

Vol. III No. 1 April 1992

Talkabout

The Newsletter of People Living With AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



Working Together is A Good Healing

COMMENT

CONSERVATISM IN AUSTRALIA IS ON THE INCREASE.

Recent government decisions demonstrate the rise in conservatism:

The withdrawal of funding by the Commonwealth Department of Community Services, Housing and Health for the *Making Sense of Sex Hotline* and the *Fact and Fantasy File* diary co-ordinated by the Family Planning Association of NSW.

The adverse publicity attracted by the issue of a drugs guide by the Student's Union of the University of Technology.

The banning of *Final Exit*, the book on how to suicide.

Team with this the ongoing problems with inadequate accomodation at St Vincent's Hospital, the approval by the state government of financial assistance to persons with medically acquired HIV and AIDS and the media attention given to unsubstantiated comments by Professor Fred Hollows.

It has also been reported that members of the Federal Opposition are considering breaking the bipartisanship on HIV publications and programs controversial wherever possible.

With increasing numbers of people with HIV and AIDS, the HIV and AIDS movement needs resources that are available and flexible. The increase in conservatism threatens our ability to respond to the needs of people with HIV and AIDS.

Governments are conservative by nature but the success of the existing programs does highlight the fact that the direction being currently pursued is correct.

In the public arena, the HIV/AIDS debate has lost its urgency. The media prefer to concentrate on sexual practices and promiscuity as raised by Professor Hollows. The issue of guilt versus innocence is more saleable than the issues of real concern to people with HIV and AIDS: the availability of treatments and hospital beds, to name just two.

Addressing this conservatism should be high on the agenda of the incoming PLWA committee.

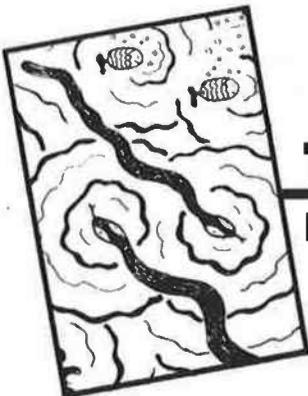
PLWA recommend that members write letters expressing their concern and anger to local MPs and newspapers. Copies of sample letters will soon be available from the PLWA office.

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This Month's Cover

by Aboriginal artist, Luke Close. Luke says it's about difference and connection and about different people coexisting and working together. See page 11 for his view of the recent National HIV/AIDS Conference.

Peoples of the Land

THE FIRST INTERNATIONAL PEOPLES of the Land Coming Together HIV/AIDS Conference was held in Aotearoa (New Zealand) in March. The five day conference was attended by about 300 people, mainly from Aotearoa, Australia, The United States and Canada. Other countries represented included South Africa, Uganda, the Philippines and the Caribbean.

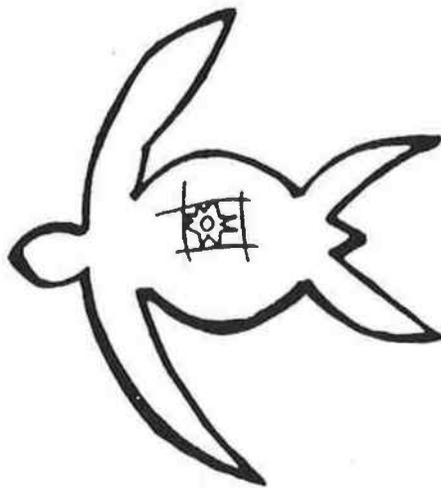
Tsekeo Simon Nkoli, a black South African HIV/AIDS worker from Soweto, spoke at the opening Plenary on the implications of HIV/AIDS in the black gay and lesbian community in South Africa. Simon, who is currently visiting Australia, said there were many common concerns expressed at the conference, such as lack of adequate funding and prejudice. He said that gays and lesbians took a leading role at the conference. "It was like gay and lesbian people were the People of the Land", he said.

The importance of developing traditional herbal treatments for people with HIV/AIDS, and of working with traditional healers were also discussed. In South Africa, Simon told *Talkabout*, 90 percent of Black Africans believe in the traditional healers, and it is vital to make sure those healers are educated about HIV/AIDS.

Another common theme was the use of pictures, puppets, theatre and other alternative forms of communication to educate people with low literacy.

HIV+ people spoke about their lives one afternoon, which Simon found a moving experience. Overall, he said, the conference was a great experience.

It was resolved that there should be another conference, probably in Uganda, where apparently the government has a



strong commitment to tackling HIV/AIDS at all levels.

—JS

The SI strain

RECENT NEWS ON THE SI (syncytia inducing) strain of HIV has brought up some serious concerns about its effects. Syncytia are groupings or clumping of immune cells. Syncytia formation may result in rapid destruction of the cells that have clumped together.

The full effects of SI in the body are unknown, but data presented by Dr Jeop Lange from Amsterdam indicates that in people with the SI strain, the CD4 counts declined faster; anti-viral drugs became less effective; and where people's primary infection was with SI, the average time from infection to Category 4 diagnosis was 18 months. In the population studied about 10 percent of people had SI, and it was observed that HIV can mutate from non-SI to the SI strain. AZT and ddC did not prevent this mutation.

It is possible that people with SI may infect other HIV+ individuals through unprotected sex, although as yet there is no proof that this occurs. This means it is important that HIV+ people keep up safe sex practices with each other so as to avoid reinfection, at least until we know more about

SI. A commercial test for SI is likely sometime this year.

Source: *National Treatments Project*

AZT and pregnancy

THE FIRST STUDY TO EXAMINE THE effectiveness of AZT in preventing transmission of HIV from mother to newborn has been started in the US by the National Institute of Allergy and Infectious Diseases. Following two years of tests of 100 mother/infant pairs which showed that AZT was safe, the protocol is now to be expanded and a new target set for the enrolment of nearly 750 women. This is a significant advancement since pregnant women are nearly always excluded from any clinical trial because of the danger of toxicity and the risk of deformity to the foetus.

In this study there will be a control group receiving a placebo; the other will get 500mg of AZT per day, and will be given AZT intravenously during labour. After the birth both mother and newborn will receive oral AZT for about six weeks. The infants will be regularly tested for signs of HIV infection until they are 18 months old.

It is hoped that this study will give a far clearer indication as to the possible role that nucleoside analogues can play in preventing maternal transmission of HIV.

Source: *HIV Herald*.

Relax: it's as good as AZT

A STUDY IN AT THE UNIVERSITY OF Miami Medical school has shown that relaxation, stress management and regular aerobic exercise will keep your CD4 levels up, according to a report in *The New York Times* (12.2.92).*

The study, which was carried

out over two years, recruited 86 gay men who did not know their HIV status. Participants were assigned to classes in relaxation training, stress management, exercise, or a control group which did none of these things. After five weeks they were all tested for HIV and notified of the results. Thirty three tested antibody positive. The study found that HIV+ men in the control group did not handle their diagnosis as well as those in the other groups. For the HIV+ men practising relaxation techniques, CD4 cell levels actually rose in the week after diagnosis from an average of 482 to an average of 651 (per cubic millimetre of blood).

After a follow up two years later, researchers found that people who had continued to practise relaxation and exercise more often stayed healthier for longer. Dr Mary Ann Fletcher, director of the laboratory for clinical immunology at Miami medical School, said that even though the study was short term, its results were promising and that relaxation and exercise might be medically useful as complements to standard drugs like AZT.

"The small increase we saw in helper cells was about what you would expect in the same period if you gave patients AZT," she said.

* For a copy of this article, call Jill on 283 3220.

Positive Women march on IWD

INTERNATIONAL WOMEN'S DAY was a great opportunity to increase the visibility of HIV+ women. For the first time the Positive Women Support Group was represented in the IWD march on March 7, with up to 50 women and friends accompanying to loud slogans such as "we want drug trials now". The ACON Women and AIDS



Project painted a *Positive Women and Friends* banner to be carried on the march (pictured above).

Kath Vallentine also widely promoted the importance of heightening awareness of safe sex in the lesbian community, speaking on Out & Out, 2SER FM and 2RSR FM.

A theme of safer sex and 'choice' was created by the prominent feature of 'NOW' posters proclaiming "We want safe sex now, for all sorts of reasons". Plenty of dental dams and balloons adorned the stall at the IWD rally.

Gabby and Kath addressed the audience, emphasising the need for HIV+ women to develop their own network of medical information because knowledge about reactions to life-prolonging drugs, for HIV+ women, is still anecdotal. They also requested that the audience give generously. Gabby supported this claim by disclosing her HIV status and told the 2,000 strong audience: "women with HIV do exist and HIV is an issue for women".

Women showed their support through donations and sales of badges. The many inquiries, requests for information,

pamphlets and safe sex packs kept volunteers from Positive Women, the Women and AIDS Working group and Lesbian Information Project busy throughout the day.

Exit right

FINAL EXIT, BY DEREK HUMPHREY, the book which gives detailed information on how to suicide, has been declared a prohibited import by the Office of Film and Literature Classification, (OFLC) and cannot be imported or distributed in Australia.

This is bad news for PLWAs who are considering the course of 'self-deliverance' discussed by Peter Hornby in his review of *Final Exit* in *Talkabout* (Jan/Feb 1992). The book gives details of drug dosages which are both lethal and painless, as well as advice on how to approach your doctor to find out if he/she is sympathetic, and techniques for making sure you succeed. The author states that *Final Exit* is specifically for terminally ill people.

The concern of the OFLC was whether or not *Final Exit* "promotes, incites or instructs in the matter of crime or violence." If it

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DEADLINE FOR THE NEXT ISSUE

April 16

Send contributions to PO Box 1359 Darlinghurst 2010. Call Jill on (02) 283 3220 for the date and time of the next Newsletter Working Group meeting.

How to contact People Living With AIDS Inc NSW

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188 Goulburn Street,
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Fax. (02) 283 2199

does, then they are under legal obligation to prohibit the book.

The conclusion of the Chief Censor, on advice from various legal and medical bodies, was that *Final Exit* did in fact do this, by enabling people to attempt suicide (which is illegal only in the Northern Territory); assist at a suicide (which carries a penalty of at least 12 months imprisonment); or to commit murder.

The NSW Department of Health expressed concern that the availability of such information might increase the success of suicide attempts among to people who may be depressed enough to contemplate suicide, but whose condition is potentially curable.

Don Baxter, Executive Director of the AIDS Council of NSW, said that "while it may be within the letter of the law, the banning of the book is morally indefensible" ACON has called for a repeal of the law that makes it a crime to assist at a suicide.

PLWA NSW has a policy on euthanasia, which supports assisted euthanasia. Convenor, Lloyd Grosse, said "the ban is against all that we stand for. We advocate for the individual's right to choose when and how they wish to die."

— JS

Positive Women — the Movie

THE VICTORIAN POSITIVE Women's group have been funded by the Commonwealth to produce a resource package for HIV+ women. Forty five interviews of women with HIV/AIDS have occurred and this material will form the basis of a manual using the women's own stories. A 20 minute video will also be produced, its theme *Positive Women from Isolation to Empowerment!* The resource package, which is the first

of its kind in Australia, is due to be completed by the 30th of June.

*From Positive Living Update,
(Vic PLWA)*

Creative Counselling

HIV+ CREATIVE ARTIST DAVID Paul Jobling has received a modest grant from the Prospect City Council in South Australia to conduct workshops with HIV+ people in the Prospect region over a five week period.

The objective of the project is to create a body of written work, including prose, poetry, radio plays and personal histories which will then be made available to the citizens of Prospect via the Prospect Library.

Jobling has been an active advocate of creative arts produced by HIV infected/affected people. he has appeared in the controversial play *Swimmers*, by Nick Gill, Alex Harding's gay musical romance *Only Heaven Knows* and *Up Front Gay* and Lesbian Theatre productions *Open Line* and *Hairy Dyke* and *Useless Poofter Out On A Night*.

For further details call D. P. Jobling on (08) 239 1646.

ADB INQUIRY

Premier Nick Greiner will launch the report from the Anti-Discrimination Board's Inquiry into HIV/AIDS-related discrimination on Friday April 24 at the State Office Block, cnr Phillip and Bent Streets, Sydney.

Talkback



Beds

IT IS 2PM ON THURSDAY MARCH 5 and I'm sitting in the casualty Ward at St Vincent's Hospital next to my friend Tony. He collapsed last night and was brought here. He has PCP.

For the last four months Tony has devoted every available minute of his life to leading the fight — which means often fighting alone — for more hospital beds for AIDS wards in Sydney. Now, when he needs a bed himself, he is in casualty — because the ward is overflowing.

The Minister for Health, John Hannaford, refuses to acknowledge that there is any problem at St Vincent's at all. I'd like to ask John Hannaford if he's actually trying to murder people with AIDS so we'll shut up and not make trouble for him. I'd also like to punch him in the mouth.

David Lowe, of the AIDS Bureau, says that St Vincent's doesn't need any more beds because his 'funding formula' says so. I'd like to ask David if his stupid formula can explain why my friend Tony is on a trolley in casualty and not in a bed upstairs.

Don Baxter, Executive Director of the AIDS Council of NSW, says that ACON can't support ACT UP's campaign to get more AIDS beds because if we push him too hard, the minister might say no.

Funny, the Minister already seems to have said no — that's what needs to be changed Don, and his budget of \$4 million and his staff of 80 and his big complacency. I'd like to ask Don

how he sleeps at night.

So, I sit here in casualty, while Toy snores behind his oxygen mask, and I wonder where everybody is, and why they aren't angry.

Where are *you*, and why aren't *you* angry?

**Bruce Brown
Darlinghurst**

Five comments from the West

THANK YOU FOR THE PRACTICAL and caring support your newsletter brings all the way across the continent.

I would like to add some more *Comments We Hate* from the point of view of a person affected by the AIDS virus.

1. Aren't you scared you'll catch it?

2. How do the doctors know you won't?

3. Take care of yourself.

4. How did he catch it? (I have several really nasty responses to this one depending on my mood . . . a mild one is "I wouldn't dream of being rude enough to ask".

5. It must be hard for you.

Keep up your marvellous work and be strong together,

**Love always,
Annachy
(sister of Scarlet and
Dodge Traffic)**

Food for thought

I THOUGHT YOUR WEIGHT GAIN article (March *Talkabout*) was a great idea and offered some practical, easy to follow hints. However, there are a few points that I'd like to mention. It is

recommended that HIV+ people, especially those with a compromised immune system, do not consume raw eggs in drinks etc. This is because of the rare but real possibility of salmonella poisoning. Also, 'steroid hormones' were referred to in relation to thrush. There are two main kinds of steroid hormones used in the treatment of HIV disease: corticosteroids used to treat inflammatory disorders and anabolic steroids used to promote muscle bulk. The latter, of which Deca Durabolin is an example, have no such side effects. These are very small flaws in what was a well written and timely article.

I have found that poor appetite tends to take two different forms in HIV disease; anorexia, (or lack of desire to eat) and early satiety (or to desire to eat, but feeling full after only a few mouthfuls). The following hints work well for both.

- Try not to be in the kitchen when food is cooking. Sometimes even the smell of food can fill you up.

- Six small meals may be easier to eat than three large ones.

- If intake is very low, as much energy (calories) and protein as possible should be 'hidden' in foods. that way you don't need to eat a large meal. Ways to do this include:

- a. Adding milk powder to foods to increase the protein and energy, eg. mix milk powder with eggs before scrambling; add milk powder to mashed potatoes.

- b. Adding sugar to foods and

1992 CANDLELIGHT RALLY

The Ninth International Candlelight Memorial is on in the middle of May. The memorial is a time for remembrance, and quiet reflection for lovers, friends, families and carers of people who have died of AIDS and to offer support for those living with HIV/AIDS. It's important that a diverse group of people and organisations contribute to the planning of this event.

Each year a small group of people have organised the Memorial. If you're interested in being part of an informal collective to organise and publicise the event for our community, contact Gerald Lawrence at ACON on 283 3222. Please ask for the second floor reception and leave a message for me if I am unavailable.

drinks in the form of polycose, dried fruit and honey.

Hilda High
Clinical/Research Dietitian
Albion Street Centre

Situation still worse

THANK YOU SO MUCH FOR YOUR letter and the enclosure which I found lying on my desk on my arrival from a long distance on 10 February.

I would like to thank you in a special way for passing our request for help to an Aid organisation. I hope they will contact us.

It's sad to hear that you have run short of funds in your government for PLWA. I pray fervently to the almighty God to handle such a situation.

Here in Uganda, we have local NGOs working on AIDS projects, but the problem is the little funds they have for AIDS are committed to their own projects.

Here in Uganda, AIDS is sweeping all of us. it has no boundaries. the young and the old, the rich and the poor, all of us we are going to the Lord and the situation is actually bad. Soldiers in Uganda have turned the virus as an enemy which can't miss the bullet.

We are continuing to bury every day. The number of orphans is increasing. Here in our culture, when an old person in the family passes away he/she used to leave the responsibilities with the yung ones. Now it's the opposite, the younger ones are leaving behind the responsibilities to the old.

Most of the AIDS organisations are based in big ities and towns in rural areas. It's terrible, most AIDS patients are ferried from urban areas to rural areas where there are no AIDS organisations. After arriving in rural area they wait until God calls them.

The work of the Good Samaritan is to serve people in rural areas. It's a community initiative. if we happen to get funds we hope to open centres in most of the areas most hit by AIDS disease especially in deep rural areas. Here a rural area or village is not like the one in Australia. Most of us are very poor. We live in grass thatched houses and some are even leaking. The conditions of living are very poor and if you add an AIDS patient the situation becomes worse.

Once someone is suspected of having AIDS, the community starts asking themselves: who has been moving with him or her? Then they start pointing a finger at you. Even still in some hospitals some medical personnel are not interested in AIDS patients.

May the Lord guard and protect you.

Januarius Rodgers
Good Samaritan Project
Uganda

We welcome your letters.

Send them to:

Talkabout

PO Box 1359

Darlinghurst 2010

Graeme Clark (Gretta Louise)

The committee and staff of ACON are saddened by the death of Graeme (Gretta Louise) Clark, dear friend and workmate. Graeme worked in our Community Services Unit as receptionist, welcoming visitors and clients with his warm smile and wicked sense of humour. Graeme will be greatly missed.

Attitude

by Ross Duffin

Fred Hollows: Stick to ophthalmology. You're better at it!

FRED HOLLOWS IS A PERSON I USED to admire. Not any more. His fictional diatribe on AIDS has removed any claim he has for my respect.

On the Jana Wendt show he pleads "When are gay men going to stop bashing Fred Hollows?" What a joke. He wants to put us in quarantine. His comments have increased gay bashing. Gay men are ringing the AIDS Council of NSW in fear of their lives. We are only attacking his opinions because they're wrong and dangerous.

The internal inconsistency of his arguments is incredible. On the one hand he claims that in Australia AIDS remains a homosexual problem and that homosexuals have scared everyone into thinking AIDS affects everybody. On the other hand he claims there are lots of HIV+ people spreading the disease. Well if this was the case then AIDS wouldn't be just a homosexual problem.

Gay men can't win — they get blamed for not spreading the disease and they get blamed for spreading the disease. The reality is that in Australia the disease is spreading far slower than equivalent Western countries — it has remained confined mostly to men who have sex with men. However that doesn't mean it's only gay

men who are HIV+ or that we can be complacent. Where we rate against the rest of the world in terms of seroprevalence is falling. What we're doing is working, precisely because we've used cooperation with community groups rather than coercion.

Some of his statements are just pure incitement to hatred. "Male homosexuals who are free of AIDS are taking every precaution not to be infected but I don't think the same can be said of male homosexuals who are HIV-positive." Complete drivel.

For HIV to spread you need the involvement of both HIV- people and HIV+ people and you don't need to be a professor to work out that it takes two to tango. The statement is revealed for what it is — an attempt to scapegoat people with HIV and AIDS.

Further, there is absolutely no scientific or epidemiological evidence to substantiate this claim. The only evidence produced was in *The Australian* which attempted to use Hollows' comments to generate another media inspired round of AIDS-phobia.

They quoted figures of 70 people with HIV identified a month to indicate that HIV is still spreading. You don't have to be a doctor to know that people may

get tested years after they got infected. Now that there are good reasons to get tested more people are doing so. So most of the 70 probably represent people who got infected years ago. The figure of 70 gives us no insight into what's happening with the spread of HIV right now because an antibody test does not test when people got infected but if they are infected.

From my experience of people with HIV (and I certainly have more than Professor Hollows) the overwhelming motivator in behaviour is usually a desire not to spread HIV. The difficult problem is that there are still some people with HIV potentially spreading HIV. The problem with the Hollows solution is that it makes people at risk of HIV less likely to get tested and people with HIV more likely to go underground. Its been tried — it doesn't work.

Since Hollows' comments we've seen the predictable bandwagon of people — including the Festival of Light and other homophobic loonies jumping on in support — with the predictable drivel. What nice bedfellows they are.

The gay community and people affected by HIV and AIDS already has one enemy called Fred. We don't need another one as hollow as the first.

Tribute



Graeme Clarke

Don Carter spoke on behalf of Graeme's friends at a memorial service. His speech is printed here, with permission, as a tribute.

I'M TRULY HONOURED TO SPEAK ON behalf of Graeme's friends.

We've gathered together some words and feelings that we felt described Graeme . . . and some sayings he used that will always make us beam.

From today, there's a new word for the Macquarie Dictionary . . . the Gretta-ism.

His loves and likes were music, his family, he enjoyed good food — particularly chocolate cake, gin . . . sorry, that's Tanqueray gin and he loved to party . . . hard!

At dance parties the obligatory "it's hot . . . and it's close" would be thrown about — helped the conversation along somewhat.

He had many endearing qualities. Those eyes. Gretta would articulate whilst scrutinising a crowd . . . "I've got sexual powers in these eyes . . . you watch!" The eyelashes — the envy of every drag queen in town. His smile. And the saying "don't fuss". His graciousness. This man was never a bother.

We spoke of his life and his loves. There was his dogs and the long association with dog shows.

He enjoyed travelling and had been overseas and lived in London for a time.

At one time he had his own business in Melbourne — the Fine Food Construction Company.

In recent times in Sydney he worked in retail and buying and lastly at the Aids Council as receptionist and telephonist.

Another Gretta-ism: "Don't touch me there! . . . and don't call be girly!!!"

Some memories of Gretta I recall, relate to our community's early response to the HIV epidemic — an afternoon cocktail at the Oxford Hotel.

Gretta was in lingerie — I should clarify — Gretta was a buyer for Grace Bros Lingerie Department — and I was a bartender at the Oxford. Gretta-

Louise and Re, Natalie, Lavishe, Cora, Max, Hazel, Dulcie, Scarlett, Brie, Nellie and Amy would be there with the mob, members who seemed at one stage or another to be doing Ankali, ACON, CSN or Hotline volunteer training. Others where on working groups and committees. The window at the corner of the bar was a reliable place to find Grae and his friends.

So was the gutter outside, but that's a case of the pot calling the casserole beige. I know David will have some thank yous on behalf of Andrew, Aurora, Michael and Graeme's family but I'd like to squeeze in my deepest appreciation to CSN, all volunteers, the Community Nurses . . . and the Hospice for granting Gretta's wish for the use of this chapel.

On behalf of us all, and I feel my words are grossly inept, I express our special thank yous to Andrew, Aurora and Michael,

superheroes of this chapter of the epidemic. Truly an example of 'All for one and one for all.'

In ending, I overheard Andrew on the phone yesterday. This is what he said of Grae . . .

"There's some people who are just too gentle for this world."

He's now in a place where nothing can hurt him, ever again.



Graeme (left) with some of his chosen family (PHOTO Jamie Dunbar)

HIV *living*

THIS MONTH

INFORMATION NIGHTS

6.30 PM — 8.30 PM

**AIDS Resource Centre
188 Goulburn Street
Darlinghurst**

Wednesday April 15

NUTRITION and EXERCISE

Does what I eat affect my immune system? How can I maintain my weight? Are fast foods bad for me? Can I still eat the things I enjoy? What about vitamins? Do I have to join the gym to exercise? How can I exercise when I feel unwell?

Wednesday April 22

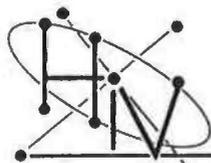
AN HOLISTIC VIEW

What is naturopathy? Is it expensive? Can I take herbal remedies with anti-virals? Are natural therapies an alternative or are they complementary?

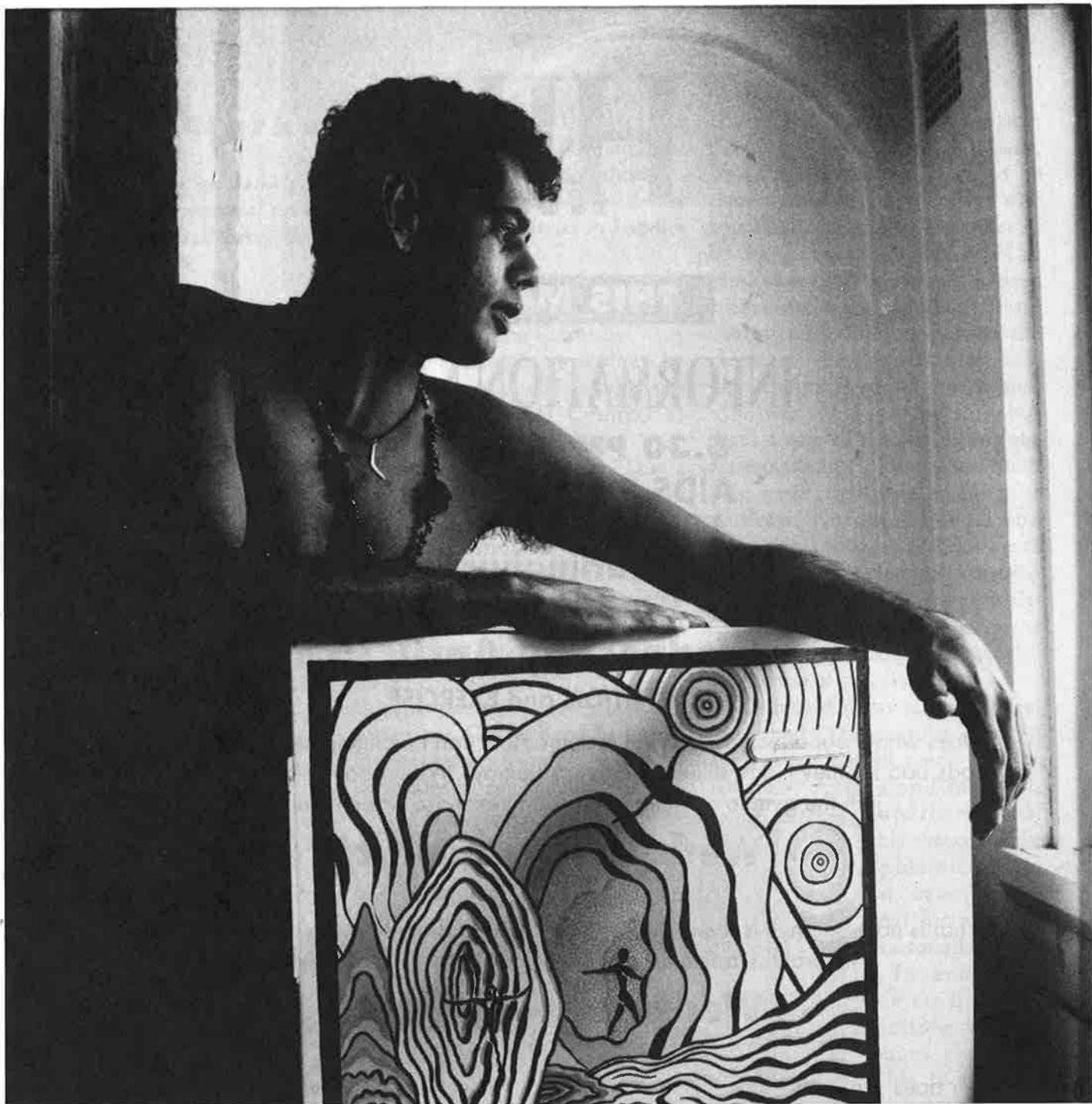
Wednesday April 29

STRESS MANAGEMENT

How does stress affect my immune system? How much stress is too much? How do I cut down? Is meditation the only option? Is there such a thing as a 'stress-free' life?



SUPPORT PROJECT



Luke Close's experiences as a carer for friends in the final stages of AIDS motivated him to find out more about HIV/AIDS and raise awareness of HIV/AIDS issues in the Aboriginal community. He went to the First National Aboriginal Conference on HIV/AIDS held in Alice Springs in March, which was attended by over 400 Aboriginal and 50 non-Aboriginal people from across Australia. Jill Sergeant spoke to him about his impressions of the conference when he returned to Sydney.

FRED HOLLOWES, WHO MADE HEADLINES with his keynote speech at the opening of the conference, didn't stay for the rest, says Luke Close. "He made his speech and ran for cover". Hollowes recommended that Aboriginal communities test people coming into their community for HIV, and quarantine people who were

HIV+. There was considerable anger at Hollowes and some people walked out of his speech. "Nobody at the conference supported what he said", says Luke. "People were shocked to hear that that was what he saw as the remedy. It was like listening to a missionary, and we've had enough of mission talk. I was angry for the whole conference. But the good thing was, it made people realise what they were there for, what the issues really were. It's not about isolating people or judging people. Judgement has no role." Hollowes stole media attention from the conference, which was in fact a groundbreaking event. For the first time some extremely sensitive issues, such as sexuality, were discussed frankly in a large forum of Aboriginal Health Workers. Luke believes the major success of the conference was that connections were made between HIV/AIDS and other major problems faced by Aboriginal communities such as alcoholism, kids running away from home, child sexual abuse, rape, and high rates of imprisonment.

People reported that there were Aboriginal children who were HIV+ and that married men who also had sex with men were at risk of infecting their wives because they did not practise safe sex. Gay and HIV+ Kooris spoke out about their experiences.

It became clear that HIV/AIDS education should be targeting everyone in the Aboriginal community, not just focussing on particular groups. Work needs to be done on lifting the stigma of both homosexuality and HIV; there needs to be a willingness to bring sensitive issues out into the open and there needs to be more education about HIV/AIDS.

There is little documentation on the progression of HIV/AIDS in Aboriginal people, Luke says. It appears that AIDS progresses very rapidly to final stage but this may be due to factors such as late diagnosis and lack of adequate health care and support. Aboriginal communities rarely have the resources or training to care for seriously ill people. There is no CSN on Palm Island.

"Koori people are thrown in the

A Good Healing

deep end", Luke says. Often they don't find out they have AIDS until they're very ill. Then they return to their community but may have to face lack of support, shame, judgements. "While they're going through the last stages of illness their community just dissolves around them. And after their death there's still a shame attached to their family."

An HIV+ diagnosis is also often perceived as 'immediate death' by Aboriginal people, who don't have information about treatments and don't know that HIV+ people can live many years without becoming seriously ill.

All of these are factors which could be changed through education and financial support.

"So many Aboriginal people — even guys in the gay scene — just don't want to know about AIDS. And the more I hear people say 'I don't want to know', the more I keep going with what I'm doing. I'm pushing people to start getting tested, I'm putting out this message that being HIV+ doesn't mean you're going to die tomorrow. It's ignorance that's going to destroy us. To say 'I don't want to know' is irresponsible, to yourself, and to others — like a man might be HIV+, and he's got a wife and children, and he's not having safe sex. He's got a responsibility to face it."

Luke is critical of the lack of information that exists about

HIV/AIDS among Aboriginal health workers — the people who should be the best informed. He believes this is a result of denial that HIV/AIDS is a problem for Aboriginal people, and the lack of a sense of urgency. It's 'somebody else's problem'.

"It's frightening, after eight years of education", says Luke. "I have had sex with HIV+ people, but I believe in safe sex, and I'm HIV negative. But there were people at the conference who were educated about HIV and still have trouble touching, or being near people who have HIV."

Luke went to the conference almost as a last ditch measure, as an independent person hoping to see some tough issues raised. "If they weren't going to really deal with the issues," he said, "then I was just going to go away up north and paint my canvases and forget about it. But they did, and that just reinforced me in what I'm doing now."

"It was a good healing for the Aboriginal community. No-one will have left that conference without knowing there's a need to start looking at things realistically. They can't say 'I don't want to know' any more. It's everybody's business. Nobody went away from that conference unmoved. On the third day there wasn't a dry eye in the place. That was when HIV+ Aboriginal people stood up and talked about their health status

and what their own communities were doing to them."

As a gay man, Luke also went to the conference wanting to know if the Aboriginal people there were going to include him in the community, or whether he'd be out in the cold. He found that he was accepted, and that in fact gay men and lesbians were among the people at the conference who had the best information and were setting the agenda. Other key participants were injecting drug users and people who'd been in the prison system.

Another conference is planned for later in the year, on 'men's business', to take up some of the issues raised at the conference.

There have been Aboriginal women's conferences which have looked at HIV/AIDS.

"Women are tackling issues that men should also be looking at" says Luke.

Another development is that a HIV/AIDS support group has been set up for Aboriginal and Torres Strait Island people who are HIV infected or affected. A fundraiser for the group was held at the conference. Luke believes that much credit should be given to those people who have been trying to get this group up and running over the past year.

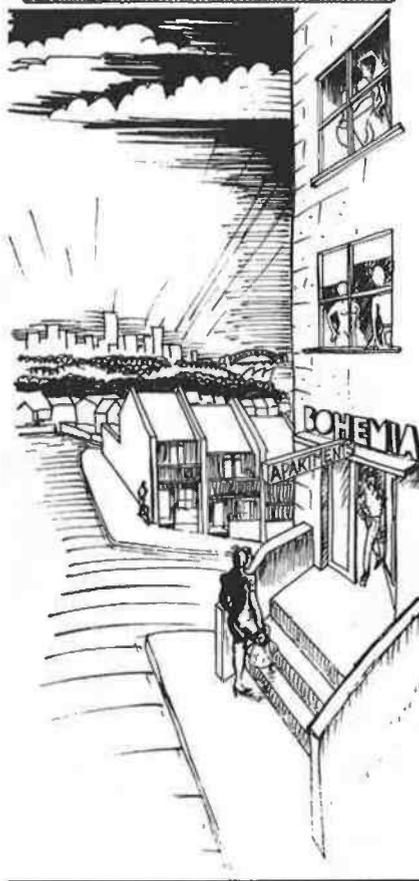
You can contact the group through its co-ordinator, Malcolm Cole, PO Box 201 Strawberry Hills, NSW 2012.

MARDI GRAS 1992



Anguish in

BOHEMIA



CHAPTER EIGHT by Rod Adams

The story so far: Nancy and Nigel unexpectedly teamed up to save Robbie from a bashing. Brad, with characteristic panache, arrived in time to dispense Manhattans. Read on . . .

Nancy hangs over

NANCY CRASHED INTO CONSCIOUSNESS with that peculiar dull thud that only an overdose of Manhattans the night before can give.

Light streamed into her bedroom, like fine points of a laser beam searing the edges of her brain. Was that tingling in her legs peripheral neuropathy, she wondered, like Jenny from her positive women's support group? More likely just some jangling impulses with nowhere to go.

The phone erupted with fortissimo birrups. "Hell - augh . . ." she gasped, unsticking her furry tongue from the roof of her mouth.

"Hi, Nancy!" boomed Wayne at the other end of the line. "We're gonna be a little late for that brunch you insisted we come to. We were at the hospital till 3 am getting Robbie patched up. See you in half an hour. Bye!" Click. The line went dead.

"Augh. . ." stammered Nancy.

Jolted by the thought of imminent brunchers descending, she crunched into action mode.

Nigel eases off the accelerator

SPEEDING DOWN HIGHWAY 1, Nigel chuckled to himself. He was

well out of Darlinghurst. The grazed knuckles he'd copped from the skirmish with the bashers the night before had stopped smarting. He hoped Robbie was OK. Cute kid Robbie. Maybe the physical scars would heal at least.

Glancing at the speedo, Nigel eased off the accelerator . . . 180 kph really was a tad over the speed limit. But that's what little red hire cars were supposed to do, and hiring a car was a fun way to fritter away a little of his \$30,000 compo.

He grinned wickedly to himself, and wondered if bashers who became HIV positive (in the line

of 'duty') could get some sort of occupationally acquired HIV compo.

Brunch supports HIV Living

BACK IN BOHEMIA APARTMENTS Nancy had salvaged her external appearance. "HIV Living, I'm over it", thought Nancy. "And why can't these boys look after their own emotional health — why do they always have to rely on a woman."

The loud bang at the door interrupted Nancy's hungover reverie.

Opening the door revealed Brad with the champagne, a bandaged and swollen Robbie, and Wayne with croissants.

"So much for a healthy brunch," said Nancy, eyeing the champagne and her less than healthy guests from behind dark sunglasses.

"Well, I thought we'd reminisce about the eighties — the decade of the power breakfast," replied Brad.

"Let me take your champagne. I'll chill it for later," said Nancy. "Much later."

Turning to her bandaged little brother, Robbie, she softened. "And how was the hospital last night?"

"Oh, OK," Robbie winced through his swelling face. "Though I'm glad I was only there for a couple of hours. Some of the guys with AIDS have been sitting in casualty for days . . . no beds . . ."

"But you're OK?" Nancy took her turn to wince. Robbie's face looked like hers felt.

"Yeah, but I feel like killing



those guys who bashed me”, sputtered Robbie. Wayne helped him to the table.

Nancy had thrown together a delicious brunch, laid out sumptuously on the balcony. They arranged themselves around the grease and sugar and pigged out.

“Now, that’s what I call healthy HIV living,” said Brad, contentedly rubbing his rather full abdomen.

“HIV Living is actually why I invited you around for brunch”, said Nancy.

“What do you mean?” said Wayne.

“Well, we’ve been living under a lot of stress lately — what with Brad finding out he has Kaposi’s Sarcoma, with me finding out Robbie is gay, with Nigel cracking up on the Nana Bent show and driving away, with Robbie getting

attacked last night, with living with this virus every day and everything else that’s happened in the last year, I think it’s time we started looking after ourselves.”

“What’s prompted all this?” queried Brad incredulously. “You’re not the greatest example of healthy living I’ve ever seen Nance. You’re the original sex, drugs and rock’n’roll girl.”

“Well thanks,” Nancy retorted. “I know your method of coping with having AIDS is to go into high camp mode and to mock the world but sometimes I wonder if that’s not a protection mechanism or some form of denial. I mean, buying out every purple polka dot drag queen outfit to advertise your KS is one way of ‘loving your disease’, but when did you ever say how you really felt about it?”

“We should talk about how it

feels. Keeping our emotions bottled up is no way to deal with our friends dying and with us having HIV and AIDS. Why are you boys so out of touch with your emotions? And why do I have to take responsibility for how you’re feeling?” gasped an exasperated Nancy.

“Are you really serious about this stuff, Nancy?” mocked Brad.

“Yes, I am!” Nancy shouted, wishing she hadn’t, her head still a dull throb. “I’m going to a positive women’s group and I think it’s time we all did a support group.”

“Boy, Nancy you’re being a bit of bossy older sister today”, said Robbie, feeling immune in his HIV negative status, and relying on his war wounds for sympathy.

“I’ve got something in mind for your emotional development too,

Robbie," she snapped. "But lets deal with support groups first. You know what started all this — that advertisement on the back of the *Star Observer* just before Mardi Gras."

"Oh, you mean that weird HIV Living thing," said Brad. "The advertisement with the decor that was so old and tired it is almost fashionable again."

"Yes, the one advertising support groups. I don't know — it just touched a chord. I realised there's so much about having HIV that I haven't begun to deal with, like getting sex, like not being able to plan a career, like not knowing about having children and that's just a few of the minor issues," continued Nancy.

"Support group, bunkum!" exploded Brad, "I've already decided to join the Little Brothers of Positive Joy, and who needs a bunch of those touchy feely weirdos who go to support groups.

"I'll touchy thump you in a minute, Brad. What do you mean a bunch of weirdos? Are you saying people with HIV are weird? What are you saying about yourself."

"I'm not saying anything about myself, but did you see their Mardi Gras float?!"

"Look," Nancy remonstrated, you know that cute boy just up the road — Luke — the one who makes every queen in the street drop what they're doing and start frothing at the bit and suddenly discover they have to put their rubbish out as he approaches — the one with about six boyfriends. Well, I betcha they're not his boyfriends. I betcha they're from his support group. He did a group a while back and it's really changed his life — just being in a room and sharing experiences with a group of people in the same situation, who've been through some of the same things, was a liberating experience for him."

"I don't know Nance, what about the social worker that runs the group?" asked Wayne.

"But these groups are not run by social workers — only people with HIV who've been trained. They're peer support groups, not health professionals.

"So what's made you the walking advertisement on all this, any way Nancy," asked Brad.

"Look, I'm not pretending to be an expert. All I know is that having HIV is not fun and that putting our heads in the sand or doing more drugs or getting drunk is not the only way to cope." Nancy's mind wandered to the chilled champagne in the fridge for a moment.

"Enough, enough, Nance," interjected Robbie. "You're sounding like an ACT UP meeting — but instead of demanding treatments or hospital beds you're demanding support. Get off your high horse. I know emotions are important but we've each got to decide for ourselves. Just because it's right for you now doesn't make it right for everyone else at the same time".

"I guess you're right", said Nancy, her brother's swollen face bringing her back to reality.

"I'll get off my high horse if Brad'll get off his butt and open that champagne."

"Yeah, great idea," chipped in Wayne. "And when you're back tell us who these Little Brothers of Positive Joy are, Brad."

TO BE CONTINUED

Introducing Gabby McCarthy

Gabby is the new PLWA Co-ordinator. She has featured in *Talkabout* before now, as an openly HIV+ woman who has a short but action packed history of work around HIV and AIDS. Among other things, Gabby has been chair of Maitraya day centre and was the first woman facilitator with the HIV Support Project. She wrote this letter to introduce herself to members.

MY COMING OUT HAS BEEN A GRADUAL PROCESS SINCE diagnosis three years ago. I began with close friends and just didn't seem to stop ever.

During that time I gradually became more and more involved in services for people with HIV. The first place I went to was Maitraya, feeling very frightened and nervous because everyone would know I was HIV+. I

spent the day telling people that I had HIV.

This seemed to be the beginning of my involvement in HIV and AIDS services outside the Positive Women's group. Since then I've been active in many ways and now being appointed to this position feels like the next step.

I hope I'll be of service to the members of PLWA NSW and I look forward to meeting you all eventually. Drop in for a chat sometime.



PHOTO JAMIE DUNBAR

Homefront



In control of AZT

Welcome to Homefront, the page that used to be called Personal Strategies. Homefront is the place where you get to talk about your personal strategies for living with HIV/AIDS. It will usually focus on people's experiences and decision-making and treatments (both medical and alternative). But it can also focus on other issues.

Anyone is welcome to contribute. Contact Jill on 283 3220 with your ideas.

I AM 27 YEARS OLD, DIAGNOSED HIV+ six years ago and infected approximately ten years ago. My first exposure to treatments was in 1986, after diagnosis, when I was told I could participate in the AZT trials being conducted. My CD4 count was 550 and based on the information regarding possible side effects, toxicity and the unknown effects of long term use, I declined to participate, deciding instead on the healthy lifestyle changes option.

My phobia of needles ensured my CD4 counts were few and far between, citing the fact that unpleasant experiences increased my stress levels, I avoided routine two monthly testing and was tested about every 18 months instead.

After five years of not treating with antiviral drugs but instead keeping a close watch on my diet, stress levels and exercise routine

my CD4 had slowly fallen to 260.

My decision, therefore, to begin antiviral therapy with AZT was based on many things. At 260, my CD4 count was in the low range and prophylaxis for opportunistic infections such as PCP was now in order. The probability that I was infected almost ten years before needed to be considered.

Considerations about the ability of HIV to begin to infect brain cells at this time also concerned me. Ultimately AZT got the thumbs up in July 1991, many years after 'health professionals' would have liked me to have begun.

The decision to hold off until that point was, I think, timely in that AZT is of great benefit to me now, whereas had I begun AZT therapy six years ago, I would most likely be resistant to it now and therefore more in need of other drugs.

Side effects of drugs now became an issue for me and to this end I set about the self education process, seeking information that went beyond 'what Doctor told you'. This came in many forms: A *MIMS Annual** was my best reference for identifying and 'decoding' drugs prescribed for various conditions, as well as their possible adverse reactions.

The *HIV Herald* and *HIV Briefs* available through ACON were also valuable sources of information about new treatments that

doctors don't seem to have time to discuss in busy inner city clinics.

Becoming involved with an ACON support group was also very good in that I could talk to other HIV infected people and listen to their accounts of why treatments were or weren't important and formulate my own viewpoint.

The choice of doctor for me was also important and I needed to have confidence in their HIV related knowledge and expertise. Trial and error solved the problem and I decided to settle on none of the doctors I saw, but rather use a combination of doctors and balance what I was told against how I was feeling.

My personal experiences with AZT side effects were nausea, headaches, dizziness and altered taste. The headaches and dizziness passed after about four weeks of therapy on the initial dose of 300mg per day, taken morning, noon and night. The nausea could be reduced to some extent by taking the capsules with meals and became much less of a problem after five to six weeks of therapy. The altered taste had also all but gone after five to six weeks.

Once my body had become used to this new toxic load (approximately three months after commencing therapy), I maintained the relatively low dosage of 300mg per day for an additional three months. My CD4 count rose

by 140, now giving me 390 T-cells. Gradually and at my own pace, I increased my AZT dosage to 500mg per day as this is now the recognised minimum dosage that will protect brain cells from infection by HIV. This, for me, is significant, in that my mental capacity to keep current with developments in HIV and act accordingly has, now been protected.

For me, AZT is a very toxic drug that took a great deal of getting used to before the side effects went away (approximately eight weeks). The benefits I've achieved have been an increased CD4 count and protection of my mental capacity to deal with HIV head-on.

By phoning around I found many of the HIV related practices and clinics had prescribing authority for AZT, and then set about selecting a practitioner.

The prescriptions themselves can be filled by most of the inner

city hospital pharmacies and so access to AZT has been relatively painless.

I have found that a 'weekend away' from AZT every four to five weeks makes me feel like I am giving my bone marrow a chance to normalise, produce more blood cells and also addresses some of my concerns about the 'build up' of drugs in my body. This also gives me the feeling that I am in control of AZT and not the other way around.

Ultimately I have listened to the signals my body has sent me and varied my regime to suit myself and not a particular doctor's wishes. This has been a very empowering experience for me and I now set my sights on the future.

— Craig Hamilton

* Pharmaceutical reference book updated annually. AFAO Treatments Project (Tel. 283 3222) can tell you how to get one.

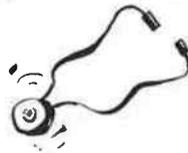
REQUESTS

Study on the effect of health care services on psychological adjustment. We are carrying out a series of interviews on those aspects of health services which have a beneficial or detrimental emotional or psychological effect on people living with HIV or AIDS.

If you have had good or bad experiences in your health care (either medical or alternative health care), we are interested in interviewing you for this study, which aims to provide feedback to health providers on how to improve the psychological impact of HIV-related treatment.

The interview will be carried out at a mutually convenient location. Interviews will be recorded, but all data will be anonymous. We would appreciate your involvement: please phone Michael Drury, National Centre in HIV Social Research (UNSW) on 332 1090 ext.286 to organise a time to talk with us.

Doctor, Doctor



THE SEARCH FOR a co-operative, mutually rewarding and hopefully successful interaction with your GP or clinic/

hospital medico is rather like trying to find the perfect partner — difficult. But it can be done. What follows are some things to bear in mind when attempting to establish and maintain that 'perfect' relationship.

People with HIV/AIDS are consumers. We are out after a service and as with most other

PLWA believes that maintaining a good relationship with our medical providers is central to the successful management of HIV. That's why PLWA organised an HIVpothetical last November called Working With Your Doctor. One of the movers and shakers behind the workshop was PLWA Committee member Peter Hornby, who takes the theme further.

goods and services, it pays to do what many gay men in particular are good at — shop around. For a number of us in these days of early testing and constant monitoring, there is nothing immediately or chronically wrong with our health. We work and play mostly as usual, except for the odd strange things that happen like shingles or

folliculitis or angular cheilitis. Most of the time we are not sick. This is the ideal time to shop for a doctor with

whom we are comfortable and in whom we can develop trust.

Awareness of HIV/AIDS and its ongoing treatment options is best considered and put into some perspective while you are still well. You are also in a much better position to assess your relationship with your doctor at this time than when you are afflicted with a

BEFORE I LET YOU OPERATE ON ME YOU'LL HAVE TO BE TESTED FOR H.I.V, C.M.V, HEP A B&C , E.B.V, HERPES , HOMOPHOBIA...



major illness. You cannot argue, discuss or consider options when you are really sick. Feeling uncertain about your doctor at that stage won't be much help to anyone. Before the really serious stuff starts happening, it is good to get the issues straightened out, and uncertainty out of the way.

If odd health problems do crop up, or you are having regular monitoring but are not happy with your current practitioner, try another doctor. Talk to others through PLWA, the HIV Support groups or your friends about their doctors and how they feel about them. Then next time you have a health problem — even if it's not apparently HIV/AIDS related, try another doctor.

The trouble with HIV/AIDS is that nobody really knows a lot about it. This is not a criticism of doctors — it is simply a statement of the level of medical knowledge of HIV/AIDS. I have two doctors. I feel this to be important for two reasons. Firstly, I have back up in case I need it. One doctor is at Albion St and being very busy is

not always available. the second is a local HIV/AIDS GP who can be seen the same day if necessary.

Secondly, I get two opinions on the same situation, if it's important. It's my life — literally — that's being managed and the quality of my life, in particular, is very important to me. It just seems sensible that getting two opinions will be valuable.

Doctors are no longer the gods we used to hold them to be, and nowhere is this more true than in the HIV/AIDS context. They know a lot more, medically, than we do, but we should not look upon them as wise men dispensing perfect answers. Those of us with HIV/AIDS are presented with managing a long-term illness which will progress through various possible stages that are not the same for everyone. Sensible and informed management are the key words here and I strongly suggest that your doctor is one of the keys to effective management. It's worth developing the relationship to be mutually rewarding and successful.

Doctors are people first; people with HIV/AIDS are people first; gays are people first. Talk to your doctor — get to know him/her. Talk about yourself, develop the confidence to express yourself. Ask: why this diagnosis; why this treatment; what are the side effects? Write notes before you go to the doctor and during the consultation, so that you can remember and understand what's been said. Inform yourself.

ACT UP is right. Knowledge (of your medical options) = Power (to manage your life); Silence (not finding out, not asking questions) = Death.

This is the first in a new series. We would appreciate your input. Please write to Peter Hornby at PLWA with any comments, observations or problems that you may have. If you are a doctor he would love to hear from you too. If you wish further information or referrals to clinics, hospitals or HIV/AIDS sympathetic GPs, please contact us and we will try to help you. There's also a PLWA liaison person at Albion Street Centre.

Fair Treatment



Developments with ddC access

IN FEBRUARY THIS YEAR, ROCHE announced it was starting two combination therapy trials that will allow the use of ddC in association with AZT. This is a considerable change of attitude for Roche, which had until this point been only interested in the use of ddC as a single agent.

The first trial is designed for people who have CD4 cells below 300 and who 'cannot participate in controlled trials' such as the delta trial. This probably includes anyone who has had some problems with AZT and does not want to enter a trial where there is a risk that they may end up back on AZT treatment alone.

The second trial, still at the developmental stage, is for people who have CD4 cells of 500 or less. This program is to be run on a community basis by general practice and community clinics. Unfortunately the systems to conduct trials at this level are yet to be put in place in Australia. Therefore, alternative mechanisms will need to be devised before this trial can get under way here.

Both of these trials will be using the same doses of ddC as are currently being given through the expanded access program — 1.125mg/day to 2.25mg/day. This is to be in conjunction with a dose of 600mg/day of AZT.

What is happening with respect to these studies in Australia? The Medical Director of Roche, Dr David Kingston, has prepared the protocol for the first of the two

programs, and this has been submitted to the Prof. David Cooper at the National Centre for approval. This is then subject to approval by the Department of Health and the various ethics committees in centres where the study is to be conducted. However, since it is an open study with very few restrictions or conditions, it is unlikely to be delayed.

The only possible hold up is the late arrival of adequate stocks to run the study. Historically when such programs are run in tandem with the US there is a preference given to supply the US as the major 'market' over the smaller centres such as Australia. This will need to be monitored fairly closely. However, the company has indicated it will be willing to use stocks that were earmarked for the special access and maybe the delta study. This will act as a stop gap until the new stocks arrive.

The second program is not possible in Australia until the CHATN (Community HIV/AIDS Trial Network) is established. The position of director of CHATN has been advertised, but is yet to be appointed. Therefore, it is reasonable to assume that this program will not be operational until at least the last quarter of this year. It is very likely that it will be well into 1993.

The Roche expanded-access scheme will continue for people who are intolerant of or who are failing treatment with zidovudine (AZT). The important factor to note, however, is that this program is designed for treatment with ddC alone.

Advances in anti-viral therapy

THERE IS CURRENTLY A LOT OF activity in Europe and the US with new drugs that act directly on HIV, and like AZT etc, attempt to stop the reproductive process of the virus. In particular AZT-like drugs such as d4T from Bristol-Myers Squibb, 3TC from Glaxo and two other completely new classes of drugs, called the TAT gene inhibitors and protease inhibitors. D4T is already well along in clinical trials, and 3TC centres in the US are currently recruiting volunteers for further studies. It is promised that similar work will be done in Australia, as soon as the results of this initial work become clear. It's probably true to say that the expectations about both drugs are still very cautious, particularly in the light of other drugs such as the TIBOs that have fallen by the wayside in the recent past.

The TAT gene inhibitors are looking particularly interesting, and the first member of this group (Ro 24-7429) is now being trialed in a clinical studies. This drug works in a different way to the nucleoside analogues such as AZT, in that it virtually stops the functioning of the virus particle. This is done by inhibiting the TAT gene, which has been identified as one of the key 'switches' that activate the virus, particularly its reproductive process. So, if this gene cannot be switched on, the virus is no longer able to reproduce, and is effectively prevented from causing further damage to



the T cells in the immune system. There is a considerable degree of optimism surrounding this class of drugs. It is also thought that since this gene is so fundamental to the virus, there will be a much less chance of mutation occurring and so, in theory, the possibility of a resistant strain emerging is also considered to be of a lower risk.

Another interesting area of development is the group of drugs known as the protease inhibitors. Again, these work quite differently to existing drugs. The protease inhibitors act at a later stage in the replication when the virus is preparing to assemble the various parts (e.g. the coating, the core, etc.) It is very much like the production line in a factory, where all the parts have been made and the remaining job is putting them together to form the finished product. In this case this is the compilation of the virus as a whole unit. The proteases are, in this analogy, the process workers on the factory line, in that they provide the means to assemble the virus. If these can be prevented from working then there is a good chance that the end product (HIV) will not be produced.

Three companies, Upjohn, Roche and Abbott are currently developing drugs in this class and the earliest clinical trials with the Roche product (Ro 31-8959) are

under way. As long as these early trials provide positive results, we can expect that these drugs will enter trials in Australia soon after.

Of course, if and when all of these agents enter the broader stream of HIV/AIDS treatment, the choices will expand accordingly, particularly in terms of combination treatments. Then the protocols of which drug should be used first and when will become an issue. At this stage, these questions remain unanswered.

— Ian McKnight

Buyers' Club ddC changes formulation

DDC OBTAINED THROUGH THE Buyers' Club at the AIDS Council of New South Wales (ACON) and all US sources now has a new formulation. Instead of capsules of 0.25mg, the new ddC comes as tablets of 0.375mg. Each bottle will contain 240 tablets. So to achieve a dose of 1.5 mg/day, a

person would need to take 4 of the new tablets instead of the 6 of the old capsules and, to achieve a dose of 2.25 mg/day, a person would need to take 6 of the new tablets instead of 9 of the old capsules.

This change in formulation is a move on the part of the manufacturer to further increase the accuracy and the purity of the drug, following allegations by the US Food and Drug Administration (FDA) that Buyers' Club ddC fluctuated alarmingly in its quantity per capsule. (This by the way, is *not* confirmed by ultraviolet spectrometry and liquid chromatography tests that are done by the buyers club at ACON.)

The ACON Buyers' Club has confirmed with its source that there will be no problem getting ddC in the period between US approval and Australian approval. And there won't be a price change.

— Lyle Chan

P U B L I C M E E T I N G

AIDS BEDS

Wednesday April 15 7.30 pm

Heffron Hall Cnr Burton and Palmer Streets Darlinghurst
Speakers from NSW AIDS Bureau, St Vincents and ACON
ORGANISED BY THE AIDS COUNCIL OF NSW

Recipes

Last month Talkabout published advice on how to put on weight, using a holistic approach. This issue, the tips are coming from a slightly different perspective.

The following tips and most recipes are from food fact sheets which are being developed by the DAA HIV/Oncology Special Interest Group.

Not all of these suggestions will be suitable for everyone. Consult your doctor or dietitian if you have problems with fat intolerance, low lactose, diarrhoea or other problems.

For more information contact Hilda High at the Albion Street Centre.

More hints on weight gain

It may be easier to enrich foods you are already eating rather than changing your food choices.

- Always use whole or full cream milk and milk products if you can tolerate fats.
- Add grated cheese to sauces, soups, vegetables, scrambled eggs or omelettes.
- Add cooked meats and lentils or split peas to home made or canned/packet soups.
- Add nuts and lentils to casseroles and stews.
- If you can tolerate fats, fry meats, chicken and seafoods where possible.
- Also fry or bake vegetables where possible and add cheese, sour cream or butter/margarine to steamed vegetables.
- Use mayonnaise or dressings on salads and in sandwiches.
- Add fresh, tinned, stewed or dried fruit to breakfast cereals, yoghurt and puddings. Tinned or stewed fruits are as nutritious and usually higher in calories.

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Gloria's Food



- Try peanut butter, cream cheese, dips or mayonnaise on crackers as a snack.
- Choose fried rice and noodles or add butter/margarine to steamed varieties.
- Use cream or meat based sauces with pasta or rice and top with cheese.
- Make porridge with milk. serve with sugar, syrup, milk or cream.
- Try muffins, raisin toast, crumpets, scones, piklets with honey, jam, butter or cream.
- Fruit cake, muesli bars and health food bars are good snacks.

Enriched milk

Add 6 level tablespoons (tblsp) of milk powder to 1 litre of whole milk. Use this milk in smoothies, cooking etc.

Smoothies

250 mls chilled enriched milk
fruit of choice*

1 medium-sized scoop vanilla ice cream

2 tsp Horlicks (optional).

Mix all the ingredients in blender.

Serve chilled, sprinkled with nutmeg if desired.

* 1 mashed banana or 1 cup tinned apricots and a slice of lemon or half cup soaked, stoned prunes or Jaffa (2 tblsp chocolate topping and 1 tblsp orange concentrate).

Weight gain drink

Pop into the blender:

1 cup of soy, goat's or skim milk

1 or 2 free range eggs

1/4 cup live culture or low fat yoghurt (Jalna, Bornhoffen)

1 pinch of cinnamon

1 tablespoon lecithin granules (Best to buy in the tin)

1 heaped teaspoon of vegetable protein powder

Optional:

1 dessertspoon of rice bran

1 tablespoon of apricot kernel or almond oil

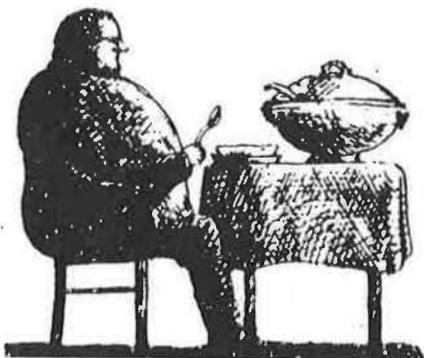
1 banana

1 tablespoon of avocado

1 teaspoon of wheatgerm'

Blend and keep covered in the fridge. This will make 2-3 cups of weight gain drink, which can be diluted with soy milk if desired.

MORE RECIPES NEXT PAGE



Enriched meat loaf

1 tblsp olive or canola oil
1/3 cup wheat germ, bran or bread crumbs
1 garlic clove crushed
3 teaspoons (tsp) parsley chopped
1 green pepper chopped
1 onion chopped
500g lean mince
1 egg
1/3 cup milk powder
seasoning to taste.
Heat oil, add garlic, green pepper and onion, cook until onion is transparent, about 3 mins. Add remaining ingredients, combine well and pack into a greased loaf tin. Decorate the top of the loaf with sliced peaches for a slightly

different flavour. Bake in a moderate oven (180 celsius) for 40-50 minutes.

Fruit and Nut Roll (snack)

Mix equal amounts of peanut butter, chopped dates, honey, chopped raisins, skim milk powder and chopped nuts. (1/4 cup of each works well) Place all ingredients in a basin and mix well. Shape into a roll, dividing the mixture in two if necessary. Wrap in foil and refrigerate until firm. Cut into slices to serve.

Rice custard

1 1/2 cups cooked rice
3 cups enriched milk
1/4 cup raisins or sultanas
2 tsp vanilla essence
3 eggs
2 tblsp sugar
nutmeg (optional).
Place cooked rice in bottom of a greased, 6 cup casserole dish. Sprinkle with raisins or sultanas. Beat eggs with milk, vanilla and sugar and pour over rice. Sprinkle with nutmeg if desired and bake in a moderate oven (180 Celsius) for 45 minutes or until custard is set. Serve warm, with stewed fruit or yoghurt.

Thanks to Hilda High and Neal Fitzgerald for the recipes.

Hi there!

We hope you've enjoyed the new *Talkabout*. To celebrate going monthly, we decided to give *Talkabout* a new look. We've also rearranged the content a bit and introduced some new sections.

What we haven't changed is our commitment to you, our readers. We'll still be printing the best information we can get on HIV and AIDS issues. And *Talkabout* is still the space where you can write about whatever's important to you.

The change in style hasn't been a very smooth one — are they ever? We nearly didn't have a *Talkabout* to launch. So big thanks to:

Steve Broadbent for the redesign and also for the emergency use of his computer and help in laying out this issue. Breakout Printing for patience and speed.

Phillip McGrath for logo graphics.

Robert Ariss, Guenter Plum and John Robinson for proofreading.

All the contributors.

And the volunteers who come in each month to mail out *Talkabout*.

Talkabout

Easter Sunday Fertility Drive

Friends of 17 South will deliver Easter eggs and cheer to PLWAs in HIV/AIDS units around Sydney. You can help by donating Easter eggs — especially carob ones — money or your time as a delivery bunny.

Leave your eggs at either The Bookshops Darlinghurst and Newtown, The Natural Alternative Darlinghurst and Newtown or Pike's Newsagency, 267 Victoria Street Darlinghurst before April 19. For more information, call Kevin on 660 6544 and leave a message.

The AFAO Legal Project

DO YOU HAVE A LEGAL ISSUE regarding HIV/AIDS? The AFAO Legal Project gives free advice and assistance on legal problems related to HIV and AIDS. The main client group is people with HIV and AIDS, but advice is also given to health care workers and service providers.

This project is funded by AFAO and is based at the AIDS Council of New South Wales (ACON). As well as the legal advice, we have a number of publications:

The pamphlet *AIDS and Your Rights* gives basic information on legal issues and HIV/AIDS.

Our quarterly newsletter *Legal Link* reviews changes in AIDS Law and Policy, to keep lawyers up to date on changes and interesting developments.

The Australian HIV/AIDS Legal Guide is a summary of the law relating to HIV and AIDS in each state and territory.

We also have an extensive resource library for students, researchers and people interested in different aspects of the law and HIV/AIDS.

This project also supports the volunteer Legal Working Groups in each state and territory. These groups are made up of lawyers, health professionals, students and others who are interested in HIV/AIDS law and policy. They give advice on legal policy issues and provide referrals for people with HIV/AIDS related legal problems.

For legal advice: Michael Alexander
For general project information: call Amanda Lyons at ACON on (02) 283 3222, TTY for the deaf (02) 283 2088 or write to PO Box 350 Darlinghurst 2010.

Badlands Services Association Inc.

BADLANDS IS A RESIDENTIAL, HARM reduction service providing a safe, non-coercive space for up to ten people at any one time, who are at risk of HIV transmission. While some residents of Badlands know they are HIV+, others do not know their status or have tested antibody negative to date. Badlands residents are mainly injecting drug users and many are also working in the sex industry.

Badlands provides a supportive, safe environment in which residents can have access to accurate HIV information and encourages residents to explore options which they have discovered for themselves. It offers quality baseline material requirements — food, clothing, in-house needle and syringe exchange. Its main objective is to facilitate empowerment in residents to enable them to maintain safe practices and, therefore reduce the risk of harm in their lives.

Maximum stay: three months.
BADLANDS 382-384 Bourke St
Surry Hills NSW 2010
Tel. (02) 360 7761
Fax. (02) 360 7096

SWAIDS

SOCIAL WORKERS IN AIDS (SWAIDS) is a group of social workers working with people living with HIV/AIDS. Members are employed in a variety of settings, eg. hospitals, community health and non-government community organisations, and in research/education. The group serves as a forum for the exchange of ideas and information and has been actively involved in lobbying to have policies of departments such as Social Security and the Department of Housing revised where they adversely affect people living with HIV/AIDS.

If you wish SWAIDS to lobby on a particular issue, please contact Chairperson Grahame Colditz, c/o Prince Henry Hospital, phone 694 5721 or Secretary, Lib Edmonds, c/o Kirketon Road Centre, PO Box 22 Kings Cross 2011.

What's Goin' On



HIV Support/ Action group HUNTER AREA

is held at 6.30pm on the
4th Wednesday of
every month at

ACON, Level One, Bolton St Newcastle

A welcome is extended to
all HIV+ people to attend. If
you would like to attend the
group or require more
information please call
ACON on (049) 29 3464.

ACON Meditation Group

Tuesday and Thursday mornings 9 am–10 am
Training room, ground floor, 188 Goulburn St. Darlinghurst.

Free to social security/unwaged

\$2 suggested donation for waged (towards cost of cushions)

Open to all people living with HIV/AIDS, their friends,
lovers, supporters, carers, health workers etc. All welcome.

Meditation can be useful as a means to reduce stress,
energise the body and increase clear thinking. There are
many techniques and traditions of meditation, some of
which are specifically beneficial in the healing process.

Meditation does not have to have any particular spiritual
context or implication to be effective. Material on, and
some assistance with, different techniques will be
available for beginners. Wear loose fitting clothing and, if
you have one, bring a cushion.

Proposed NUAA INFORMATION NIGHT

A report back from the Melbourne *Drug
Related Harm* Conference (an update on harm
reduction)

APRIL 20TH 6PM

16 LESWELL STREET BONDI JUNCTION

The topic will be particularly relevant to those
interested in IDU and HIV/AIDS.

Please phone NUAA for more information on
the monthly information nights on 369 3455.

HIV RELAXATION SESSIONS

Would you like to learn various
easy healing, strengthening,
relaxing techniques to help in HIV?

Open to people with HIV.
Carers, Partners, Family

at NO financial cost

Come along Wednesday Evenings
between 6–7pm

Newtown Neighbourhood Centre
Cnr Australia & King Streets
Newtown

PARRAMATTA Western Suburbs HIV Information Nights

**ALL WELCOME
6.30 pm-8.30 pm**

Wednesday May 6

HIV INFECTION AND THE IMMUNE SYSTEM
What the immune system is and what a virus is. How the virus is spread. How your body reacts. What the virus does in your body. What is likely to happen once you are infected.

Wednesday May 13

MONITORING AND PROPHYLAXIS

What does monitoring mean? What makes it worthwhile? The basics of what you need to know about monitoring. What is prophylaxis? How will it help you? What illnesses can be prevented by using prophylaxis? How will you know if you need it?

Wednesday May 20

TREATMENTS AND DRUG TRIALS

What are drug trials? How will they help you? The need for drug trials. What drugs are available? The pros and cons of drug trials. What medical treatments are available? Whose choice is it anyway?

**YOU DON'T NEED TO BOOK, JUST TURN UP ON
THE NIGHT THAT INTERESTS YOU.**

**The Kendall Centre AIDS
Information and Support Services
26 Kendall Street Harris Park
Tel. 893 9522 Fax. 891 2087**

IN ASSOCIATION WITH THE AIDS COUNCIL OF NSW



New England Region Needle Exchange Program



For locations of outlets and outreach services
067-66 2626 message, 018-66 8382 mobile
A free and confidential service
Providing fits, swabs, water, condoms, lube,
information and education

HIV Support/Action group

HUNTER AREA

Is held at 6.30pm on the 4th Wednesday of every month 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

SERVICING THE WESTERN SUBURBS

the

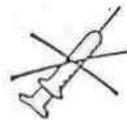
KENDALL CENTRE

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	

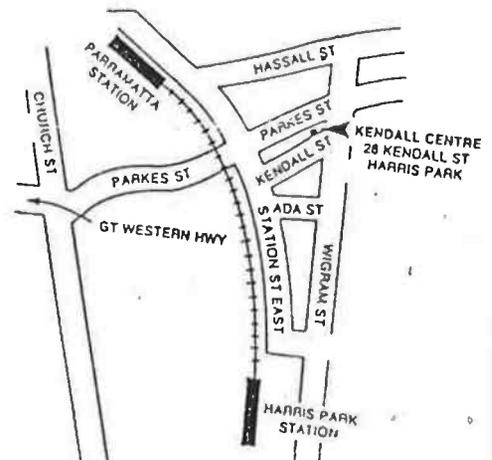
A unit of the Western Sydney Area Health Service

Don't share
needles &
syringes



ANYONE CAN GET AIDS

Always use
condoms



Contact List



GENERAL

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 281 0362. PO Box A1242, Sydney South 2000.

AIDS Council of NSW (ACON): Provides services in education, welfare, support and advocacy in relation to HIV and AIDS to the gay and general community.

188 Goulburn St, Darlinghurst 2010.
283 3222, fax 283 2199.

ACON Hunter PO Box 1081, Newcastle 2300. (049) 29 3464.

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

ACON Mid-North Coast
PO Box 990, Coffs Harbour 2450.
(066) 51 4056.

ACON North Coast PO Box 63, South Lismore 2480. (066) 22 1555.

AIDS Trust of Australia: A non-government national fundraising body which raises money for research, care and education related to HIV and AIDS. PO Box 1272, Darlinghurst 2010. 211 2044

Albion Street AIDS Centre (Sydney Hospital AIDS Centre.) Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. 332 1090.

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

Australian Federation of AIDS Organisations (AFAO) Umbrella organisation for Australian state and territory AIDS Councils. (06)247 3411.

Deaf Community AIDS Project Call Colin Allen at ACON 283 3222 or (TTY only) 283 2088.

Euthanasia Voluntary Euthanasia Society of NSW Inc. PO Box 25 Broadway, 2007. 212 4782.

Fun and Esteem Workshops and drop-in groups for gay or bisexual men under the age of 26. The groups provide a chance to talk about everything from safe sex to coming out. The groups are social and fun and meet in Darlinghurst and Parramatta. For more information call Aldo or Brent 283 2599.

Haemophilia Unit Royal Prince Alfred Hospital, 516 8902.

Kids With AIDS (KWAIDS) and Parents of KWAIDS. Inquiries Paediatric AIDS Unit, Prince of Wales Hospital, 39 2772.

Donations c/o AIDS Trust, 211 2044.

Lismore Sexual Health/AIDS Service A free, confidential service for all STD and AIDS testing and treatment. For further information or appointment (066) 23 1495.

Metropolitan Community Church (MCC): International gay church. 638 3298.

National Centre in HIV Epidemiology and Clinical Research federal research centre conducting trials for AIDS treatments and other AIDS related research. 332 4648.

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

NSW Anti-Discrimination Board Takes complaints of AIDS related discrimination and attempts to resolve them by a confidential reconciliation process. Currently employs a full time AIDS Project officer. Sydney 318 5400.

Newcastle (049) 26 4300.
Wollongong (042) 26 8190.

NSW Users and AIDS Association (NUAA) 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 3rd Monday each month at 6pm. 369 3455.

Quilt Project Memorial project for those who have died of AIDS, consisting of fabric panels completed by friends, lovers and family of those to be remembered. 283 3222.

Sex Workers' Outreach Project (SWOP) 391 Riley St, Surry Hills. 212 2600.

Social Workers in AIDS (SWAIDS) A special interest group for social workers working with people with HIV and AIDS. SWAIDS is involved in peer education, support for members and lobbying on issues affecting PLWAs. Contact the secretary, Lib Edmonds, c/o Kirketon Road Centre, PO Box 22, Kings Cross, 2011, or the chairperson, Grahame Colditz, c/o Prince Henry Hospital, 694 5721.

Transfusion related AIDS (TRAIDS) Unit For people with medically acquired HIV and AIDS. the Unit provides crisis/long term counselling and welfare support to clients and their families. The unit has a state-wide responsibility and is based at Parramatta Hospital. Call Pam or Claire 635 0333 ext. 343. Red Cross BTS: Call Jenny 262 1764.

DAY CENTRES

Blue Mountains PLWA Support Centre Operates Wednesday 11am - 2.30pm (lunch served). Fridays 6.30 - 9.30pm (dinner served). Tuesdays 10am for individual or group counselling. (047) 82 2119.

Central Coast (Konnexions) HIV+ drop-in centre, 11am - 3pm Mondays at the old stone building, Anglican grounds, 3 Mann St, Gosford. Inquiries Pauline (043) 20 2144.

Newcastle (Karumah) Upstairs, 101 Scott St Newcastle, opposite Newcastle Railway Station. Every Thursday from 11am. Call John (049) 62 1140 or

ACON Hunter branch (049) 29 3464.
Sydney (Maitraya) Daytime recreation/relaxation centre for people with AIDS. Lunch Tues, Wed, Fri. (free or donation). Massage also available. Some group meetings. 396 Bourke St Surry Hills. Inquiries (incl. membership) 361 0893 Client's phone 360 9896.

HOSPITALS

John Hunter Hospital (Clinical Immunology Ward) Lookout Rd, New Lambton, Newcastle. (049) 21 4766.

Prince Henry (Special Care Unit) Anzac Parade, Little Bay. 694 5237 or 661 0111.

Prince of Wales (Paediatric AIDS Unit) High St, Randwick. 399 0111.

Royal North Shore Pacific Highway, St Leonards. 438 7414/7415.

Royal Prince Alfred AIDS Ward Missenden Road, Camperdown. 516 6437

Sacred Heart Hospice A palliative care facility. 170 Darlinghurst Rd, Darlinghurst. 361 9444.

St George Belgrave St, Kogarah. Inpatient/outpatient and day treatment centres and STD clinic. Call Stuart Linnet 350 2742/43.

St Vincent's (17th Floor South AIDS Ward) Victoria St, Darlinghurst. 361 2337.

Sydney Sexual Health Centre Sydney Hospital, Macquarie St, Sydney. Appointments 223 7066.

Westmead Centre (Westmead and Parramatta Hospitals) Westmead 633 6333. Parramatta 635 0333.

PRACTICAL HELP

Badlands Residential harm reduction service providing a safe, non-coercive space for up to ten people at a time, who are at high risk of HIV transmission or may be HIV+ Residents are mainly injecting drug users and/or may be sex workers. 382 - 384 Bourke St, Surry Hills, 2010. 360 7661.

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. 360 9755.

Central Coast Positive Support

Network (CSN) trained volunteers providing practical home/personal care for people with AIDS. Inquiries Peter (043) 23 7115 or Paul (043) 20 3399.

Community Support Network (CSN) Trained volunteers providing practical home/personal care for people with AIDS. 283 3222.

CSN Newcastle Call Rosemary Bristow, ACON Hunter Branch. (049) 29 3464.

CSN Wollongong Call Angel Carrasco, (042) 74 3908.

Legal Project (AFAO) legal advice and advocacy on HIV and AIDS related problems.

Call Michael Alexander 283 3222.

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

Share Accommodation Register For people affected by HIV and AIDS and others seeking accommodation. Free, not restricted to HIV+ people. 283 3222.

Tiffany's Transport Service for PLWAs: (in the Sydney area.) 361 0958.

SUPPORT GROUPS

Bathurst AIDS Support Group meets Tuesdays 7-9pm at the Women's Health Centre, 20 William St. Call Vi (063) 31 4133.

Civil Rehabilitation Committee Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders. Call Pam Simpson 289 2670.

Friends and Partners of People with AIDS A peer support group providing emotional support for friends and partners of people with AIDS. 7pm, 1st and 3rd Mondays in the month at Maitraya Day Centre, 396 Bourke St, Surry Hills. Inquiries Gary 369 2731.

HIV Living Support Groups For HIV+ people. Call HIV support officers 283 3222/2453.

Newcastle Gay Friendship Network Peer support, workshops and activities for gay men under 26. Call ACON Hunter branch, (049) 29 3464.

North Coast Positive Time Group A support and social group for PLWAs in the North Coast region. Call ACON North coast (066) 22 1555.

Parent's Group (and relatives) A support group for the parents or relatives of people with AIDS. Every 2nd Wednesday at 12.30 pm. 5th floor, Notre Dame Building, Burton St, Darlinghurst. Call Linda Barr 339 111 (page 248) or Marie Pettitt (page 256) to indicate attendance.

Partner's group A support group mainly for partners of people who are in/outpatients at St Vincent's. Every 2nd Tuesday, 6-8pm. Please phone Chris Connole 339 1111 page 345 or Leslie Goulburn page 255 if you're interested in attending.

Positive Women Support Group. Call Women and AIDS Project Officer at ACON 283 3222.

Positive Young Men A support group for positive gay men under the age of 26. groups run for 6-10 weeks at a time. Groups are run by Fun and Esteem and the HIV Support Project. For information call Aldo or Brent 283 2599 or HIV Support 283 2453.

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 and relaxation classes and one-to-one counselling. 906 3112.

SACBE - El Camino Nuevo A support network and group to educate the Spanish speaking community about AIDS. 754 2237.

Sydney West Group A Parramatta based support group. Pip Bowden 635 4595.

**IS YOUR LISTING
CORRECT?**
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 worldwide 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 — join PLWA.

FIRST NAME _____ LAST NAME _____

POSTAL ADDRESS _____

POSTCODE _____

PHONE _____ (W) _____ (H) _____

- I wish to apply for membership of PLWA Inc (NSW)
- I wish to subscribe to Talkabout
- I wish to make a donation of \$ _____
- I enclose a cheque/money order for \$ _____

In the interests of your confidentiality

I agree to have other members know my name and address Yes No

I am publicly open about my membership Yes No

Annual rates are

Membership \$2

Subscription donation to *Talkabout* is optional for people receiving benefits

Individual \$10

Organisation (up to 4 copies) \$20

(up to 10 copies) \$30

Please specify number of copies _____

Please forward this completed form to PLWA Inc (NSW), PO Box 1359 Darlinghurst 2010.

Make all cheques payable to PLWA Inc. (NSW). Donations \$2 and over are tax deductible. We will send you a receipt.

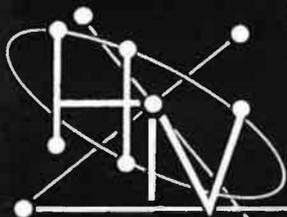
SIGNATURE _____ DATE _____

HIV *living*

**SAFE
PLACE**



Unlike kitchens, where 73 percent of domestic accidents occur, HIV support groups are safe places. Everything said in the group stays in the group. Call us for a confidential chat about joining one.



• **SUPPORT PROJECT (02) 283 3222 or 283 2453**

AN INITIATIVE OF THE AIDS COUNCIL OF NEW SOUTH WALES INC. (ACON)