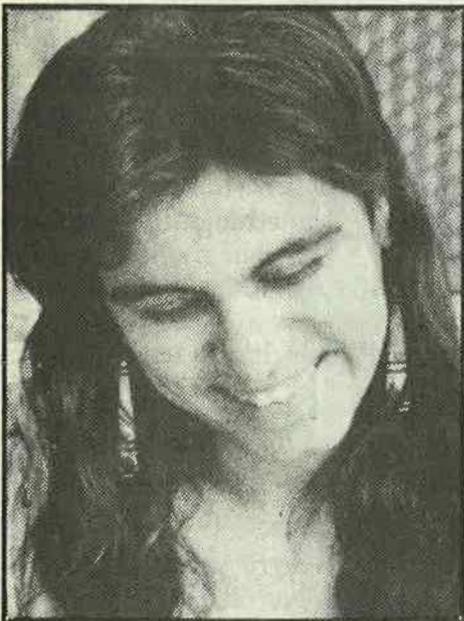


The posters and pamphlet were designed by Leonie Lane, photos by Sandy Edwards.



For all sorts of reasons

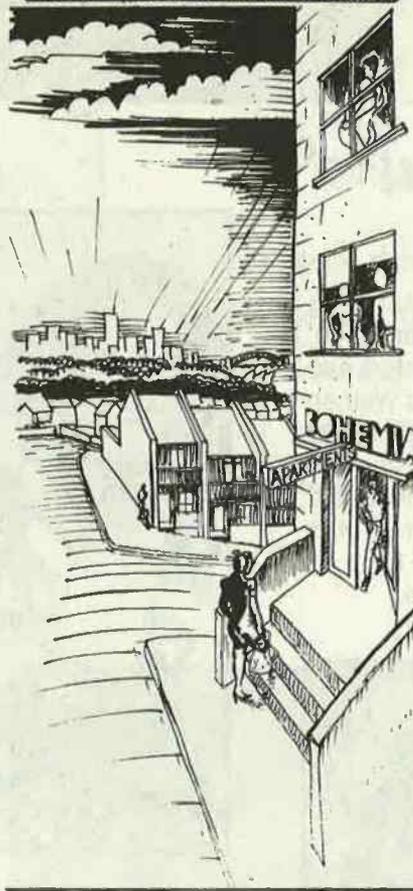
Words and images from a new safe sex campaign for women - the NOW campaign. The campaign, consisting of four posters and a pamphlet, was produced by ACON's Women and AIDS Project and was launched last December by Aboriginal actor Justine Saunders. Ms Saunders commended the campaign for its realism and for the truth of its message: that all kinds of women have all sorts of reasons for wanting safe sex.



NOW is the first Australian safe sex campaign for women which does not implicitly exclude HIV+ women from its message. The images and the pamphlet's text aim to be relevant to all women as sexual people, whatever their age, ethnicity, HIV status or sexuality. "We aimed for a certain kind of energy in the posters", says S  in n   Chrochuir, ACON Women's Project Officer. "We wanted everyday settings which would emphasise the normality of safe sex - that it's a normal part of women's everyday lives, not just for 'other people, other places'.... The campaign is an affirmation of women's sexualities and our sexual choices."

Anguish in

BOHEMIA



By Dara Toad

Part 6

The story so far... Brad celebrated his KS diagnosis with a purple spot party - At which Nancy gave Nigel the brush off and kidnapped a blond hunk - and Robbie and the leather man got serious.

Nigel's meditation

Nigel hadn't talked to Nancy since their fall-out at Brad's party. He stayed hidden in his apartment, the answering machine on, leaving only late at night for supplies from the 7Eleven. They did pass on the stairs on one of these excursions, but only managed to exchange tight smiles.

During his hibernation, Nigel spent a lot of time thinking. "Thinking" was something of a novelty for him, but he found the more he did, the clearer things became. Nancy was pissed off at him for hanging around because she had to cope with this virus, too. But he'd never even bothered to ask about her. Brad was getting sick but he managed to remain camp and funny. This he couldn't figure out, so he decided they had nothing in common besides the "A" word. Nancy's brother Robbie talked to him about AIDS activism and there was something in what he said, but he couldn't quite put it all together.

In the end Nigel thought himself into a decision. Or rather a choice. He either stayed locked away like this or did something.

It was around this time that a letter arrived. It proved to be the something he had to do.

The condo connection

Brad flung down the newspaper.

"Read that", he screamed. Nancy strained to read the headline upsidedown:

"First... Innocent.. AIDS... Victim... Gets... Condo! They're giving them condominiums?"

"Compo, Nancy. Compensation!"

"Oh", replied Nancy, imagining what she would do with \$30,000. "By the way, I got this funny note from Nigel this morning. It reads, and I quote: Watch 'A Current Unfair' tonight, Nigel. Unquote."

"Yes, it's very funny," Brad muttered. "Do you think the man of few words is trying to tell you something?"

An activist's advice

"Quick Robbie, it's on now!"

Robbie ran into the lounge room, dumped the large bowl of corn chips he was carrying on the coffee table and plopped himself down next to Wayne.

"There were angry scenes outside Parliament today as gay groups clashed with the families of medically acquired AIDS victims. They were arguing over whether people who received HIV through

blood transfusions and blood products should receive compensation of up to \$50,000 for being infected. Felicity Felch reports.

"God that gives me the shits!" Robbie exclaimed.

Wayne smiled at the vehemence in Robbie's voice. "It's frustrating, isn't it?"

Robbie leaned across Wayne, kissed him and laid his head on his shoulder. "Doesn't it upset you to see all this happening, knowing there's not much you can do about it?"

Wayne stroked Robbie's hair. "I guess I've learnt to live with it after all these years. I decided that it wouldn't do me any good to let it get the better of me. Anyway, that's what I'm in ACT UP for."

Robbie lifted himself and reached over for a corn chip. "I ran in to that friend of Nancy's the other day. You know, Nigel, that strange one."

"Oh yes."

"I asked him if he was coming to the demonstration outside St Andrew's. He looked at me as if I had asked the impossible. Anyway, I got really angry at him and told him he should get more involved. He told me I should mind my own business."

"He's right in a way Robbie. Not everyone has to become involved in groups like ACT UP. I did because I felt frustrated and wanted to do something about that

frustration. I presume that's why you did it as well."

Robbie became defensive. "Yeah, well I think that he is really selfish. Nancy said -"

"Hey, calm down matey, I wasn't picking on you. Remember, he's only just found out he's positive so its no wonder he is acting the way he is. Give him time."

A Current Unfair

Later that night, Brad and Nancy sit in front of Brad's 70's pink plastic-moulded tv sipping Manhattans. Brad spears a maraschino cherry with a toothpick as the woman on screen introduces her guest.

"Good evening, I'm Nana Bent. Tonight on *A Current Unfair* we talk to the first innocent AIDS victim to receive compensation. Hello, Nigel."

"The bastard", Brad chokes on his maraschino cherry.

"Innocent", screams Nancy. "Him?"

"Congratulations on being the first innocent AIDS victim to receive compensation."

"Thanks, Nana."

"I understand you contracted the virus from a blood transfusion you had following a car accident?"

"Well, that's what I found out. They say the blood used may have been contaminated."

"I imagine that came as a great shock?"



Graphic: Ian Barbour

"Yes it did, Nana. I thought I'd got it from sharing needles."

Brad coughs up his cherry.

"Nigel, excuse me, but are you saying that you've shared syringes?"

"Yes, Nana. But thanks to the cheque I just received, I can't have got the virus that way. Or from having unsafe sex with women or men."

"Let me get this straight. You are an intravenous drug user and a bisexual and yet you've received compensation because you had a blood transfusion?"

"That's right, Nana. Of course I didn't tell them that."

Meanwhile there is much squealing going on in Brad's apartment.

"And how are you going to spend this \$30,000?"

"Well, I was thinking of giving it to charity, Nana..."

"That's very noble, Nigel."

"But I've decided to spend it entirely on myself."

To be continued....

SACBE Inc.

El nuevo Camino

Organización
Hispanoamericana de

Apoyo para personas
afectadas por el virus del
VIH/SIDA

Sacbe es una organización hispanoamericana con dos objetivos principales: Primero, desarrollar un programa educativo de prevención al contagio del VIH/SIDA; y segundo, establecer la formación de grupos de voluntarios de habla hispana, que ayuden en forma práctica a personas afectadas por el virus.

El VIH/SIDA es un problema de todos que afecta a todos: puede ser un amigo, un niño, una madre o a ti, lo importante es entender que no es culpa de nadie y que todos necesitamos un apoyo, tanto los afectados directamente como quienes están alrededor de ellos. Es por eso que hacemos un llamado a la comunidad a participar en esta tarea.

Si deseas información de cualquier índole, con respecto a SACBE y/o el VIH/SIDA no vasciles en llamar a Lourdes Moreira al 754 2237.

A Big Thank You

to the late Richard Dixon for a generous donation of \$5,000.00 to PLWA (NSW) from his estate.

This lovely gift will be of benefit to all PLWAs in NSW.

ACCESS: A Positive Diagnosis, is a new booklet published by the National People Living With AIDS Coalition. *ACCESS* is for people who have just found out they are HIV+. It is available from doctors surgeries, ACON and other services.

ACCESS

A Positive Diagnosis

Committee news

Talkabout Turns Three

While preparing for the PLWA structural planning day last November, someone suddenly remembered: *Talkabout* was turning three that month! So we decided to have a bit of a celebration (pictured right). In recognition of this auspicious occasion, members of the Order of Perpetual Indulgence were present to bless the gathering and bestow their Imprimatur on *Talkabout* (see page 3).

The celebrations concluded with a short discussion of *Talkabout's* past, present and future.

HIVpothetically

On Monday December 2 PLWA held the first of a series of HIVpotheticals - "working with your doctor", a workshop on how to get the best out of your relationship with your doctor.

Moderator for the evening was Margaret Duckett, who facilitated the interaction between four doctors: Marilyn McMurchie and Richard Liddy, GPs working with a significant HIV/AIDS caseload, Mark Lowenthal from St Vincents and Andrew Petherbridge from the Albion Street Centre. Panellists were Robert Ariss (PLWA), Bruce Brown (ACTUP) and Ross Duffin from the Treatments Working group of ACON. PLWA would like to thank all of these people for their valuable participation and in particular, Dr Bill Genn of the Eastern Sydney Area Health Serv-



Photo: Jamie Dunbar

Clockwise from bottom left: Mother Abyss, Titi Chartay (PLWA co-ordinator), Guenter Plum and Robert Ariss (PLWA committee), Lloyd Grosse (PLWA Convenor) Jill Sergeant (Talkabout co-ordinator), Mother Mary Armageddon To Be A Habit With You, Frank Maietta (facilitator), Peter Hornby and James Skelton (PLWA committee).

ice for his important assistance in the organisational stages of this workshop.

The evening was useful in creating a forum for discussing a number of issues revolving around the increasing importance of people with HIV/AIDS dealing pro-actively with their doctor, in discussing their treatments and options, which evidence suggests is one of the factors optimising long term survival.

Partly as a result of this

evening, PLWA has decided to establish a doctor liaison co-ordinator who can deal on your behalf with particular issues which may arise in a medical, treatment or hospital context. Please call PLWA on (02)283 3220 and your message will be referred.

Positive image campaign

We have recently enlisted the assistance of a publicity consultant to help write an application

for funding to the AIDS Trust of Australia for a positive image campaign.

The campaign is still very much on the drawing board however it is envisaged that it will provide a positive image of people with HIV/AIDS, encourage people with HIV/AIDS to stand up for their rights as individuals and raise the profile of, and increase participation in PLWA (NSW). The one year campaign is primarily targeted at people living with HIV/AIDS, but it will also assist our efforts in educating the broader community.

Anti discrimination

PLWA continues to work on issues of HIV/AIDS related discrimination: the Inquiry by the NSW Anti Discrimination Board (ADB) into discrimination (held last August) and the campaign by the Commonwealth Department of Health to reduce discrimination (due to start next April).

The ADB Inquiry Report was to have been launched in December, but is now unlikely to be ready before February. While community groups have been able to express their views on drafts of the report and its recommendations, the ADB president refuses to commit himself to a launch date (which is affected by the processes of consultation, approval and production - all controlled by him). The longer the launch is delayed, the longer it will be before any recommendations will be acted upon, including those to Government for changes to legislation.

The Health Department's proposed campaign satisfied none of the community representatives on its reference group, leading to much protest and ultimately a rewriting of the media component (which hardly mentioned discrimination). The four campaign components target:

1. general community (through media);
2. PLWAs (informing them of rights and responsibilities);
3. health care workers (addressing fear and ignorance);
4. media (promoting appropriate reporting of HIV/AIDS issues and representation of PLWAs).

As yet we have neither timetable nor budget for the campaign or its components, and no cause for confidence in the Department's understanding of the issues, its ability to manage such a campaign, or its willingness to confront the discriminatory practices and the discriminators head-on.

Funding

In this year's funding application we asked to upgrade *Talkabout* to a monthly (which includes upgrading the Newsletter co-ordinator from part time to full time), upgrading our administrative support officer to a co-ordinator and adding a new part time administrative support officer.

As *Talkabout* goes to press we still have not heard the outcome of our application. As soon as we find out, advertisements will appear for the new co-ordinator's

position. Anyone interested in applying should watch the *Sydney Star Observer*, the *Sydney Morning Herald*, or ring Marianne Van Der Donk (ACON Personnel Officer) on (02)283 3222 to get a duty statement.

Mardi Gras

PLWA will be participating in Mardi gras this year by running a workshop on Euthanasia, a Positive People's Coming Out party and a float in the parade. If you would like to be involved in any planning or would like to volunteer to help with any of the events please call our office right away.

CDC categories

The Centre for Disease Control (US) has recently changed the categories of AIDS in the US. The new categories have ramifications for us here, especially if the Australian government adopts them. On current information from ACON it looks unlikely that Australia will adopt the categories, but we will be keeping our eye on this issue and informing you of any further developments.

Albion Street Centre Llaison

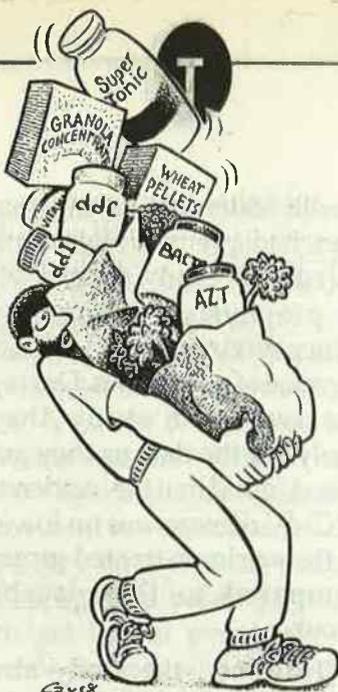
Peter Base has been appointed as our liaison person with the Albion Street Centre with Deborah Giblett as alternative. They will be able to take any concerns to the Albion Street Centre Management Committee, so if anyone has any gripes or praise for Peter or Deb to report on please contact them through the PLWA office.

Bad tidings : TIBO and TIBO- workalike drugs

The clinical trial of nevirapine (also called BI-RG 587) has been radically modified in response to data showing that HIV develops resistance to the drug very rapidly. Originally, this three-country trial was studying the safety and efficacy of various doses of nevirapine against HIV in 36 volunteers. Then in October, *in vitro* data showing that resistance occurred with alarming rapidity made the researchers add an arm using AZT in combination with nevirapine. In spite of this, resistance was seen within 2 weeks of commencing therapy in both the 50mg and 200 mg arms as well as the combination arm, with data from the 400mg arm still to be analyzed. The latest changes to be made to the protocol are:

- The 50mg arm has been dropped. The blood levels achieved with this dose were not sufficient.

- The 200mg arm is now: alternating 1 week nevirapine (200mg) with 1 week AZT (600mg).



- The combination arm remains unchanged: nevirapine (200mg) + AZT (600mg).

- The AZT-only control arm becomes: alternating 1 week nevirapine (200mg) with 3 weeks AZT (600mg).

In the US, the 400mg arm also remains unchanged (there wasn't a 400mg arm in Australia).

The researchers hope that the new design will delay the emergence of resistance. Disappointingly, it seems nevirapine is going the way of others in its class of drugs (the reverse transcriptase inhibitors called TIBO compounds and TIBO-workalikes). The resistance problem has caused several drug companies to stop or modify development of their

TIBO compounds, like Merck's L-697,661 and Janssen's R-82150 and Upjohn's BHAP. All four of these drugs are cross-resistant, which means that if an HIV strain becomes resistant to one of these drugs, it will be resistant to all. Only L-697,661 (and the new, related compound L-697,229) and nevirapine are likely to be investigated further. R-82150 and BHAP have problems besides resistance, so they will probably be abandoned.

So what's next?

The two classes of drugs that eyes are turning to are the protease inhibitors, and the *tat* inhibitors. Neither is being trialed in Australia, but folks are still working on it. The protease inhibitor is a drug that prevents a very necessary enzyme for HIV from working, effectively stopping viral activity. The drug is quite HIV-specific, so side effects should be minimal. There are five being developed by Roche, Abbott, Glaxo, Boehringer Ingeheim and Upjohn, but they are notoriously difficult to make. The Roche compound has a 30-step synthesis process. The good news though is that resistance will not be a problem.

TREATMENT NEWS

The *tat* inhibitor is still in its infancy. It works by inhibiting the "on" switch (the *tat* gene) that triggers the viral replication process. Roche is the primary developer, but they think they already have too many irons in the AIDS fire, so they've sold the *tat* inhibitor to another company. The buyer will be announced soon.

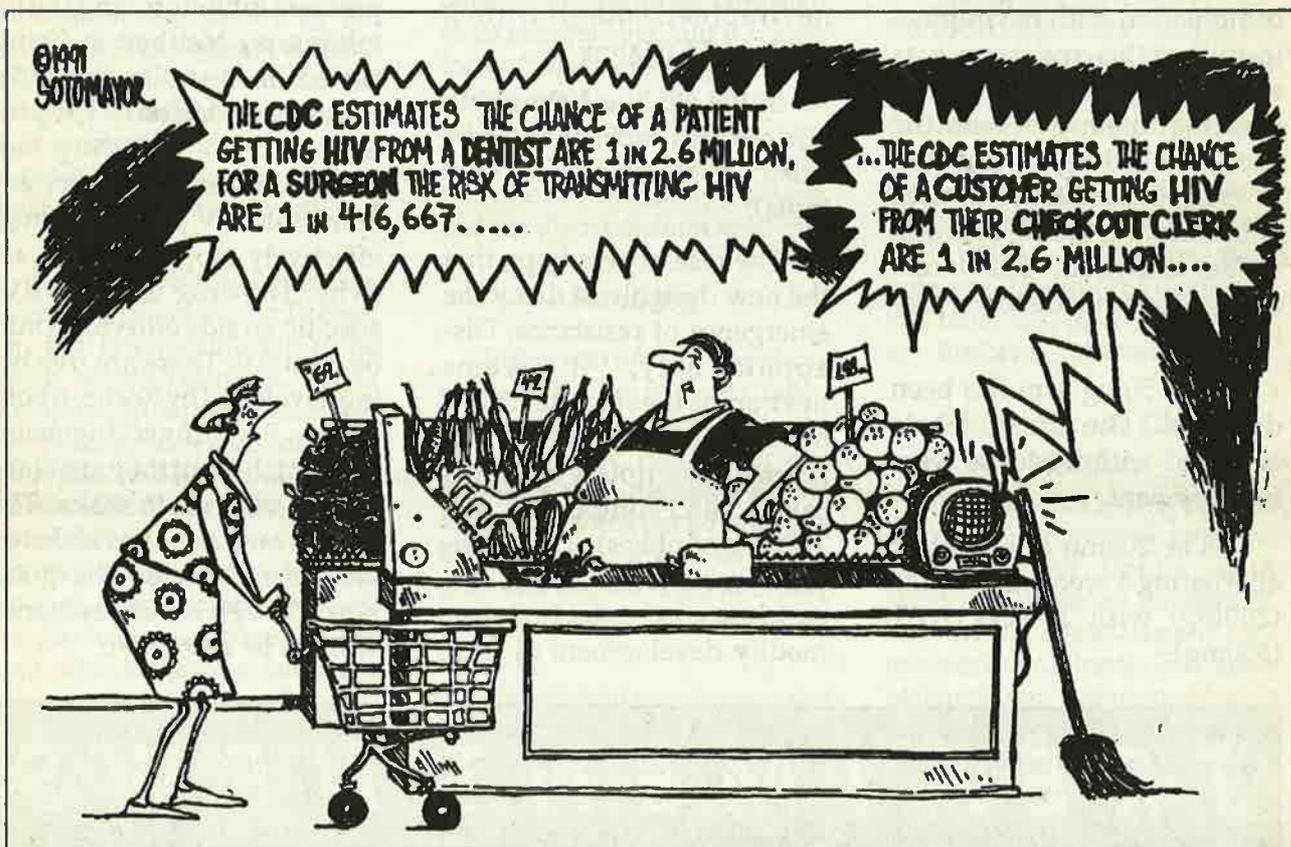
Ambivalent tidings: aciclovir

The propaganda machine at the drug company Wellcome was working overtime during Christmas. They released a

media statement saying that they had prematurely terminated their study of aciclovir as prophylaxis against cytomegalovirus (CMV) disease because of good news. During the two year study they analyzed the data as they got it, and found that the incidence of CMV disease was no lower in the aciclovir-treated group compared to the placebo group.

However, the study also found that "survival was significantly greater" (quote from the Wellcome press release) in the aciclovir group. Most of these patients were also on AZT.

As early as 1987, people had suspected that aciclovir could be helpful in treating HIV. There was an earlier study (as yet unpublished) showing that people on AZT and aciclovir lived longer than people on AZT alone, but researchers thought the aciclovir was doing this by preventing CMV disease. Hence the design of the present study, which seems to have proven this theory wrong. The present study used an extremely high dose (800mg four times daily), and the previous study used two doses (250mg four times daily and 800mg four times daily).



cartoon: Outweek

The analysis of the data is not complete yet. We don't know what "survival was significantly greater" means. It is also important to remember the nature of the group enrolled in this study, and realize that it is not representative of people with HIV: CD4 counts less than 150 per cubic millimeter and testing positive for CMV infection. Peter Heery, the medical director for Wellcome Australia, has promised that the data will be analysed as quickly as possible.

By the way, not long before the announcement of the trial results, Wellcome raised the price of aciclovir (tradename ZOVIRAX) by almost 40%...

We did it: ddi

ddI has just about passed every hurdle in the race to reach the pharmacy. When the Australian Drug Evaluation Committee approved ddi for marketing in Australia, the drug became the second antiviral to be approved for HIV infection in Australia.

Funding for ddi in NSW will probably come out of the money allocated for AZT. Since ddi has been approved for persons intolerant of or failing on AZT, nobody will officially be on both AZT and ddi simultaneously and so the money that would have been used to pay for their AZT would now be

used to pay for their ddi. Dr. Ray Turner at Bristol Myers Squibb said that ddi has been provided to the country's major hospitals, so ddi should already be in the pharmacies of St. Vincent's Hospital and Westmead and Prince Henry etc. General practitioners at the moment have no access to ddi, so they have to send patients to a hospital-based physician to get it. But eventually the same doctors who are authorised to prescribe AZT are expected to be authorised for ddi as well.

New trial: Alpha Interferon inducer

The clinical trials scene in Australia is about to score another first: the first early phase AI study ever to be conducted in Australia is starting at the National Centre. It is a study of R 387, an alpha interferon inducer. This drug causes the body to manufacture more alpha interferon, which is a chemical that occurs naturally in the body as a messenger in the immune system. Besides being immune-enhancing, it also has an anti-HIV effect, and so alpha interferon has long been considered a possible treatment for people with HIV. There have been previous trials of artificial alpha interferon which showed a decrease in

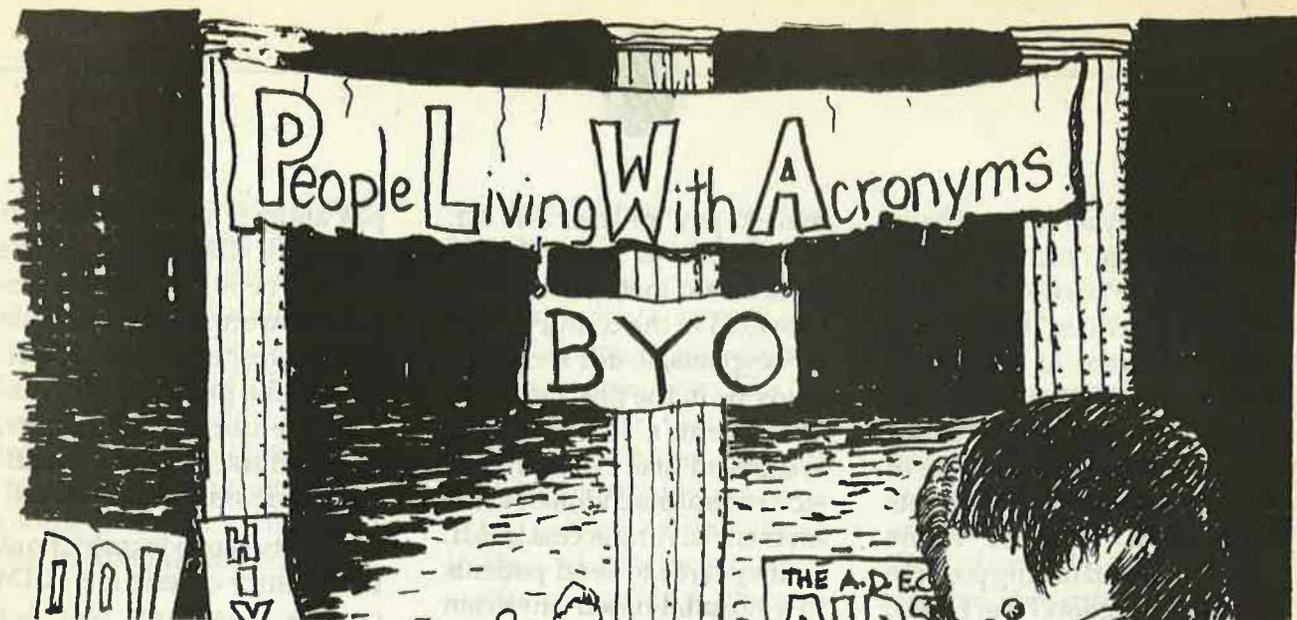
p24 antigen level and rate of decline of CD4 cells. The side effects reported most frequently were fatigue, anaemia and neutropenia. The side effect profile might be different with the use of this inducer, since natural instead of artificial interferon will be involved.

The two major restrictions in the entry criteria are: CD4 counts less than 350 per millimeter, and the patient must cease antiviral therapy while on the trial. The contact person at the National Centre is Elaine Tomkinson (02-332 4648).

Drugs on expanded access

Two major experimental drugs now have expanded access protocols in Australia, meaning people will be able to get hold of them outside of clinical trials. Wellcome Australia have made their drug 566C80 available for anyone who is failing on conventional therapy to treat toxoplasmosis and PCP, and Pfizer's azalide antibiotic *azithromycin* is available on open-use, meaning doctors can prescribe it for any infection they think will improve with *azithromycin*, such as MAC, cryptosporidiosis, toxoplasmosis etc.

Lyle Chan



A Glossary of HIV/AIDS terms

AIDS (Acquired Immune Deficiency Syndrome): A condition in which the body's immune system loses its ability to fight off infection and thus becomes vulnerable to opportunistic illnesses. A diagnosis of AIDS requires the patient to experience an AIDS-Defining Condition, which is any one of the major opportunistic illnesses. (Although what constitutes an AIDS Defining Condition is controversial.)

ADEC (Australian Drug Evaluation Committee): The principal group of individuals who assess safety and toxicity data and hence recommend approval of a drug to be registered in Australia.

ANAEMIA: Condition of having a low number of red blood cells.

ANTIBODY: Immunoglobulin, which is a blood protein produced by the immune system to neutralise foreign bodies (antigens) which enter the body.

The antibody produced in response to the invasion of HIV cannot neutralise the virus in the long term but serves as a marker for the presence of the virus. It can take up to 3 months before the antibodies are detectable by the available tests.

ANTIBODY POSITIVE: Those people who have been exposed to HIV and who have developed

antibodies to the virus are said to be Ab+, or seropositive.

ANTIGEN: Any foreign substance in the body which stimulates the production of antibodies.

ANTIGEN POSITIVE: A positive antigen test suggests the presence of active viral particles and therefore indicates an increased risk of progression to AIDS.

ANTIGEN NEGATIVE: This indicates that there are no free HIV particles present and therefore indicates a lower risk of progression to AIDS.

ANTIVIRAL ACTIVITY: The action of an agent that stops or suppresses the activity of the virus.

ASYMPTOMATIC: An infection or phase of an infection, without symptoms. For example the carrying of antibodies to HIV but without any display of symptoms of HIV infection.

ATTENUATED VIRUS: Virus that can no longer exert effects on the body and has lost its ability to reproduce.

AZT INTOLERANT: A condition where the patient is experiencing side effects that are so severe that continued use may be risky to patient safety.

BONE MARROW: Soft tissue located in the cavities of bones which is responsible for the manufac-

ture of red blood cells.

BUFFER: A commonly added to medication to change the acidity in the stomach in order to increase absorption of the medication.

CANDIDIASIS (CANDIDA): A yeast like infection caused by candida albicans that infects mucous membranes, skin and internal organs. A common opportunistic illness with HIV.

CAPILLARIES: The smallest blood vessels in the body.

CD4 COUNT: (see T4 cell count)

CDC (Centre for Disease Control): The peak US body for epidemiology. The CDC has the responsibility of defining AIDS as well as other categories of HIV infection and these definitions are widely used outside the US.

CENTRAL NERVOUS SYSTEM [CNS]: The brain, spinal chord, and the lining tissues.

CLINICAL TRIALS EXEMPTION SCHEME [CTX]: The process whereby applications for new drug clinical trials are reviewed and approved.

CONCOMITANT MEDICATION: When two or more different medications, for the same or differing conditions, are taken at the same time.

CO-FACTORS: Substances or elements of lifestyle or environment which are thought to possibly contribute to HIV disease. e.g. recreational drugs, alcohol use, smoking, poor diet, high stress, repeated viral infections.

COMBINATION THERAPY: The use of two or more types of treatment in combination, alternately or together, to achieve optimum results and reduce toxicity.

CRYPTOCOCCOSIS: Potentially fatal, opportunistic illness in people with HIV caused by an infectious fungal agent. Manifestations include headaches, blurred vision, confusion, depression, agitation or impaired speech.

CRYPTOSPORIDIOSIS: A protozoan parasite that causes chronic diarrhoea. Its presence is detected by stool culture.

CYTOMEGALOVIRUS [CMV]: A virus related to the herpes family that can cause fever, fatigue, enlarged lymph glands, and a mild sore throat. In AIDS, CMV infections can produce hepatitis, pneumonia, retinitis, and colitis. It sometimes can cause blindness, chronic diarrhoea and be life threatening.

DEMENTIA: Symptoms include memory loss, visual disturbances, motor impairment and personality changes.

DIAGNOSIS: The process of determining the cause and nature of an illness.

EARLY INTERVENTION: The interruption of the progress of a disease at the early stage of its infection within the body. Usually to prevent the onset of illness or more serious symptoms.

EFFICACY: The relative ability of an agent to perform a function within the body.

FDA (FOOD AND DRUG ADMINISTRATION): The agency of the US government which controls and regulates the human testing of drugs before marketing.

FUNGAL INFECTION: A range of distinct diseases caused by one celled organisms called fungi. Histoplasmosis, oral and vaginal thrush, and cryptococcal meningitis are examples.

GASTROENTERITIS: Inflammation of the lining of the stomach and the intestines.

G-CSF: Granulocyte Colony Stimulating Factor: A synthetic hormone that stimulates growth of granulocytes, a particular type of white blood cell. The drug is used to relieve neutropenia.

GM-CSF: A synthetic hormone that stimulates growth of both granulocytes and macrophages [cells that can be reservoirs for HIV]. It can also be used to treat neutropenia.

HAEMOPHILIA: Hereditary blood disorder which prevents blood clotting due to a deficiency of factor VIII, a blood coagulation factor. People with haemophilia in Australia were at risk of HIV infection prior to April 1985, when the blood supply was secured through routine HIV testing of the

national blood supply.

HEPATITIS: Liver inflammation caused by the hepatitis virus.

HERPES: Inflammation of the skin caused by herpes viruses. Herpes Simplex [HSV] I & II are common opportunistic infections in people with AIDS, the dormant virus being activated by immunosuppression.

HIV (Human Immunodeficiency Virus): A human retrovirus considered by most to be the main cause of AIDS.

HIV INFECTION: State of being infected with HIV as indicated by a positive HIV antibody antigen test.

HTLV III: The original name given to HIV by Dr. Robert Gallo of the US National Cancer Institute.

IMMUNE DEFICIENCY: Inability of the immune system to resist infection. In AIDS and HIV related illness this is caused by immune suppression due to the action of HIV.

IMMUNE RESTORATION: The rebuilding of the body's immune system.

IMMUNE SUPPRESSION: Inducement of immune deficiency, either deliberately [e.g. in transplant operations to prevent rejection] or by disease, drugs, stress, ageing, malnutrition or other factors.

IMMUNE SYSTEM: The body's mechanisms to resist infection. Lymphocytes, a class of white blood cell, recognise and destroy the antigen. In HIV related illness, a type of CD4-cells (T cells) is affected by HIV causing immune deficiency.

IN VITRO STUDIES: Studies conducted purely in non-living environments, such as the test tube.

IN VIVO STUDIES: Studies conducted in animals or people.

INTRATHECAL: The application of drug or substance directly into the central nervous system. i.e. the brain.

INTRAVENOUS DRUG USE [IDU]: Injection of non-prescribed recreational drugs such as heroin,

cocaine or speed. HIV can be transmitted to IDUs with the sharing of an unsterilized needle or syringe with other individuals.

INTRAVETREAL: Application of drug or substance directly into the eye or ocular capsule.

KAPOSI'S SARCOMA (KS): Thought to be a rare form of skin cancer, recognised as raised or tender red to purple spots on the skin. It may also occur internally within the lungs, stomach etc. This can be in addition to or independent of the skin lesions.

LYMPH NODES: Site of the production of lymphocytes, primarily in the groin, neck, and armpits.

LYMPHADENOPATHY SYNDROME (LAS): Inflammation of the lymph glands, common in HIV related illnesses.

LYMPHOCYTES: White blood cells that recognise and destroy infection. B-cell lymphocytes produce antibodies, and CD4 lymphocytes activate parts of the cellular immune system in response to foreign substances, particularly viruses.

LYMPHOMA: A cancer of the lymphatic system sometimes seen as a complication of HIV disease.

MAI (Mycobacterium Avium Intracellulare): Infection beginning in the gut and spreading to other parts of the body. Manifestations include night sweats, high fevers, cough, weight loss, malabsorption of food and diarrhoea.

NEUTROPENIA: A deficiency of neutrophils (a type of white blood cell).

NUCLEOSIDE ANALOGUES: A family of drugs, of which AZT, ddI, ddC are a part. They operate by partially preventing the replication process of the virus from being completed.

OPPORTUNISTIC ILLNESS (OI): Illness or infection that occurs because the damaged immune system cannot fight it off. Such illnesses do not occur in people with intact immune systems.

PANCREAS: An organ connected to the intestine that produces a number of intestinal juices and various regulatory hormones.

T

PERFORATION: The creation of a hole within the wall of an organ.

p24 ANTIGEN: A marker of HIV reproduction activity. It is measured in the blood and represents a core protein fragment on the HIV.

PERIPHERAL NEUROPATHY: Disorder of the nerves leaving extremities of the body (feet, hands) numb to sensations such as touch. Sometimes associated with some treatments for AIDS e.g. ddI or ddC.

PHOTO PHOSPHORESIS: A technique for withdrawing antibodies etc. from an individual. It is being used in the development of vaccine antibodies in HIV negative individuals.

PCP (PNEUMOCYSTIS CARINII PNEUMONIA): A common parasite which infects the lungs of people with HIV infection and low T4 cell counts (<200) Sometimes, PCP infections may occur elsewhere in the body (skin, eye, spleen, liver or heart).

PROPHYLAXIS: Treatment intended to prevent the onset of an infection or disease.

PROTEASE INHIBITORS: A class of anti-HIV drug being developed which targets the virus specifically, thus avoiding unwanted effects on other parts of the body.

RANDOMISED TRIAL: Participants are randomly assigned to receive one of the treatments designated within a clinical trial.

REMISSION: Abatement or lessening in severity of the symptoms of a disease, or the period in which the abatement occurs.

RESISTANCE: Diminished effectiveness of a drug on a certain infectious organism, which is able to change in structure enough to avoid the drug's action against it.

RETINITIS: Inflammation of the surface at the inside back wall of the eye (retina).

RETROSPECTIVE STUDY: A study that looks at information that has been recorded in the past.

RETROVIRUS: Classes of virus including HIV. A historically recent medical discovery, retroviral

replication works in the reverse to other pathogenic viruses by converting RNA to DNA in the host cell.

SEROCONVERSION: The process of going from seronegative to seropositive, that is, having detectable antibodies within the blood.

T4 CELL: A type of T-lymphocyte. The T4 cells enhance the immune response to an infection through a complex series of interactions with other types of lymphocytes (B cells and T8 cells) antibody producing cells and infectious organisms.

T4/T8 RATIOS: The existence and complicated action of two types of white blood cell, one of which naturally suppresses the immune system and the other naturally mediates immune reaction. Together these T - cells keep the immune system in balance. In people with HIV infection, the T8 levels are usually normal or elevated, while the T4 levels are decreased.

TGA (THERAPEUTIC GOODS ADMINISTRATION): Government body responsible for regulating the use of pharmaceutical drugs and devices in Australia.

TOXICITY: A measure of what quantity of a medicine is poisonous to the human system.

ULCERATION: The eruption of a surface of the mucous membrane lining or the skin surface.

VACCINE: Administration of a usually modified form of a disease agent, in order to induce the natural immunity. The classical vaccine works by preventing the vaccinated person from being infected. There are also therapeutic vaccines which boost an infected person's immune system to fight the infection.

VIRUS: One of the simplest forms of life. Microscopic in size, viruses require a living cell of a host in order to reproduce. The presence of viruses in cells can cause illness or even death of the host organism.

This glossary was compiled for *Talkabout* by the AFAO Treatments Project. Thanks to Lyle Chan, Ross Duffin and Ian McKnight.

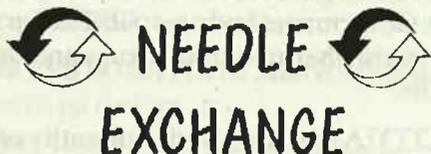
TALKABOUT DIARY

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. Just send your information to *Talkabout* by post, or phone it through, (283.3220) or drop by to the office.

LIVERPOOL SEXUAL HEALTH CLINIC

Monday to Friday 8.80am - 5.00pm
Except Thursday 11.00am - 7.00pm
52 Goulburn St Liverpool
For an appointment ph: (02)600 3584

SOUTH WEST



FOR ACCESS & LOCATIONS
CONTACT:

MOBILE PHONE: 018-251920
OFFICE PHONE: 02-6012333

HOURS:

TUESDAY/THURSDAY: 12.30pm - 5.30pm
FRIDAY/SATURDAY: 10.00am - 3.00pm

FITS, BLEACH, SWABS, WATER,
CONDOMS, LUBE,
INFORMATION & ADVICE

ALL FREE & STRICTLY CONFIDENTIAL

AFAO National Treatments Project publications

1. **HIV Briefs** - a four page pamphlet about AIDS treatment issues designed for PLWAs, their cares and their health service providers.
2. **The HIV Herald** - a monthly newsletter designed to collate overseas information and put it in an Australian context.

Both these publications are free.

To get these publications contact the
National Treatments Project

c/- ACON, PO Box 350, Darlinghurst
2010

Ph: (02)283 3222

HIV support/Action group HUNTER AREA

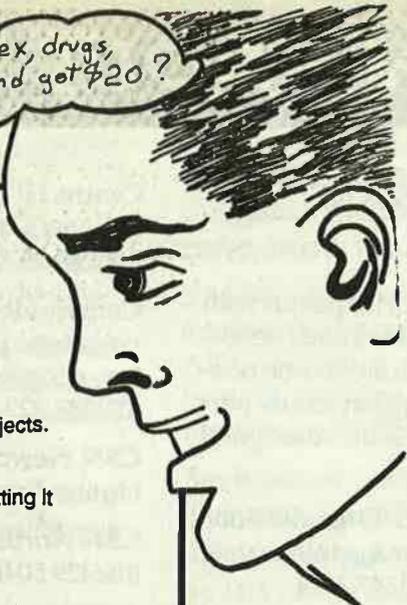
Is held on the last Tuesday of every month.
The group meets at 6.30pm at:

ACON, level One, 6 Bolton St, Newcastle.

A welcome is extended to all HIV+ people to attend.

If you would like to attend the group or require further information please contact ACON on (049)29 3464

To talk about sex, drugs,
HIV and me - and get \$20?
Sure, who do
I call?



If you are between 13 and 20 and would like to help people your age who have AIDS or are at risk of getting infected, here is your chance to help. If you have had an HIV test and are either positive or negative, we would like to know your opinion, feelings and attitudes on a whole range of subjects.

Its time young people with AIDS or at risk of getting it got the attention they deserve.

Help us help others.

If you're interested or would like to know more, please call Guy, Kay or Tamara on 399 2968. We would really like to hear from you.

Strict confidentiality assured (you don't have to give us your full name)

YOUTH HIV PROJECT

The Youth HIV Project is conducted by the Prince of Wales Hospital and the University of NSW.

**SERVICING THE
WESTERN SUBURBS**
the
KENDALL CENTRE

aids information & support services

- | | |
|-----------------|----------------------------|
| Needle exchange | 26 Kendall Street |
| condoms | Harris Park 2150 |
| Education | Tel: 893 9522 |
| Counselling | Mobile: 018 251 888 |
| Referral | Fax: 891 2087 |
| Outreach | |
| Support Groups | |

A unit of the Western Sydney Area Health Service

CENTRAL COAST SERVICES

Sexual Health Service:

HIV clinic (treatments, monitoring, counselling)
Strictly confidential/anonymous service
Tuesday, Wednesday, Thursday apts.
(043)20 2114

Support Groups:

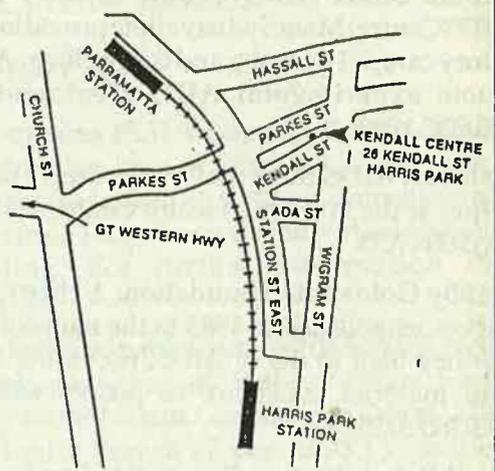
- HIV+ Support Group
 - HIV Carers Support Group
 - Lovers & partners Support Group
- For info contact Pauline (043)20 2241

Positive Support Network:

Community based volunteer group offering emotional and practical support (including home care) for PWA HIV/AIDS.
For info contact Peter (043)23 7115 or Paul (043) 20 3399.



ANYONE CAN GET AIDS



CONTACT LIST

AIDS ORGANISATIONS AND SUPPORT GROUPS

Ankali: Provides emotional support to people with AIDS, their partners, family members and friends. Volunteers are trained to provide one-to-one non-judgemental and confidential support to any person affected with AIDS. Ankali is an Aboriginal word for friend. (02)332 1090.

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

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

AIDS Council of New South Wales (ACON): 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.

Bathurst AIDS Support Group meets Tuesdays 7 - 9pm at the Women's Health Centre. Contact Vi, (063)314 133.

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 & support to families of ex-prisoners and ex-offenders. Call Pam Simpson (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.

Lismore Sexual health/AIDS Service: a free, confidential service for all STD and AIDS testing and treatment. For further information or medical appointment ring (066)23 1495.

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

National People Living With AIDS Coalition (NPLWAC): GPO Box 164, Canberra ACT 2601.

T

Contact Matt Bradshaw: (06)257 4985, Fax:(06)257 4838.

Newcastle Gay friendship network: Peer support, workshops and activities for gay men under 26. Contact ACON Hunter Branch, (049)29 3464.

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

North Coast - Wollumbin CARES: Community AIDS Resources and Support. Contact Simon (075)36 8842.

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)369 3455

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.

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

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.

SACBE - El Camino Nuevo: An organisation to educate the Spanish speaking community about AIDS. SACBE is also a support network for the Spanish speaking community. Contact Lourdes Moreira on (02)754 2237.

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

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

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.

DAY CENTRES

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

Newcastle (Karumah): Upstairs 101 Scott St Newcastle, Opposite Newcastle Railway station. Every Thursday from 11.00am. 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. 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 (02)399.0111.

Royal Newcastle Hospital (Immunology Unit): Pacific St. Newcastle, (049)266 870.

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 George Hospital: Belgrave St. Kogarah. Inpatient/Outpatient & Day Treatment Centres and STD Clinic. Contact Stuart Linnet (020350 2742/43

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

Sydney Sydney Sexual Health Centre, Sydney Hospital, Maquarie St, Sydney. Appointments Ph: (02)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 _____

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: (Individual) (Optional for people receiving benefits) \$10.00

* Subscription donation to TALKABOUT (Organisation) \$20.00

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: _____