

TALKABOUT

Newsletter of *People Living With AIDS (N.S.W.)*



ACON, BGF, the Bookshop & the Quilt Project send Easter Bunnies to the Day Centre (Andrew Carter, *left*, Terry Giblett and Lyn Stenberg)

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All view expressed in *Talkabout* are the opinions of the respective authors and not necessarily those of PLWA (NSW).

Talkabout, April 1989 Issue 2, Vol.1

PLWA NEWS

QUILT NEWS

The week commencing March 5 was a highlight in the short history of the Quilt Project, an Australian AIDS Memorial.

After receiving the news from the US that the Names Project Quilt has been nominated for the 1989 Nobel Peace Prize with the Australian Quilt receiving a mention in the recommendation, the Quilt went to the Sydney Opera House. On Sunday March 5 it was hung as a backdrop for the AIDS Trust "Stars of the Australian Opera" Benefit Concert. As the Artists sang a program which included Mozart, Verdi and Bernstein, the audience gazed at the memorial panels of the Quilt.

"That night the Quilt was over 87 square metres", said its convenor and founder Andrew Carter. "Appropriately, the last panel added only days before was for the late Mick Campbell who had worked as a lighting technician at the Opera House and we were honoured to have his mother, Helen, who made the panel, attend the concert with us". Andrew and Helen discussed the goals of the Quilt Project

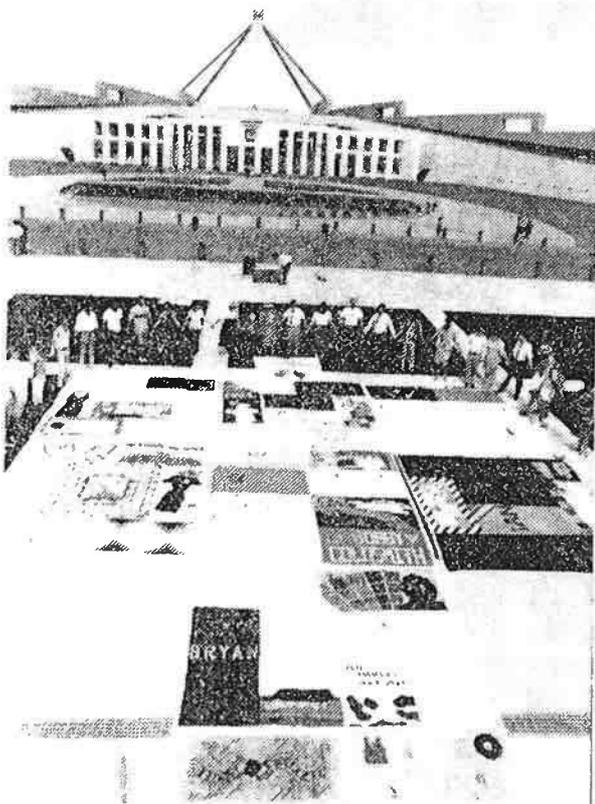
during the interval with the Governor of NSW, Rear Admiral Sir David Martin, who said he had been moved by its positive message.

Wednesday March 8 saw the Quilt in Canberra. It was united with a block of recently completed memorial panels from Victoria to create a total area of just over 100 square metres. At a ceremony in front of the New Parliament House, Andrew Carter and Elizabeth Reid introduced the Quilt and its meaning to the capital. With others, including Senator Peter Baume, they read the names of those remembered. Senators Peter Baume, Puplick and Tate (the Minister for Justice) offered messages of hope and understanding.

"The Quilt was a focus that day not only for people involved with AIDS in Canberra, but for the whole nation", Andrew Carter said later. "We will never forget that each and every person we have lost in this epidemic was a human being who was loved and loving and is still loved. We are proud to have known them and will take this message around Australia. We saw in Canberra how a display of our Quilt draws people from all walks of life; parliamentarians, health workers, people with the AIDS virus, their families and friends, and people who still consider themselves unaffected by the epidemic. The gathering of such a cross section of the general community around the Quilt creates a solidarity not seen before in this epidemic".

Arrangements are being made now for a National Tour during the second half of this year with the Quilt returning to Sydney for World AIDS Day, December 1 1989

The Quilt Project's three goals are to provide a positive and creative means of expression for those whose lives have been touched by the epidemic, to illustrate the impact of the AIDS epidemic by showing the humanity behind the statistics, and to encourage support for people with AIDS and their loved ones.



DAY CENTRE SERVICES TO EXPAND
by Larry Stillson

The Day Centre for people with AIDS is presently located at 11 Jersey Rd, Woolahra and operates on Fridays from 10 am to 4 pm. However, recent funding approved by the Department of Health will allow a full time centre to be opened soon. Irwin Diefenthaler, previously Hot-Line coordinator with Albion St will coordinate efforts to develop and expand the Day Centre services (see following article on Irwin).

At present a variety of complementary therapies are available for free to the Friday users of the centre. These services include acupuncture, massage, Reiki and meditation exercises along with a full range of arts and craft activities from an enthusiastic group of volunteers. Expanded services are to be organized from the Monday through Friday Centre with provisions to be made for evening and weekend use for special events and activities. A hot luncheon is served free to visitors at 1 pm each Friday and the Centre sees an average of 50 to 60 participants weekly. The Centre is currently organized by a management committee responsible to the users of the Centre, and the committee will continue to play an integral role in the centres expansion plans. Of priority concern to all involved is developing the Day Centre's service in the maintenance of a place for people with AIDS to find support together. Other activities include the very successful 1989 Mardi Gras float entry with the theme of the Mad Hatter's Tea Party, special trips to plays, films and a variety of shows are organized on an ongoing basis. Transportation to and from the Centre is also arranged upon request. Additional information on the Centre's services and activities can be obtained from Larry Stillson on 357 6096. Its also the place to get the best hugs in town. See you there!

STOP PRESS!

News has reached PLWA (NSW) that the first batch of AL 721 for the trial at Albion St has arrived. This is a small scale

preliminary trial to determine if a larger, more rigorous testing procedure will further determine the efficacy of this food-like substance. See the recipe for home made AL 721 on page 16 of this issue of *Talkabout*. Anyone who may want to try this recipe, from independent sources in the United States, may like to report their experiences to *Talkabout*.

PLWA ANNUAL GENERAL MEETING

PLWA (NSW) held its first Annual General Meeting at the Trade Union Club, Sydney on March 16. A constitution was passed and the following committee members elected. At a subsequent meeting of committee the office bearers were assigned as indicated:

Full member representatives

Robert Ariss (Convenor)
Terry Bell
Geoffrey Birch (Secretary)
Neil Carmichael
Gary Daley (Treasurer)
Rowland Davidson
Irwin Diefenthaler
Barry Fitzgerald (Deputy Convenor)
Paul Young (Alternate Secretary)

Associate member representatives

Julie Bates
Kathy Triffit

Since the AGM Terry Bell & Irwin Diefenthaler have resigned from committee and Peter Base, runner up in the election, co-opted by the committee to one vacant position.

ACON OPENS NEW OFFICES

In addition to the Sophia St building, 391 Riley St now houses:

- * Community Support Network (ph: 212 2728)
- * Bobby Goldsmith Foundation (ph: 281 1097)
- * Wollongong AIDS Research Project (ph: 281 4404)
- * ACON's Welfare Services Manager
- * HIV Support Officer
- * Vitamin Coop (10 am to 4 pm daily)

CONGRATULATIONS TERRY!

ACON's application for funds to employ a HIV Support Officer has met with success and resulted in the employment of Terry Giblett in this position. Terry brings considerable skill and enthusiasm to this long awaited position designed to research and develop support services for long term HIV infected people. Terry's previous work in the area saw him coordinate Sydney's participation in World AIDS Day (December 1988) on behalf of the AIDS Bureau. Many will remember the benefits of the Martin Place Rally, Green Park Fair Day, launch of the Australian Quilt Project, and other social activities he helped to organize as part of that event. Additionally, Terry has been a principle organizer for PLWA (NSW) and worked tirelessly to convene February's Living Well II conference in conjunction with ACON and the Mardi Gras committee. This temporary position also involved responsibilities towards the Quilt Project which has been viewed in Sydney, Melbourne and most recently in Canberra.

Good on you Terry and good luck in your new position



The Bobby Goldsmith Foundation
relies upon private donations to
continue its work

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The Bobby Goldsmith Foundation
P O Box 97
DARLINGHURST NSW 2011

PETER COLLINS REPLIES

Dear Sirs

I refer to your letter concerning funding for a Day Centre and for supply of the low toxic alternative substances, AL 721 and Dextran Sulphate.

I am pleased to be able to advise you that the NSW Department of Health has approved funding for the establishment of a non-clinical Day Centre administered by the Inner Sydney Community Health Service. It is intended that such a centre should be run with the active participation of People with AIDS, to ensure that their particular needs are met.

Your request for financial support for the supply of alternative substances that may have beneficial therapeutic effects for AIDS sufferers raises some difficult issues. On the one hand it has been argued that it is immoral to withhold substances that might be of benefit to those suffering from the effects of the Human Immunodeficiency Virus (HIV). The obverse of this argument is that it would be equally immoral to sponsor a substance that may, in time, and after appropriate trials have been conducted, turn out to have decidedly detrimental effects.

I am of the view that the Department cannot, in good conscience, lend itself to the indiscriminate distribution of drugs or alternative substances that might prove to be harmful. It is even possible that the Department could be held responsible for any ill effects such non approved drugs or substances may have.

As you will know, the Federal authorities are responsible for conducting clinical trials of new drugs in Australia and the process is relatively expeditious. You may also be aware that when HIV-infected people wish to be treated with a drug which is available in another country, but not marketed in Australia, and not currently in clinical trial, the Department of Community Services and Health can approve importation of such

LETTERS TO THE EDITOR

drugs under the Individual Patient Usage Scheme, providing certain conditions relating to demonstrated need, and adequate supervision, are met.

One of the substances to which you refer, AL 721, is classified in Australia as a food and would not be affected by the laws governing the supply and distribution of pharmaceutical drugs. I am advised by the Director of the Albion St Clinic, Dr J Gold, that the trial proposed for AL 721 is based on the same study design as those used by cancer researchers for trials of new drugs. 15 people are selected for these pre-clinical trials and the number has nothing to do with available finance. When the pre-trial is complete, the results are evaluated and, if they look promising, a full clinical trial is undertaken.

As regards Dextran Sulphate, I am further informed by Dr Gold that a clinical trial of this substance has only recently been concluded by the San Francisco Hospital and that the results throw doubt on the ability of the substance to be absorbed into the bloodstream, thereby rendering it inert and of no therapeutic value. Dr Gold is of the opinion, therefore, that duplication of the Dextran Sulphate trial would serve no useful purpose.

I would assure you that the Department fully supports trials of any drug or substance that offers hope of alleviating the distress and suffering of people afflicted with the HIV. Health authorities are mindful of the need to assess the efficacy of potentially beneficial drugs as quickly as possible.

I am sure you will realise that I must ultimately rely on the opinions of the clinicians in the field when I am asked to adjudicate on issues such as those you have raised.

Peter Collins
NSW Minister for Health
11/1/89

THERAPIES

Dear Ed

I should like to comment on one paragraph of Robert Ariss' article on ozone in the previous issue of "Talkabout". I commend Robert for producing a good, well balanced picture of the likely benefits and dangers of ozone therapy as we currently know them. However his paragraph on the history of ozone treatment reveals a lack of understanding of some basics of biology on his part, and on the part of the author of the article in "Simply Living" from which it has been lifted.

"Anaerobic" and its antonym "aerobic" are terms which refer to the alternative types of catabolism or respiration or "fuel burning" utilised by different forms of life. Basically anaerobic respiration is fuel burning which does not involve oxygen and aerobic is fuel burning which goes a stage further and utilizes oxygen to extract a lot more energy. Virtually all organisms which have free oxygen available to them utilise aerobic respiration. It is incorrect usage to refer to viruses as anaerobic or aerobic as they are simple organisms which do not have this biochemical machinery and rely on the host cell to do this work for them. To suggest that all dangerous organisms are anaerobic is no more correct than suggesting that all cars are blue.

The claim that "By introducing tolerable, non-toxic levels of ozone into the blood, "hyperoxygenating" it, all lipid enveloped viruses such as HIV are destroyed while leaving the blood cells unharmed." is not supported by evidence. Lipid enveloped viruses such as HIV derive their envelopes from the host cell-membrane and the host cell-membrane would therefore be just as susceptible to ozone attack. If there is benefit from ozone therapy, and I am not denying that it is a possibility which deserves further investigation, its mechanism of action can only be speculated on. There is also an implication in this section that ozone is harmless. My

LETTERS TO THE EDITOR

Therapies cont/...

recollection of the data presented by Carpendale was that the "safety margin" between the effective dose and the toxic dose for ozone was less than is generally acceptable for drugs.

I suggest that the lesson which needs to be learned is that, when we are dealing with matters of life and death as we are here, we need to look to the best possible authorities for our facts and not to accept things as facts simply because they are not in print.

Rolf Petherbridge

AIDS ADVOCATE

A private newsletter of AIDS commentary, news and treatment information published on an irregular basis.

AIDS ADVOCATE 1 - JAN 1989 * San Francisco People With AIDS Coalition starts research group to run community-based trials. * Interferon/FDA-- Alpha interferon doses recently approved by the FDA may be much too high. * Plasma--Behind the headlines on passive immunotherapy

AIDS ADVOCATE 2 - FEB 1989 * Passive Immunotherapy * AZT Dosage Update * Anti-Viral Summary Chart * Choosing a Doctor

AIDS ADVOCATE 3 - MAR 1989 * AFAO Test Policy * SFO Bridge Blockade * White Paper Timetable * Coping with Diagnosis * Relaxed Canadian Drug Exports * 2 HIV Viruses in One Person * AZT * AL721 * a-Interferon * b-Interferon * BHT * Carrisyn * CD4 * DDC * Dextran Sulphate * Foscarnet * Iscador

AIDS ADVOCATE is available by post in a sealed, unmarked envelope. Subscriptions are \$10/six issues (Organisations: \$20). PO Box 206, Redfern 2016

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Contact Leanne Joyce at AFAO on (062) 47 3411.

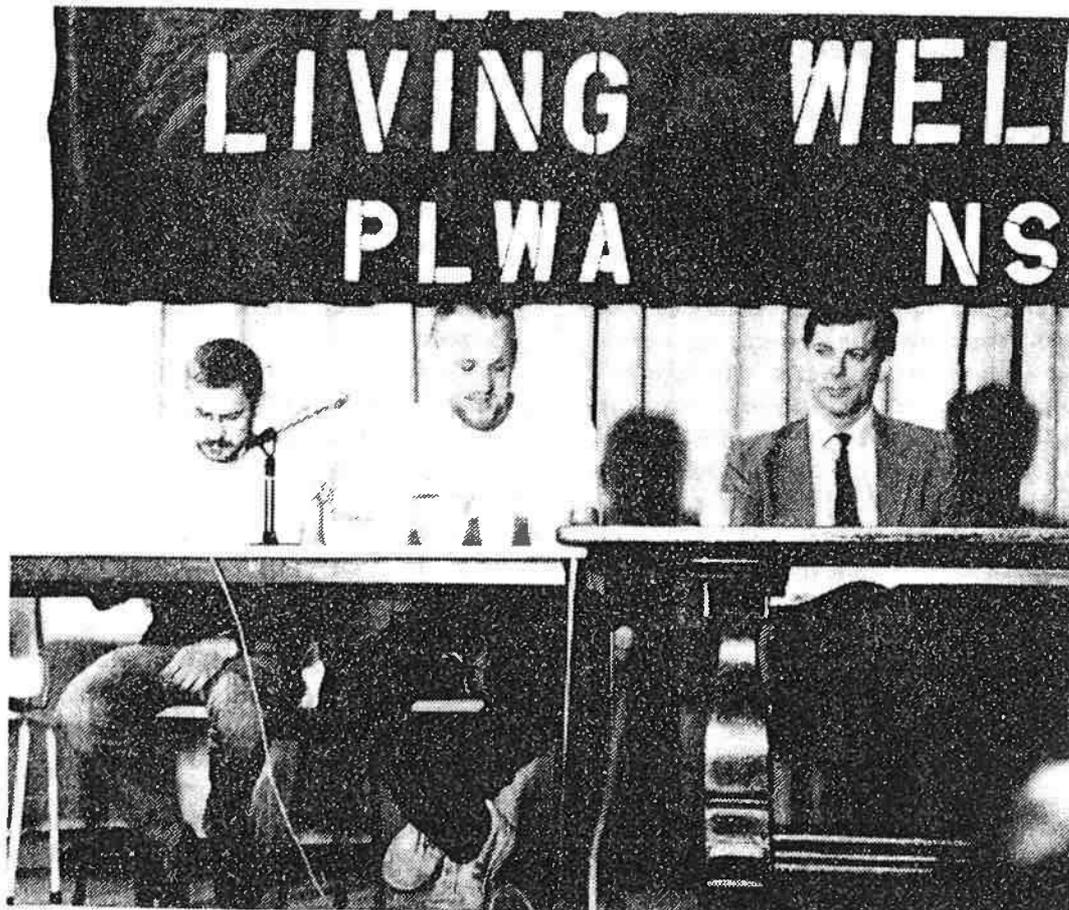
LIVING WELL II CONFERENCE

**LIVING WELL II CONFERENCE - SYDNEY
INSTITUTE OF EDUCATION, FEB 11/12
1989**

The second Living Well Conference organized by and for people living with AIDS was held in Sydney at the Institute of Education, University of Sydney, on the weekend of February 11/12. Over 200 people, many of whom travelled from rural areas and interstate, both HIV infected and affected, participated in the weekends activities. The conference was designed to provide both a forum for information dissemination through panels on treatments and services for people with HIV infection, and an environment in which people could get in touch, discuss their particular experiences of HIV, and formulate strategies for living with the virus in the coming years. For the practical and adventurous, sessions were run on alternative therapies, co-counselling, and political action.

The diversity of participants at Living Well II is well indicated in the range of special interest groups that formed during the weekend. Recommendations made by each group - gay men; IVDUs; women; youth; parents, friends and lovers of the HIV infected; bisexual and heterosexual men - were recorded at a report back plenary session and submitted to the National AIDS Strategy Task Force for consideration by the Federal government in the development of a national AIDS policy. The report was also passed on to ACON and AFAO for consideration in AIDS policy making. In this way participants at the conference made a direct contribution to government and community action on AIDS, contributions that come from those most experienced with the HIV - people living with AIDS.

Recommendations given by the groups have been reproduced in this issue. Action does not stop there, however. Each special group plans to continue its



LIVING WELL II CONFERENCE

Conference Report cont/...

activities, meeting, discussing issues and contributing to the direction of People Living with AIDS (NSW) through committee representation. Anyone interested in further information about the above groups should write to PLWA (NSW).

At the final plenary session, the conference as a whole voted to adopt a set of objectives and rules for PLWA (NSW), reproduced here. These will stand as a set of operating rules until we become fully incorporated with a workable constitution.

Living Well II was just the beginning for PLWA (NSW). It was a success in providing a forum for both information dissemination and organization building. Our membership has grown both in numbers and in terms of representation of those infected and affected by HIV.

Congratulations to all who participated.

BISEXUAL AND HETEROSEXUAL MEN'S GROUP

We're trying to address a problem which is not so much of sexual identification but of specific issues which are not generally dealt with by AIDS organizations as they now exist. The perceived problem is that outreach to bisexual and heterosexual men in terms of who they identify with is difficult. We have established a need for an organization that provides a voice and contact point for men who do not identify as gay. We intend to address the issues of marginalization and isolation both within the broader community and the community of infected men, problems relating to family and personal relationships, parenting, potential parenting and the medical and legal issues involved. To this point we have established a loose framework that covers three states. We hope to liaise with the AIDS councils and other AIDS organizations in an attempt to provide this matrix for us.

GAY MEN'S GROUP

Our recommendations are as follows:

That alternative therapists be recognised under the national health act so that PLWA can obtain reimbursement for costs. That steps be taken to establish the most efficacious prophylaxis for PCP particularly with regard to nebulized pentamidine and that this be made generally available. And that for someone in need of care, resources be earmarked to address these needs in particular. For example, home care exist to care for people in their homes, but money hasn't been particularly targeted to organizations such as this and that money be targeted in future in the budgets for organizations such as home care for PLWA.

POSITIVE WOMEN/WOMEN AND AIDS GROUP

We made up a small group that was made up of positive women from Western Australia and Victoria, and also the Women and AIDS group from ACON in NSW and the Women and AIDS Project from Victoria. Our recommendations are:

That all AIDS Councils that are affiliated to AFAO have to be openly accessible to the whole community and that includes women. We note that there is very little of the research budget directed towards women and AIDS. We recommend that funding bodies actively seek research to be directed towards such things as perinatal transmission, women's centres, and the support needs of women. We believe there should be a wider availability of educational materials that's available and relevant to women, and we are outraged by the suggestion that pregnant women should be compulsorily tested in Australia. All testing for everyone should be with the consent and the precounselling which emphasises choice. We also recommend that in Australia a 008 number should be established to develop a network for women across the country, and also that all PLWA groups nationally and state wide should support the inclusion of women and advertise that fact openly.

LIVING WELL II CONFERENCE

YOUTH GROUP REPORT

As a result of Living Well II and more specifically the youth workshop held at the conference, a new group for young people is being set up.

The discussion in the workshop established there is a definite need for a group which addresses the problems young people experience and accordingly lobbies the relevant organisations to address these aims. The issues the group felt were most important included housing, finances, education, dealing with health workers and peer support. Naturally these issues are relevant to all PLWA's, but the group felt there was a need for young people to address the issues themselves.

After our first meeting recently, it has become clear that some time and effort will need to be spent in order to make our peers aware of the group, to help clarify its aims, and ultimately begin taking some initiatives.

The group strongly believes action on behalf of young people by youth workers and bureaucrats can often be patronising and inappropriate, and as a result we aim to take many issues relating to young people into our own hands. If you are interested in becoming involved please contact Sean at ACON.

IVDU GROUP

People Living with AIDS is going to see an influx within the next couple of years of intravenous drug users who are not gay men and who don't fall under any of the other categories. Our aims are to raise the profile of the People Living with AIDS Coalition within the intravenous drug using community who are HIV positive. We would like to see the creation of support self-help groups for IV drug using HIV infected people. We would like to raise the awareness within PLWA to the needs and the issues of the IVDU HIV infected people and to paint a more accurate portrait of those people. I think they've been neglected and I think that the PLWA is not actively opening its arms to injectors. We

recommend that affirmative action be taken by PLWA involving IVDU's within the coalition and that a person representing the interests of IVDU HIV infected people be included on the PLWA executive on a national and state level. We recommend that at the next PLWA conference an IVDU HIV affected person be asked to address the conference. Also, there's almost no literature about PLWA specifically addressing drug user issues. That's something that should be addressed. Finally, it would be nice if a column could be set aside in *Talkabout* for IVDU issues.

REPORT FROM PARENTS, FRIENDS AND LOVERS GROUP

At the Living Well II Conference the special interest group "Parents, Friends and Lovers" highlighted 7 points requiring action. They are:

- 1) Information - A centralized contact point is needed for intergroup contact eg parents of similar background to be able to contact each other.
- 2) Education packs - Education material needs to be targeted more specifically as the problems of PLWAs are not necessarily those of, for example, lovers loving them. This information needs to include some structural flow chart of organizations available, as well as for the uninitiated a definition guide of the acronyms which abound.
- 3) Newsletter - we either need our own Newsletter or preferably incorporate a "parents, friends and lovers" section into the existing *Talkabout*.
- 4) Prior to attendance many members of this group had felt isolated in their social peer group on the basis of their PLWA status. It was identified that these were common feelings we needed to initiate some PR to enable members of the community to "come out" and add their names to PLWA. We felt that there was needed some immediate lobbying to government bodies to address the issue of carers who have given up full time employment and who find themselves

LIVING WELL II CONFERENCE

Parents, Friends, Lovers cont/...

ineligible for existing remuneration (pensions etc).

6) We raised the position of a liaison officer and know that funding for this will be some time down the track.

7) Crisis hotline - we felt that existing services are not meeting requirement and that lines should be staffed 24 hours a day.

PEOPLE LIVING WITH AIDS (NSW) *

The following statement of purpose and rules were adopted by PLWA (NSW) at the Living Well II Conference held February 11-12 1988.

STATEMENT OF PURPOSE

The aims and objectives of the People Living With AIDS (PLWA) (NSW) shall be -

(1) To empower people affected by AIDS in New South Wales with information and advice on all relevant AIDS issues; in particular information concerning treatment of HIV infection and information on care and support for those affected by AIDS.

(2) To lobby relevant community groups, governments and other organisations about issues of concern to PLWA, with the aim of ensuring the best possible levels of care, support and treatment for those affected by AIDS.

(3) To promote a positive image of people affected by AIDS, with the aim of eliminating prejudice, isolation, stigmatization and discrimination arising from AIDS.

(4) To work closely with the AIDS Council of NSW, the Community Support Network, the Bobby Goldsmith Foundation, Ankali and other relevant organizations in the pursuit of these aims and objectives.

* For further information on PLWA (NSW) Task Groups, write to PO Box 1359, Darlinghurst, 2010.

RULES

Name

1. The name of the organisation shall be the People Living With AIDS (New South Wales).

Membership

2. Qualifications and conditions for membership of the PLWA (NSW) shall be as follows:

(i) membership shall be open to any person affected by AIDS in New South Wales who accepts the aims and objectives of the organisation.

(ii) for the purposes of membership, people affected by AIDS is defined as (a) people infected with HIV; (b) their partners; (c) their family members; and (d) people directly involved in care and support of people infected with HIV.

(iii) there shall be two divisions of membership -

(a) full membership, which is available to people infected with HIV; and

(b) associate membership, which is available to any person described in rule 2 (ii).

(iv) there shall be a membership fee of \$2, payable on joining the organisation.

Committee

3. (1) A Committee shall be elected at the annual general meeting or special general meeting called for that purpose, to manage the affairs of the organisation and pursue the aims and objectives of the PLWA (NSW).

LIVING WELL II CONFERENCE

Rules cont/...

(2) The Committee shall comprise up to nine (9) full members, elected by full members as described in rule 2 (111(a)), and up to two (2) associate members, elected by all members at the annual general meeting or special general meeting.

(3) The Committee may appoint the following office bearers from the committee members: Convenor, Deputy Convenor, Secretary, Alternate Secretary, Treasurer and Alternate Treasurer. The Convenor only, must be a full member of the organisation.

(4) Casual vacancies in the membership of the Committee and/or office bearers may be filled by the Committee, after expressions of interest have been sought from the membership.

(5) If a full or associate member of the Committee needs to be replaced, their position must be filled by a person of the same status

(6) The Committee has the power to co-opt any member to the committee.

Meetings of Committee

4. (1) Meetings of the Committee shall be chaired by the Convenor. In the absence of the Convenor, the committee members present shall appoint a temporary chairperson.

(2) Each member of the Committee shall have one equal vote. The chairperson shall not have a second or casting vote and if any vote is tied the motion shall be declared lost.

(3) Five members of the Committee shall constitute a quorum.

Financial

5. (1) All payments from any bank account opened in the name of the organisation shall be approved by the Committee.

(2) All cheques shall be signed by two persons. Cheque signatories shall be appointed by resolution of the Committee.

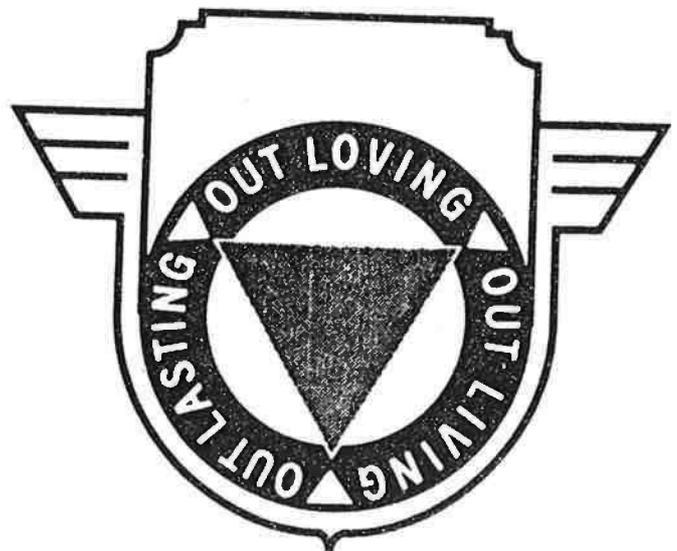
Affiliation

6. (1) The Committee is empowered to affiliate with a national PLWA organisation, the Australian Federation of AIDS Organisations, the AIDS Council of New South Wales, and any other relevant groups involved in education, care and support for people affected by AIDS.

(2) The Committee may also, at its discretion, seek constitution as a working group of the AIDS Council of New South Wales for the purposes of extending tax deductibility, limited liability and sales tax exemption to the organisation.

Rule Changes and Additions

7. Where these rules or resolutions of the membership do not provide clear guidelines about the functioning of the organization, the Committee has the power to adopt such a rule to deal with the situation until such a time as a meeting of the full membership can ratify that rule.



RESEARCH PROJECTS

WOLLONGONG AIDS RESEARCH PROJECT by *Levinia Crooks*

Many people in Sydney, Melbourne and Canberra will no doubt be aware of the name Wollongong Project, but may not be as familiar with the aims and purpose of the research. This article is designed to bridge this gap and set a precedent for reporting on our research findings.

The project was originally funded by the New South Wales Department of Health, to investigate the support needs of people affected by HIV. By that we meant both people with HIV infection and people involved in the AIDS crisis because of the care or support they provide to others. Since 1988 the Commonwealth AIDS Research Grants Committee has taken over funding of the project and it now runs in Sydney, Melbourne, Canberra and Wollongong.

Unlike many research programs, the Wollongong Project had a direct charter to develop and provide counselling and support, in addition to the collection of information from research participants. This has been done by enlisting the participation of people in the study. Participants firstly had an interview with myself, then they were offered counselling and support which was provided by one of the three counsellors employed on the program. To evaluate changes over time, follow up interviews were conducted approximately twelve months later. Again participants were offered counselling and the study will conclude later in 1989 when the third interviews are conducted.

At the end of the project we will have a wealth of information on the various counselling and support needs of HIV positive people and carers. Additionally we will be able to present counselling techniques and procedures which have proved beneficial in addressing these. Further, and I believe uniquely, we will have a number of strategies for providing counselling and support - were groups have been of assistance, issues which require individual assistance, and practical findings about how people can

best gain access to support services when they are needed.

While the project is still in progress we can not present a finished report. We can, however, provide some information about our findings as we progress. In subsequent issues of *Talkabout* various members of the project team will be writing about the study to date. We are using this method of updating to ensure that participants and interested people are kept informed about our work.

Members of the team are, myself, Levinia Crooks - co-ordinator; Robert Ariss - research assistant, Sydney; Larry Stillson and Robert Walmsley - counsellors; Vikki Sinnott - organizer, Melbourne; Roy Bishop and Ray Connell - interviewers, Melbourne; Associate Professor Linda Viney and Dr Beverly Walker - academic supervision, Wollongong. Kerry Allwood, counsellor in Sydney has unfortunately left the project to travel overseas. Should people want more information about the project they should contact, in Sydney Levinia (02) 281 4404 and in Melbourne Vikki (03) 481 5570.



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PASSIVE IMMUNOTHERAPY by Rolf Petherbridge

Two recent articles in the medical/scientific literature and a interim report on a study in progress suggest that this procedure may prove to be a useful tool in the management of HIV infection.

What then is passive immunotherapy?

Passive immunotherapy (P.I.T) is the use of antibodies produced by another person or animal as a therapy. This is in contrast with active immunotherapy where an agent is introduced to the body to stimulate the production of the body's own antibodies to achieve the desired therapeutic result, e.g. smallpox vaccination. The application of passive immunotherapy has most often been in the control of viral infections but it is also the basis of antivenenes for spider and snake bite.

The first report of the use of this technique in HIV infection was published by George Jackson and others in the *Lancet* of September last year. They had noted that the early and usually long period of latency in HIV infection is characterised by the production of high concentrations of neutralising antibodies, and that deterioration is most often preceded by the loss of these particular antibodies and the subsequent build up in the blood of a protein called P24 which is part of the core of the virus. They, therefore, decided to test whether plasma (blood with the cells removed) of persons in early stage could be used to neutralise P24 in the blood of persons in late-stage disease (AIDS). Because this was their primary aim, they refer to their procedure as passive immunoneutralization.

They found that neutralization could be achieved with surprisingly small amounts of donor plasma and would last for some time. The exciting thing about their study, however, is that those treated appear to have received real clinical benefit. This is indicated by increases in weight and a reduction in numbers of

opportunistic illnesses during the period of immunoneutralisation. The authors claim that this is statistically significant when compared to equivalent periods before and after. Their study unfortunately was designed as a once-only treatment and raises the question, without answering it of whether this benefit can be sustained over time.

The other side of the coin is equally interesting. They found that the level of the donors' antibodies six weeks after donation was twice the level at the time of donation. It seems that donation is safe and may even be beneficial. The technique of extracting the plasma from the blood, which is known as plasmaphoresis, is a long established and proven safe technique. It used to be the only way of producing clotting factors for haemophilia, and has been used to extract plasma for vaccines and immunoglobulin. No exchange of any cells, even T-cells, is involved.

The use of this technique is being taken one step further in a study being conducted at St. Stephen's Hospital, London and Addenbrooke's Hospital, Cambridge. Here nine subjects have been given donor plasma monthly in an attempt to assess its therapeutic value. The first report has been published by Abraham Karpas and others in the *Proceedings of the National Academy of Sciences (U.S.)* in December last year. In it they call their procedure passive immunization. This is a very preliminary report and its findings amount more to "no demonstrated harm" than to "proven benefit".

As part of World AIDS Day, the investigators released their six month report to the public. Because of the delay in getting into print in the scientific literature this was virtually simultaneous with publication of their early report. The investigators expressed "cautious optimism" at the results till then, though they emphasized that P.I. did not stop opportunistic infections and that it appeared to be more effective when applied earlier. On the basis of these results they are

TREATMENT ISSUES

Passive Immunotherapy cont/...

proposing to do a much larger trial incorporating a placebo-control group in earlier stage HIV infection. Other trials are being started at the Veterans' Hospital in New-York and at San Francisco General. N.B. It is important to realise that "P.I." is only likely to be of benefit to those who are P24 antigen positive.

The AIDS Council of NSW., at its December meeting, called on all Australian AIDS clinical researchers to facilitate the prompt establishment of local trials. Since then ACON has been actively lobbying for this. Here it has been acting on the advice of its medical working group which believes that for certain classes of people P.I., has a high ratio of potential benefit versus potential harm, and that local trials could and should be implemented speedily and at relatively low cost. The Council is particularly anxious that P.I. be made available in the form of an open (i.e. not placebo-controlled) trial for persons who can no longer tolerate AZT at full dose.

The Albion Street Clinic has set up for a placebo-controlled trial in persons with 200-400 T-cells. As it is a new ball-game which is covered by some different legislation and regulation than drug trials, they are checking their legal situation first, but it is expected to start very soon.

By the next issue of *Talkabout* we should expect to have further information which should clarify whether the "cautious optimism" is warranted.

PROPHYLAXIS - WHAT'S THAT?

Prophylaxis, the preventive treatment of disease, is the new buzz word in treatment circles for the management of HIV infection. Michael Callan, a long term survivor from the US who met with PLWA members in Hobart at the Third National AIDS Conference, describes his physicians prophylaxis orientation to PCP, for example, as life saving. PCP is

responsible for approximately 69% of AIDS deaths at present and has been found to respond effectively to such prophylaxis treatment. This has involved, primarily, the use of drugs such as pentamidine given to people at high risk of developing this opportunistic infection, prior to showing any symptoms of the infection.

T-Cell counts are used as reasons towards defining the high risk categories. Callan reemphasized his support of prophylaxis treatment in a meeting with Sydney PLWA members and ACON staff before returning to the United States, and strongly encouraged everyone to pursue this treatment option with their doctors.

ADEQUATE TREATMENT AND SERVICES FOR PLWAs?

Talkabout has been scooped by the Star Observer (No.90) with its recent article "Patients need Patience at St Vincents". The article claimed \$1m has been funded for 6 new beds on the hospital's Seventh floor South, affectionately known as Seventh Heaven. If you can get a bed!

At the recent Living Well Conference, AIDS Bureau officials admitted they had waited some 6 months for a submission from the hospital to expand the ward. PLWA considers the delay is inexcusable when PWAs are being held on trolleys in the hospital's casualty Section for 24 hours on more whilst awaiting a bed in the AIDS wards. This practice has existed for at least 4 years, as this writer can testify, in a room I can only describe as the "syringe cabinet" for 24 hours.

More recently in January 89, one of the founding members of PLWA (NSW), Mr Terry Giblett experienced similar inhumane treatment, lying in the Casualty section awaiting a bed. Terry writes in a letter to the Minister of Health,

"Further to this I was not alone. Four other patients were in the casualty holding ward awaiting a bed on the 7th floor. Like myself they were still there on trolleys (not beds) over 24 hours later. If you have ever had the

Services for PLWAs cont/...

misfortune to spend a night in a casualty holding ward trying to sleep on a trolley designed for transporting patients and not for rest I am certain you can understand my anger. It is distressing to add that the other patients were quite visibly uncomfortable and far less able to respond to the situation than I."

NSW Health Policy clearly states that where beds are available on a specialty AIDS ward, a general hospital bed should be made available. Terry writes,

"I am sure you can appreciate that one casualty nurse looking after new casualty admissions in a 24 hour period cannot also be expected to adequately care for 4-5 AIDS patients - and most especially not while they are on trolleys.

"Whilst I understand that most funding has been provided to increase the number of beds for AIDS patients in St Vincents, the ongoing expansion of the AIDS epidemic will practically mean that beds in a specialty ward cannot be relied upon to always adequately meet the need. The response by St Vincents to leave very sick and possibly dying people on trolleys in a busy casualty section is both inhumane and totally unacceptable. HOW MANY OF US MUST DIE IN THESE CASUALTY SECTIONS BEFORE ST VINCENTS IS MADE TO RESPOND ADEQUATELY."

Further, patients are not advised that a bed may be available at another AIDS facility. Surely it is not beyond the Health Department to set up a liaison mechanism so the PWAs are not kept on trolleys for inexcusably long periods in humiliating conditions, often very ill. If there are no beds available, don't we have a right to be told there are available at Prince Henry or elsewhere?

OUTPATIENTS CLINICS

The issue of degrading treatment of PWAs goes beyond the simple issue of not enough AIDS beds. How many people have waited for hours at St Vincents Immunology clinic to see a doctor, have their lymph nodes squeezed, have blood taken and trot out with their shopping bag of AZT etc. If you are well enough to continue full-time employment, how do you explain to your boss why your quick visit to the doctor has taken so long?

PLWA (NSW) has strongly taken up this issue, although with the newly opened services at St Vincents and new Immunology clinic, we can only trust conditions will improve.

PLWA (NSW) is also seeking a meeting with Professor John Dwyer about Immunology Clinic conditions at Prince of Wales Hospital. If PLWA is going to fulfil a satisfactory advocacy role, you can understand our concern when a story reached us of a client being visited at home by a nurse after failing to keep an appointment.

THE RUBBER GLOVE TREATMENT

Reports frequently reach PLWA of PWAs being served with disposable eating utensils by poorly trained ancillary staff wearing rubber gloves and masks. If you have been subjected to this type of treatment please write to us.

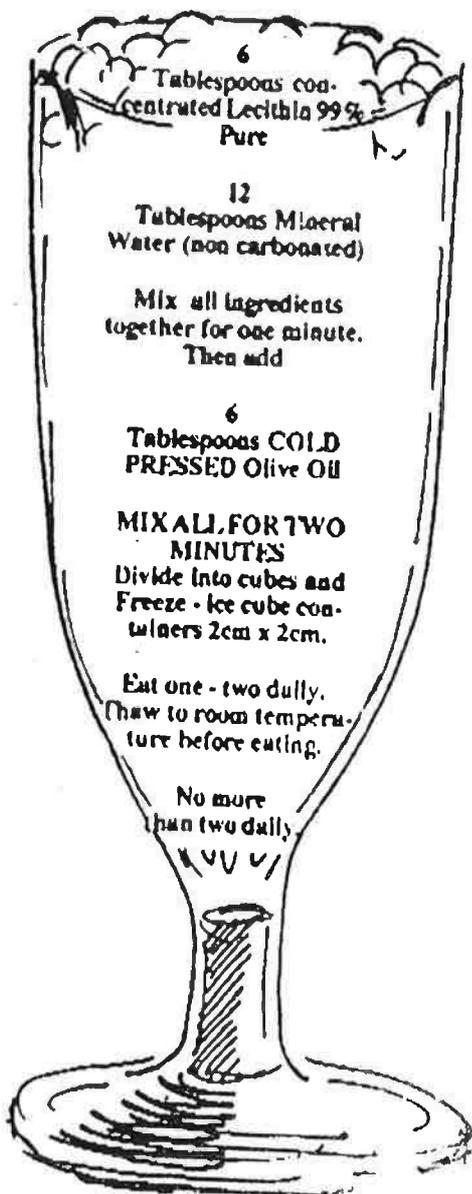
Have you been held on a trolley at St Vincents for long periods when seriously ill? Have you been served a polystyrene cup of tea by someone wearing rubber gloves and mask? Please write to PLWA (NSW), we are your advocate and will action your complaints and concerns, especially in reaction to treatment and services for PWAs

Footnote

Whispers have reached *Talkabout* additional beds at St Vincents will open in early May. PLWA is not holding its breath.

NSW COMPLAINTS UNIT

PLWA held a meeting with the complaints Unit of the Department of Health, initially to cover the issue of Casualty conditions at St Vincents. The meeting on 7 February lasted for over an hour and PLWA received a very good hearing about our concerns covered in this article. Discussion focused on the need for an ongoing consultation mechanism between PLWA and the Complaints Unit. To date, however, PLWA has received no formal written responses to our concerns about the rights of PWAs to comfortable, compassionate hospital treatment.



IVDU COMMUNITY DEVELOPMENT PROJECT

It is now a well documented fact that the AIDS epidemic is spreading rapidly among people who share injecting equipment, through them to their sexual partners and to children born of infected mothers. AIDS and its effect on IV drug users (hereafter referred to as IVDU's) is often referred to as the second wave of the epidemic, although seroprevalance amongst IVDU's has been present since 1975 in the USA.

In 1985, Dr James Curren of the Centre for Disease Control in Atlanta USA visited Australia on a lecture tour and told of the alarming rate at which HIV was spreading among IVDU's. This is now old news, with the infection rate among IVDU's in New York estimated by some at 85%.

Dr Curren warned Australia that there was still some time to prevent this situation occurring here. However, the political and legal ramifications for distribution and exchange of needles was an obstacle to establishing services and remains so to a degree.

Earlier in the same year a group of people comprised of ex-users, current users, methadone clients, N.A members and other concerned individuals had mobilized to establish an organisation which became known as ADIC. The primary focus of ADIC at that time was to raise community and government awareness; to address the specific needs of IVDU's; to examine the feasibility of improving the supply and availability of sterile needles and syringes and to investigate and seek support/funding for appropriate projects that were consistent with its aims and objectives.

Sadly ADIC was not funded. However it continued to function as a lobby group and provided speakers for numerous Government and non-Government organisations to address the multi-faceted issues of IVDU transmission of the AIDS virus. In essence, ADIC provided the impetus needed to place issues surrounding IVDU transmission and the

IVDU Project cont/...

needs of IV drug users on Government AIDS prevention agendas. There are currently 16 needle and syringe exchange programs operating in NSW and two new organisations addressing specific needs of current and former IVDU's, namely Injector Services (IS) and NSW Users Association (NUA).

Talkabout spoke with the co-ordinator of a new IVDU Community Development Project currently in its initial stages, Ms Julie Bates. There are two phases:

i) * to involve current and ex-IVDU's and others committed to the needs and concerns of IVDU's, particularly in relation to HIV prevention, in the structuring and development of a community based organisation for IVDU's

* to work in conjunction with a core group to establish aims and objectives, an appropriate name, constitution and incorporation. To prepare submissions for funding of Phase 2, being service delivery.

ii) to provide a forum and advocacy role for current and former IVDU's, with emphasis on reducing harm and minimising risks of HIV transmission and to be concerned with issues of general health and other issues for people using IV drugs.

Julie pointed out that the reason the organisation needs to address other health issues besides HIV, is that one must look at all issues affecting people who use IV drugs or have done and develop an awareness of risks involved in unsafe practices. Other issues such as general health, accessibility or drug treatments, housing and discrimination are of importance. The most difficult group to reach is the recreational IV user and young people who may share needles. The group is a user friendly service which can provide a point of early intervention where it enables an individual to make informed choices on whether to continue using in a safe manner or seek treatment.

"It is a harm reduction model", points out Julie.

The aim of the project is to set up a broad based umbrella organisation for all other organisations involved in IVDU/HIV transmission dealing with IVDU's, ex-IVDU's and other services. The core group consists of 35 people, a majority of whom are current or ex-IVDU's. The specific target areas of the project are: to involve a broad cross-section of the IVDU population, methadone clinic clients, sex workers who use IV drugs, prisoners and ex-prisoners, young people and recreational users.

The project is currently working 9.30 am to 5 pm out of Rankin Court, 366 Victoria Street, Darlinghurst. Julie and other volunteers seek the input of current and ex-IVDU's into the development of this community based organisation. Go to door A, press Button 1 and ask for Julie or Celia, or phone 331 4344.

The title of the group has been registered as "NUAA" - Needle Users Advocacy Association - however, the Corporate Affairs Commission views the title as advocating needle usage and heroin abuse. The group is seeking legal advice as the title NUAA was chosen by a ballot of all concerned members of the group as the most appropriate title.

HIS STORY

Talkabout spoke with one of the founding members of NVAA, Rowland, a heterosexual man aged 35, diagnosed with Category 4 AIDS. Rowland has been diagnosed HIV positive since the beginning of 1986 and our discussion focused on some of the many difficulties faced by people living with HIV.

Although he was not sick at the time, the decision to have an HIV test was virtually made for Rowland by doctors administering a private methadone clinic. No pre-test or post-test counselling was given; he was given his results and left to his own devices.

IVDU UPDATE

His Story cont/...

Rowland has a history of 20 years of intravenous drug use, yet always used clean syringes even before the HIV scare, for the sake of keeping his own blood as clean as possible. Even on the rare occasions when he had to share a needle. "I always ensured the fit was washed at least 6 times in hot and cold water, with the belief that any disease would not be transmitted". To Rowland's knowledge, he never shared a syringe that contained any blood that was visible to the eye. Sharing needles may not be the method he caught HIV. Though needles can still hold microscopic amounts of infected blood which may be invisible to the human eye, there are other possibilities that may explain Rowland's infection.

Was sharing needles the cause of his seroconversion? At the end of 1982 Rowland was admitted to a Malaysian hospital following a highly venomous snake bite. He recalls being regularly jabbed with old fashion reusable stainless steel syringes and considers this may have been the very likely cause of infection. It is now known that the use of this type of equipment has been responsible for a large number of infections throughout the world, especially Third World countries, with the same needles used for everybody. Rowland spent two months in such a hospital being treated with this type of equipment daily.

Things were made even more difficult by his ex-wife discovering she was HIV positive at virtually the same time. Although Rowland couldn't determine if the infection had passed between them and if so which way it was, she blamed him as the source of her HIV and put the onus on him to keep the test results secret, especially from their child. She wanted the secret kept from friends and acquaintances, while Rowland wanted to inform them of potential risk that may arise from past or present sharing activities.

Rowland does not believe in proportioning blame and does not subscribe to the innocent victim theory. "We were all innocent at the time", he went on. "Risk taking activity was unintentional and uninformed at the time." Was he angry about his positive diagnosis? Not so much, he said, because he was already very informed about HIV as he had many friends in the gay community, some of some of whom had died, the earliest being pre-1980 when no one knew what was happening. His friend's death certificate listed Syphilis as the cause we now know as AIDS.

"I looked around for support from the Albion Street Clinic and from gay friends however I felt that I was treated differently because my perceived source of transmission was IV drug use". Rowland feels people think AIDS is different because of the source. What angered him was that the gay community had for so many years experienced similar prejudice as intravenous drug users yet rejected him. He now has minimal contact with the Albion Street Clinic, preferring the anonymous style of treatment from St Vincents Hospital. With Albion St, he found doctors were reluctant to make a committed diagnosis about his condition. "It is an absolute no-no to be heterosexual and HIV positive. You are perceived as a walking disease, and it is assumed you have undertaken some risky criminal activity and many other assumptions. Some people are decidedly hostile."

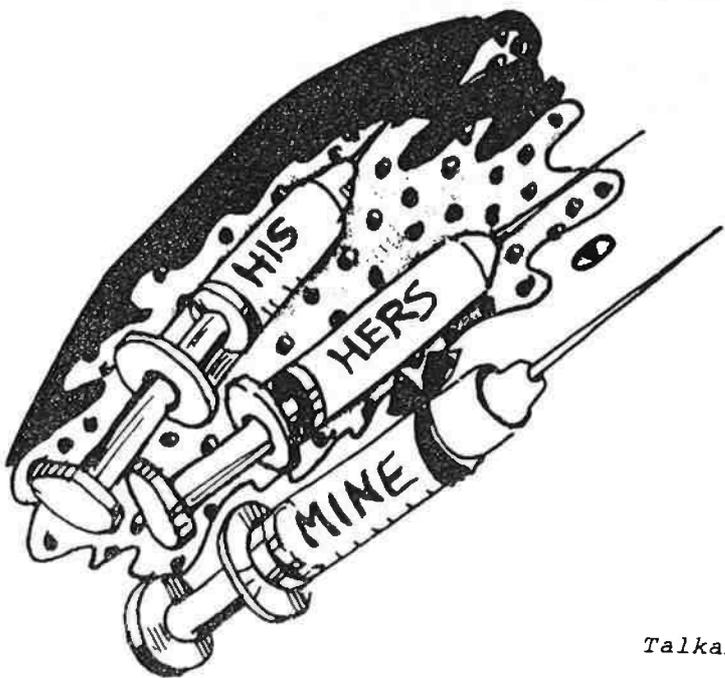
Since November 1988, Rowland has been diagnosed as having Category 4(a) HIV, after suffering shingles, skin rashes, lymphadenopathy and night sweats. He describes his shingle attack as being "like hit with a hammer, while the lymph nodes around my head were like golf balls". He has been receiving AZT therapy since January this year, but will wait 6 months before making a final decision, depending on side effects.

Rowland wishes to share information and seek social contact through PLWA and

His Story cont/...

liaise with NUA - NSW Users Advocacy Association - "so we can get together and integrate membership". He wants to see some targeting of resources towards IVDU's with PLWA playing a greater advocacy role in the rights of IVDU's who are HIV positive. "They have no cohesive social group and will be hard to reach and now is the time to start trying."

People must realise that IV users are from a whole cross section of the community. The Kings Cross stereo-type junkies are a small few. Minority groups who have been affected by discrimination from the general community, especially the gay community, because of past experience, must realise that to be considered a criminal or outcast because of your preferences (be it IV drug use) disenfranchises peoples rights and drives them underground. So HIV among IVDU's is the tip of an iceberg, an unseen mass. The gay community is in a unique position to reach out and attempt to integrate the IV using public, especially those who are HIV positive and hidden away. Not so long back homosexual acts were illegal, as intravenous using is today. Although IV users can safely get needles, it is still an offence to use one (self-administration) or be in possession of one that is used or dispose of same. Rowland sees a long battle ahead to prevent the spread of HIV within the IV drug using community.



IRWIN DIEFENTHALER

Talkabout interviewed Irwin Diefenthaler, one of the founding members of PLWA (NSW). Irwin was recently successful in beating a highly competitive field for the position of full-time centre co-ordinator.

Irwin has a long history as a Sydney gay activist. He was a founding member of the Metropolitan Community Church (for gay christians) in 1975. In the past 5 years he has dedicated his time and extensive energies towards AIDS. He was a founding member of the Community Support Network in 1984, and was a member of the second Ankali Training Group. He devoted two years of his time voluntarily to both organisations.

In July 1985 Irwin was appointed co-ordinator/counsellor at Albion Street Clinic. His present position is senior counsellor, yet he has maintained a strong involvement with all HIV groups operating in Sydney, and trained over 250 Hotline volunteers. In his spare time he has facilitated HIV support groups at Albion Street, which have assisted close to 1000 persons. Irwin has witnessed the clinic grow from a handful of staff to the present 50 or so people currently employed there.

Irwin has been diagnosed HIV positive since May 1987 (or rather aware of his status) but says: "I thrive on hyperactivity, involvement, nicotine and caffeine. These are the key to success and good health, and I am single". He said his T-cells plummeted during a 3 week holiday because he loves his work. He takes no special medication or diet, but watches his food carefully.

And Irwin's dreams for the Day Centre? "Being realistic we (the Eastern Area Health Service, who have been funded by the AIDS Bureau of the NSW Department of Health) hope to find suitable premises very shortly, close to St Vincents hospital. The centre needs an aesthetic outdoor area of reasonable size to further emphasize the centre's non-clinical atmosphere, a place where PLWAs

PEOPLE LIVING WITH AIDS

Irwin Diefenthaler cont/...

can relax in a supportive environment. But until suitable premises are found the full time Day Centre remains a concept. Irwin views the centre as providing as wide a range of activities and resources as possible from arts and crafts to commercial ventures, in addition to services such as acupuncture, Reiki, massage, guided visualization and meditation - general stress reducing activities.

"People with AIDS can become very isolated and this can be very debilitating to their immunity, especially if they lack strong support networks", Irwin continued. With an allocated budget of \$550 per week for rental of premises, control of the full time Day Centre is a major concern for Irwin. "I pledge to ensure that PLWAs

will maintain control of their Day Centre and the choice of activities on offer. My role is to implement their wishes and decisions. I want to see the users of the centre have as great an input as possible and rely on their initiatives to co-ordinate the Centre for their gain."

Irwin wished to have spelt out that the Day Centre, despite its lack of resources, had the largest decorated float of any HIV group in the recent Mardi Gras parade. But it is a matter of importance to him that all gay and AIDS "politics" are dropped in discussing the future of the centre. He would like to see the whole community working together to raise funds so the Centre can eventually purchase its own premises.

PLWA (NSW) wishes Irwin every success in his new position.



IMAGING AIDS - VISUAL, WRITTEN, ORAL AIDS PROJECT

The photographic narration of AIDS reinforces the before - and - after conventions of standard photojournalistic practice. The emphasis is placed on the question of fatality. There is no representation of people LIVING WITH AIDS. People with AIDS are presented as impossible to identify with.

The entire experience of LIVING WITH AIDS is censored. Confined within the category of the VICTIM, a person with HIV, ARC or AIDS is deprived of power and control.

The nature and purpose of the program I am involved with is to investigate the positive narration of people LIVING WITH AIDS, to establish an identity and to depict individuals and social groups who have taken control of their circumstances and definitions of health and disease. Questioning the established structures of the media, people LIVING WITH AIDS can work towards a participatory form of representation that incorporates them into the communication process.

If you wish to become involved in the first Australian project of this kind please contact Ms Kathy Triffit on 333 620.

THE NORMAL HEART

Sydney Theatre Co, Warf Theatre, Sydney, March 7 - April 16
Reviewed by Neil Carmichael

It is interesting to observe in relation to an epidemic as short lived as AIDS the genesis of a contemporary history play. This, however is precisely what Larry Kramer's "The Normal Heart" is - it is description of a place and a particular group quite clearly fixed in time.

Sydney 1989 is not New York City 1983 and consequently, while the play does not attempt universality, clearly much of the urgency of its message has passed. In a sense the play is a call to action to a group who have long since begun mobilization out of necessity. In the wider regard then the play examines a

moment of history. It is a snapshot, largely autobiographical, which attempts to explain why people reacted the way they did to the onset of the epidemic in New York City.

Even from limited knowledge of the Gay Mens' Health Crisis the cast of characters are thinly disguised. The blustering Ned Weeks is obviously Kramer himself, Bruce Niles is Paul Popham and so on. Through a small central cast Kramer explores the varying attitudes of these gay men to the sudden decimation of their subculture by an inexplicable foe. While some would see the underlying theme of the play as an indictment of apathy or inactivity, this would be a simplistic approach in my opinion. The reasons why people chose not to act, or acted in a way which, in retrospect, was not in their own interests is central to the drama of the play. Some gripping and exciting moments spring simply from the members of the GMHC deciding what should be their next step and how they should take it. The play does not "chase its tail" attempting to explain motivations, it simply exposes them. In this it does not seek to blame anyone.

Personally I found the appeal of the play more intellectual than emotional. Anger, rather than sorrow, was my gut reaction, but tempered by the knowledge of the future that the characters in the story could not foresee. It is easy to ask the question "why can't they see where this is leading?" when later history has provided the answer.

The cast were component with particularly strong performances by John O'May, who gave the raucous and belligerent Ned Weeks a sense of injured nobility, Graeme Harvey as his lover Felix and Sandy Gore as their wheelchair stricken doctor. "The Normal Heart" is not the most significant literary exposition of the AIDS epidemic to date. Its relationship to the here and now in Australia is not strong. It is however an exhortation to understand why things happened the way they did and an attempt to preclude the same response in future.

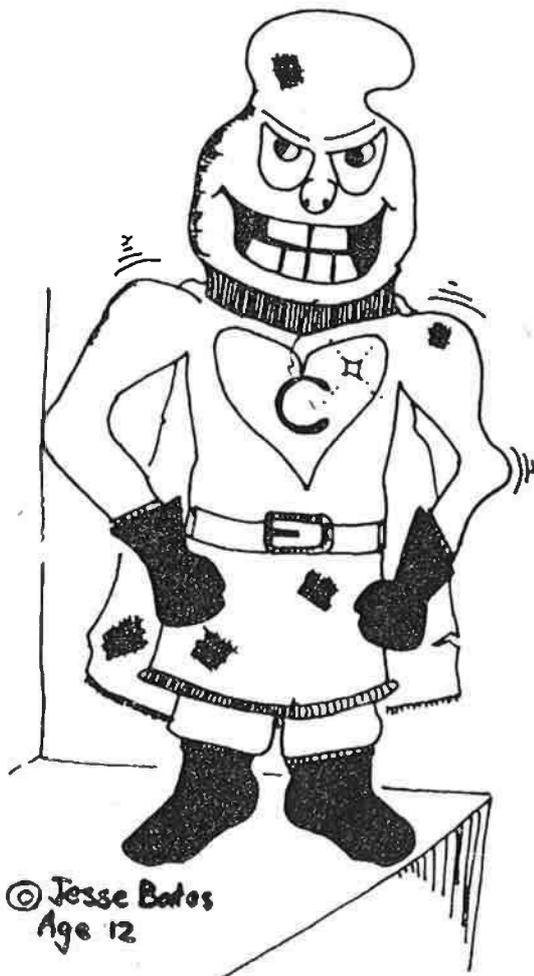
CONTRIBUTORS

This second issue of *Talkabout* has once again been produced with the assistance, in both resources and mailing costs, of the AIDS Council of NSW. To work towards independence of funding it has been found necessary to charge a subscription fee of \$10 per year to individuals and \$20 for organizations, companies and the like. We aim to produce 6 issues annually.

However, if you cannot afford to pay this sum, or have already made a donation to PLWA (NSW) it is still necessary to return the attached membership form so our confidential mailing list can be updated.

Contributors and assistance for this edition: Paul Young, Robert Ariss, Sean Slavin, Deborah Giblett, Andrew Carter, Dean Andrews, Rolf Petherbridge, Neal Carmichael, Kathy Triffit, Larry Stillson, David James.

CAPTAIN CONDOM



MEMBERSHIP TO PLWA

ELIGIBILITY FOR MEMBERSHIP

The following persons shall be eligible to be admitted to membership by the direction of the Steering Committee:

- (a) All persons who identify as being infected with the Human Immunodeficiency Virus (HIV), either as positive to the antibodies to the virus, or as being diagnosed as having AIDS or an AIDS-related condition, and
- (b) All persons who identify as living as partners, lovers or spouses of people infected with HIV
- (c) All persons who identify as close family, or as close personal friends who care about a person infected with HIV
- (d) All persons who identify as having been eligible for membership under the above clauses with respect to a person who has died as a consequence of an AIDS related illness
- (e) Other persons may be admitted to membership by resolution of a Forum meeting of the Organisation in acknowledgement of their identification with people living with AIDS and their voluntary contribution to the well being of the Organisation and of People Living with AIDS.

The forms for membership and volunteer work are on page 23!

VOLUNTEER FORM

PLWA (NSW) urgently needs volunteer assistance in a number of areas. If you are able to offer support in any way, please complete this form and return to:

PLWA (NSW)
PO Box 1359
DARLINGHURST NSW 2010

Name: _____

Contact Phone Numbers: (home) _____

(work) optional _____

I am able to help with (please circle area/s of interest):

NEWSLETTER

FUNDRAISING

DAY CENTRE

HIV SUPPORT SERVICES/OTHER SERVICES*

ADMIN. ASSISTANCE/MAILOUTS

ADVOCACY

Other areas: _____

MEMBERSHIP

Name: (Please PRINT clearly) _____

Address: (for Mailing) _____

Telephone No: _____

Are you willing to have any other member know your name and address? Yes / No

Are you publicly open about your membership? Yes / No

* Please note: To cover the cost of printing and postage I enclose subscription donation of \$10 for individuals, or \$20 for organisations to receive Talkabout for 12 months.

Enclosed: \$10 ... \$20 ...

I have read the rules and am eligible for membership.

Signature: _____

