

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

HIV Living...



BUT WHERE?

COMMENT

Living with HIV . . . but where?

A PLWA MOVES INTO A "HIV FRIENDLY" SHARED HOUSEHOLD, ONLY to be asked to move out when she comes down with PCP two months later . . . two partners take turns sleeping on a friend's lounge in between hospital stays . . . meanwhile, the priority waiting list for Housing Department accommodation goes from six to seven months.

Scenes such as these are still relatively rare, but as time (and the recession) goes on, and more people with HIV/AIDS become sick, and if the Department of Housing makes no special effort to find appropriate housing for PLWAs in the areas where it's most needed, they're likely to become more common.

Secure and comfortable housing is a vital factor in maintaining good health. A US study found that, among a group of people with AIDS, the homeless had a higher incidence of acute PCP and tuberculosis. But we don't need a study to know that the stress of living in crowded conditions, or with no security of tenancy, or of battling to meet high rent payments is detrimental to our health.

Yet that's what an increasing number of PLWAs are forced to do as they wait for up to eight months for a Housing Department unit which may, with luck, be somewhere near the services they need. Community groups such as ACON and BGF are able to provide some stop-gap assistance, but the primary responsibility for housing PLWAs rests with the Department.

Assistance in providing adequate housing should be an essential part of any good public health strategy for HIV/AIDS. The experiences of PLWAs in Waterloo demonstrate that people with AIDS can't be housed just anywhere. We need to feel safe where we live as much as we need to be near health and support services. For many of us, this means somewhere in the inner eastern or western suburbs. Housing stock in these areas is at a premium now and it's not likely to get any better soon.

It's almost an open secret that the Department intends to build no new housing stock in areas S1 and S2. That's the inner east and west to you and me. "Move out to Auburn or wait" is not good enough as a response to the housing needs of PLWAs in inner Sydney. In country areas, there's not much in the way of public housing as it is, and turnover is low.

We don't need to add homelessness to the list of major problems faced by people with AIDS. The Housing Department must take action now if it is to avert yet another AIDS crisis.

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This Month's Cover

by Ruth Samuels. It's all very fine to talk about HIV living, but where do you do it? Some of us have no housing problems — for others, it's a continuing headache.

This month, *Talkabout* looks at some of the options. Our housing special starts page 10.

Women's Conference

THE FIRST INTERNATIONAL CONFERENCE of women living with HIV/AIDS was held near Amsterdam just prior to the VIIIth International Conference on HIV/AIDS in July.

Fifty six women from thirty countries participated in a four day workshop. A quarter were representatives from African nations. Representation from the Asia/Pacific region was minimal. I was the only woman from Australia. There were two women from New Zealand and one woman from Thailand.

In spite of our diversity of culture and lifestyle, a strong sense of solidarity developed over the four days. There was a high level of empathy and sharing of concerns and needs. For someone such as myself, who didn't meet another positive woman until four years after my diagnosis, to be networking with such a global diversity of women was quite overwhelming, fulfilling, and certainly empowering.

Workshops covered themes such as dealing with the media, how to set up peer support groups, international networking, complementary therapies, changing the image of women with HIV/AIDS, political lobbying, decision making power and the rights of women living with HIV/AIDS.

I facilitated a workshop on how to establish and maintain a peer support group for women. I was interested to learn that France had no support group for positive women and in some countries support groups were run by HIV negative women.

We exchanged materials we had produced and there was a screening of locally produced videos. Our local book and video package, *Positive Women Speak Out*, was extremely well received.

A list of twelve statements or

demands was formulated for presentation at a press conference at the VIIIth International Conference (see page 9). We also established the "International Community of Women Living With HIV/AIDS" (ICWLHA) and introduced ourselves at the opening plenary of the VIIIth Conference.

Women's issues were given higher priority at this conference than at previous international conferences. Women with HIV/AIDS were clearly heard—which was one of our aims. No longer are we invisible on the international AIDS scene.

Regional representatives have been nominated for the ICWLHA and since the Conference, funding has been received to establish a base in London. At present this is staffed voluntarily while a coordinator is sought. An international newsletter is being produced.

I came away from both conferences feeling re-energised and further committed to women and HIV/AIDS issues. However I also feel frustrated and angry about the lack of awareness, funding and women-sensitive services for positive women.

Women with HIV/AIDS in Australia are still being ignored, undiagnosed, under-treated, under-researched or invisible. As a woman who has been living with HIV/AIDS for eight years, I believe that urgent change to this appalling situation is long overdue.

— *Bev, Positive Women, Melbourne*

Positive Living the conference

EVER WONDERED WHAT HAPPENED to the Living Well conferences? The last one was about two years ago, and since then there have been a lot of rumours about another positive people's conference, but not much action—until now. The

National People Living With AIDS Coalition (NPLWAC) has organised a conference exclusively for people with HIV and AIDS.

Positive Living will be held in Sydney on November 20-21, just before the 5th National Conference on HIV/AIDS, which is convenient for country or interstate visitors who will be attending that conference.

The focus of *Positive Living*, however, is not research, prevention and highbrow experts having a talkfest. It is, in the words of Charles Roberts, the Chairperson of NPLWAC, a chance to "get together to identify, examine and discuss issues of importance to our lives as people with HIV/AIDS."

The Conference opens on Friday evening (November 20) with a reception at the Stronghold function room at the Clock Hotel in Crown St, Surry Hills. There will be several speakers at a light meal.

On Saturday there will be two plenary sessions and two workshops. The first plenary will address treatment issues with a focus on people's personal experiences. The workshops will cover three areas: *Telling Our Stories*, *Informing Ourselves* and *Taking Control*. This last workshop is intended to be useful and relevant to anyone planning to attend the 5th National Conference. The final plenary will be a summary of the conference and an opportunity to discuss future strategies.

Attendance is free for people who are not working and \$10 for those who are. Although some speakers at the Conference do not have HIV/AIDS, registration is only open to people with HIV/AIDS.

For more information and registration forms contact Charles Roberts or Julie Bates on (02)283 3222 or Mark Boyd on (06)285 4464.



The AIDS Memorial Quilt was unfolded at Parliament House in Canberra on October 15. The ceremony launched a fundraising drive by the Quilt Project "Friends of the Quilt". Federal Health Minister Brian Howe called on individuals and organisations to become "friends" by subscribing to the Project — for "the price of a cup of coffee a week". The pharmaceutical company, Burroughs Wellcome, has donated \$25,000 to the Quilt. For information on becoming a Friend of the Quilt, call 360 9422.

Antibody party

THE HIV STRATEGY AND SUPPORT Team of ACON are planning another Antibody party to coincide with the 5th National Conference on HIV/AIDS. The party will be held at the Midnight Shift on Sunday, November 22 from 9pm and entry is \$5 donation.

All money raised will be used by the HIV Strategy and Support Team in supporting the HIV community. The evening will be a positive space for HIV positive people and their friends.

— Russell Westacott

New social research

MACQUARIE UNIVERSITY'S UNIT OF the National Centre for HIV Social Research will conduct three new social research projects on the gay community's responses to the AIDS epidemic. This is the first time in Australia that researchers will look beyond individual responses of gay and bisexual men, to their community.

The issues to be explored by the studies include sexuality, the meaning of gay identity, cultural representations, how community organisations have changed and how the epidemic has restructured relationships with the wider community.

The studies are; *Positive men: Sexuality, Health and Comm-*

unity, senior research assistant Tim Carrigan; *Gay Community Cultural Representations of HIV/AIDS*, senior research assistant Nicholas Bates; and the *Sydney Gay Community HIV/AIDS Impact Study*, senior research assistant Robert Ariss.

The three projects will be conducted over the next nine months and will be seeking maximum input from members of the gay community. For more information contact any of these people on (02)805 8046.

In a separate initiative, the Sydney Men and Sexual Health (SMASH) project, a collaborative effort by the National Centre in HIV Epidemiological and Clinical Research and the National Centre for HIV Social Research, is recruiting gay and bisexual men to

Talkabout

ISSN 1034 0866

Talkabout is published every month by People Living With HIV/AIDS Inc. (NSW). All views expressed are the opinions of the respective authors and not necessarily those of PLWHA, its Management Committee or members.

Talkabout is produced by the Newsletter Working Group of PLWHA (NSW) Inc. and printed by Breakout Printing 389-391 Sussex St Sydney, NSW.

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Talkabout is made possible by subscriptions, donations and a grant under the State/Commonwealth AIDS Program.

Talkabout is also grateful for the assistance of the AIDS Council of NSW.

DEADLINE FOR THE NEXT ISSUE

November 19

Send contributions to PO Box 1359 Darlinghurst, NSW, 2010. Call Jill for the date and time of the next Newsletter Working Group meeting.

How to Contact People Living With HIV/AIDS Inc (NSW)

Talkabout Co-ordinator
Jill Sergeant
Level 2, AIDS Resource Centre,
188 Goulburn Street,
Darlinghurst NSW 2010
Ph: (02) 283-3220
TTY Only (for deaf and hearing
impaired) (02) 283-2088
Fax: (02) 283-2199

take part in a study on the long term behavioural and clinical aspects of HIV. Call Garrett Prestage, (02)332 4648.

On the road

BILL MOLE AND RON REICHERT are four years into their "race against time". The two men, from Canada and the USA, will shortly arrive in Australia on the Pacific leg of a 40,000 km walk around the world. Their aims are to "keep the public aware about AIDS (and encourage them to react positively), promote safe sex (through discussions and distribution of condoms when available), and also to keep ourselves fit and healthy as we also are seropositive".

The walk started in New York in May 1988 and will finish on World AIDS Day in 1994 in Vancouver, Canada. So far they have walked over 24,000 km in 20 countries. In South Africa, they were received by Nelson Mandela.

Bill and Ron wrote to Talkabout to warn us they were about to turn up in Australia. In fact, by the time you read this, they may be on our doorstep already. We'll keep you posted.

Queer flix

A VERY QUEER FILM AND VIDEO night will be held at the AFI Cinema on November 12 starting at 9pm. The program includes video work by New York filmmaker Tom Kalin (Director of *Swoon* and founding member of N.Y. AIDS activist group Gran Fury) and the Australian premiere of the world's first gay film, *Different from the Others*.

Different is a silent melodrama made during a six month censorship-free period in Germany in 1919. It tells the story of a famous violinist who is blackmailed for being homosexual. Made in conjunction with the Institute of Sexual Science, the

film was banned almost as soon as it was released, and censorship reinstated.

Other films and videos are all recent Australian works by lesbian and gay film makers and include 1991 Sydney Film Festival Award winner *Resonance*, by Stephen Cummins and Simon Hunt; *In Loving Memory*, Leonie Knight's film on female fetishism and transsexualism, among other subjects and Viki Dun's *Red Label*, a black comedy. Proceeds from the night will go to ACT UP, The AIDS Coalition To Unleash Power. Just so you know where your money's going, a video history of ACTUP's actions in Australia will be screened.

AIDS vampire tragedy

A RECENT ARTICLE IN THE *Vancouver PWA Newsletter* reported that AIDS is killing off the world's vampire population. The article quoted a Professor Eric Swann, who claims to know several vampires quite well, and said that "Vampires are at high risk from AIDS because they prey on those most susceptible to the disease — street hookers and drug addicts who use needles."

Swann said that to protect their privacy, vampires have been forced to get blood from addicts, prostitutes, the homeless and other members of society who are not readily missed.

"Vampires don't sicken and die from AIDS in the same way as humans", says Swann, explaining "they are the living dead, so they don't have diseases. But AIDS destroys the essential element in human blood from which vampires derive their energy — white blood cells. No matter how much AIDS contaminated blood they drink, they slowly weaken and die." In fact, they slowly

"starve to death". When their energy is completely depleted, they dissolve into dust.

ACTUP Sydney spokesperson Lyle Chan expressed concern about this issue, and said that although little is known about vampirism in Australia, there are a small number here who have migrated from the US and through the now fallen Iron Curtain in search of a healthier blood supply.

"This adds fuel to our campaigns for better access to anti-retrovirals", he said, "If we can keep people's T-cells at a high level, this will be better for vampires too. They have a right to protection from AIDS, just like anyone else."

Talkabout was unable to get comment from any vampires, because no Australian resident vampires have yet returned from Halloween celebrations in Canada and the US.

Winter Reading



OH DEAR. WE JUST DISCOVERED that we made a big mistake in our August mailout to subscribers. If you didn't receive this issue (with the cover graphic pictured above), call us on 283 3220 and we will post one out to you — better late than never.

Committee News



Moving on

PLWHA IS NEGOTIATING FOR A lease outside of ACON in beautiful downtown Darlinghurst. The site is the first floor of 74 Oxford Street, almost directly across the street from the Midnight Shift. Subject to satisfactory agreement, the big move will take place in December/January.

National Conference

THE 5TH NATIONAL CONFERENCE on HIV/AIDS, "Living With HIV", will be held in Sydney between Monday November 23 and Wednesday November 25 at Darling Harbour.

Record numbers of PLWHAs are attending, which is a step forward for national forums. PLWHAs are again thin on the ground amongst the ranks of moderators and speakers (that is, people living with HIV -- like the title of the Conference). PLWHA (NSW) and NPLWAC are lobbying the Conference organisers to do something about this.

Feds get cold feet

SURPRISE, SURPRISE! THE FEDERAL Government has announced yet another delay in the launch of the National Anti Discrimination Campaign on HIV and AIDS. The officially stated excuse, this time around, is that the print section requires review. Sources near the great Capital suggest that election jitters have also had an effect on decision making. Stay tuned.

Community human rights rally

IN CONJUNCTION WITH COMMUNITY groups such as the Gay and Lesbian Mardi Gras, Sydney Pride, *Capital Q*, the *Sydney Star Observer* and the Gay and Lesbian Rights Lobby, PLWHA is to take part in a rally in celebration of our dignity and human rights.

The theme of the rally is that each group will be saying "All I want for Christmas is . . .", a slogan which lends itself to a range of needs: access to treatments, adequate housing, dental care and specialist services come to mind as common Christmas wishes for PLWHAs. The activity will coincide with the National Conference.

Committee members

WELCOME TO JOHN GARDNER, who was recently co-opted to fill a vacancy on the PLWHA Management Committee. Two positions are still vacant on the Committee.

Current Committee:

Co-Convenors Alan Brotherton, Wayne Holt
Secretary Robert Van Maanen
Treasurer Gerald Lawrence

Claude Fabian, John Gardner,
Peter Hornby, Kosta
Matsoukas, Michelle Morrison

PLWHA Committee meetings are on the first and third Tuesdays in the month at 6.30pm. Call the office for venue details.

— Wayne Holt, Co-convenor

Tribute



Richard Johnson

A Memorial Service at the Metropolitan Community Church of the Good Shepherd Unitarian Church
15 Francis St East Sydney
6:30pm
Thursday 19 November

Cocktails. Amy's. Don't tell Gloria!

I FIRST MET RICHARD JOHNSON when visiting my brother in 'that' block of flats in Betty Bay.

They had facing front doors on the hall, they both had lots of bears, stellies and Stoly's. What a 'mental' block. Mitzy was Mrs Madrigal and she was above Scarlett. Gorgeous Gordon (had to be Michael Mouse) was above Amy and the Brettleys and Anna Banana lived there too. Gretta and Tiffy, and me, Magenta, had bit parts.

Not many left. Anna, the Brettleys and me, I think.

Visiting Roslyn Gardens (it's named after an actress, they'd kid me) was walking into a movie set. I thought it was like visiting "Number 96", but here we were dealing with sssseriousssss SSSSSan Franssicophilsss.

So I turn up with Jim Beam to be told "a queen never drinks dark spirits whilst the sun is still up!" Find myself sipping Vodka or Gin. Fancy a schnapps. We get Butterscotch direct from Castro. Giggling in heels with a rainbow flag for a frock (sorry, . . . gown) daiquiris flowing like the Murrumbidgee. "... here . . . Cora, garnish this . . . and Madge, pack the pipe . . .".

Stop the universe, it's a Quilt sewing day. Richard co-founded the Quilt Project, apartments full of antediluvian sewing machines and rolls of cloth . . . "we'll use Cora's car, cos she's my seester."

Xmas Party at Mrs Mac's Chair, Amy's doing a Waldorf, don't bring chicken. Amy-Belle Watling. *Gone With The Wind* performed in four acts under the fig trees. Powerful hot on the verandah, Miss Scarlett. Competing against the Japanese weddings. We counted 12. Stiletos in the harbour. Lets put on a show. Top billing.

Fred's cleansing Oxford street. OPI beat him to it. Amy's fishnets make the SBS News.

After Betty Bay came the Blue Mountains. I never made it up there.

Trips back home to Canterbury, and mum. Famous for bears, is Canterbury.

Eyes are going. Natalie and Lou visited, nothing like a fag-hit. More like a slap from that Natalie.

Vision's fucked.

August 1.

— Dodge

Luke Coomey

PLWHA (NSW) WERE SAD TO hear of the death of Luke Coomey, who died at home on September 8th. Luke was a founding member of People Living With AIDS (WA) and the first chairperson of that organisation. He helped to set up the SIDA centre for PLWHAs in North Perth.

Luke was public about living with HIV and received considerable media attention for his work in schools. He spoke to hundreds of school students about living with AIDS, even though his own health continued to deteriorate.

Jan Holt, Co-ordinator of Support Services at the Western Australian AIDS Council, told the *Westside Observer* that Luke

would be "remembered for his courage in being public about his illness as well as the work he did with school children. He showed me many of the letters and cards that he received from the children. From the words they wrote to him it was obvious that he had changed their lives forever and made a lasting impression on them", she said.

Talkback



Housing

THE ACON HOUSING PROJECT and a PLWHA co-convenor have met with the two major gay share accomodation agencies, Share-space and Share-A-Home, in response to recent concerns raised by Peter of Newtown (*Talkabout*, September) and other persons regarding HIV/AIDS sensitivity and share accomodation.

Both agencies expressed concern and are eager to liaise with PLWHA and ACON on these issues. I will keep *Talkabout* readers informed of developments. The ACON Housing Project is keen to receive feedback about any housing organisations which provide services to people with HIV or AIDS.

— Heidi Becker

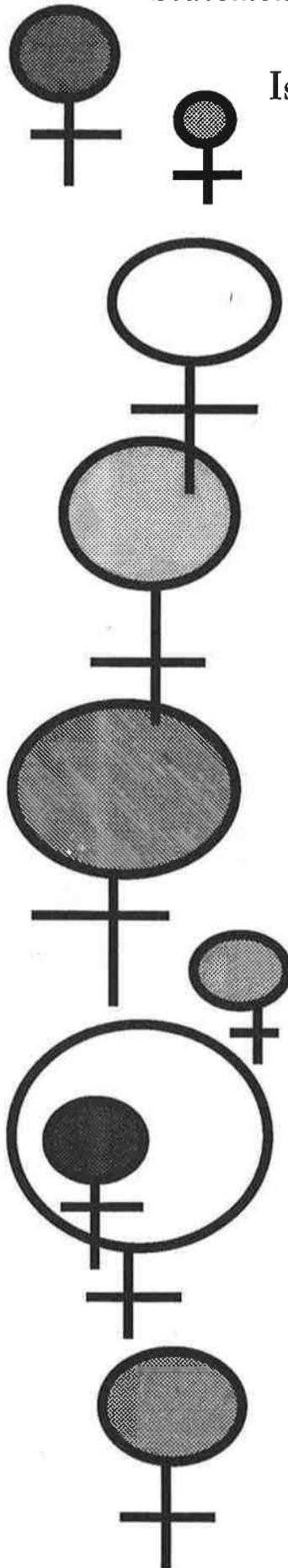
Acting ACON Housing Officer

REQUESTS

BILL HOMAN, OF THE USA will be in Australia in early 1993. Bill will be travelling alone and would like to get in contact with people here. If you would like to befriend Bill, call PLWHA for a copy of his letter of introduction and address.

*Statements from the pre-conference workshop for women
living with HIV and AIDS*

Issued at VIIIth International Conference
on HIV/AIDS, Amsterdam, July 1991.



To improve the situation of women living with HIV/AIDS throughout the world, we need:

1. Encouragement, support and funding for the development of self-help groups, local and international networks of women living with HIV/AIDS.
2. The media, *not* to stigmatize, but to realistically portray us.
3. Equitable, accessible and affordable treatments and research into how the virus effects women, covering:
 - psychosocial and medical aspects
 - complementary and allopathic treatments.There should be international cooperation in research.
4. Funding for services and support for women living with HIV/AIDS, to alleviate their isolation and meet their basic needs. All funding directed to us needs to be evaluated and monitored to ensure that we get it.
5. The right to make our own choices about reproduction and to be respected and supported in those choices. This includes the right to have children and the right not to have children
6. Recognition of the right of our children/orphans to be cared for and the importance of our role as parents.
7. Education and training of health care providers and the community at large about women's risk and our needs. Up to date, accurate information concerning all issues about women living with HIV/AIDS should be readily available.
8. Recognition of the fundamental human rights of all women living with HIV/AIDS, with special consideration for women in prison, drug users and sex workers, including the right to housing, employment and unrestricted travel.
9. Research into woman to woman transmission, recognition of and support for lesbians living with HIV/AIDS.
10. Decision making power and consultation on all levels of policy and programs affecting us.
11. To provide economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent.
12. Any definition of AIDS should include all clinical manifestations specific to women's bodies.

The Department of Housing — a voice from within



HOUSING — OR SHELTER, IS A primary need, particularly for people who have a limited income and serious medical problems. As a member of the gay community and as an employee of the Department of Housing I have become increasingly aware of how critical it is for people with HIV and AIDS to have secure housing.

I am not going to defend (or condemn) the Department's response to the needs of people living with HIV and AIDS, there are others who can do that much better than me. I think the most valuable contribution I can make is to provide some practical information which may assist you when dealing with the

Department of Housing.

First of all, your rights. Everyone is entitled to apply for public housing and rental assistance, and every public housing tenant is entitled to apply for rehousing, although eligibility criteria apply (like income). If you apply for one of these services and your application is not approved, you have the right to know why. This information is vital if you want to appeal against a decision the Department has made concerning you. So don't be afraid to ask why your application hasn't been approved.

The Department of Housing is subject to the NSW Anti Discrimination Act, the provisions

on homosexuality and physical impairment being the most relevant. If you are unhappy with the way you've been treated by a staff member, it may be worth reminding them of the Act. You also have the right to speak to a supervisor about the way you've been treated. It's important to distinguish, however, whether the problem is Departmental policy. If it is, the supervisor is unlikely to be able to do much about it.

You also have the right to see your file. Actually it's mostly routine administrative stuff, but since it's about you, you can see it if you want to. You have to apply to have access to the information, but this doesn't take long. You

can read your file in the presence of a staff member and take notes if you want to. You can also have a photocopy made, but this takes longer to approve, and there is an application fee.

The three services you are most likely to want from the Department are help in establishing a private rental tenancy; expedited access to public housing; and rehousing from one Department property to another. I'll look at them separately.

Rental assistance

The allocations section of the Department of Housing operates the Rental Assistance Scheme, which helps you with the costs of establishing a private rental tenancy. Assistance usually consists of money towards a bond and advance rent. You have to be on a low income, and your prospective rent has to be no more than 60% of your income. You can apply alone or with other people, and if their income is too high for them to get assistance, we can still help you to come up with your share of the costs.

You won't be given any money towards a bond unless it's to be lodged with the Rental Bond Board. This can cause problems if you want to move into a share household where there's already an existing bond. Check that you can get assistance before committing yourself financially. If you can't get help with a bond, ask about help with other assistance, such as the cost of hiring a removalist. It's also possible to get help to pay rental arrears, the cost of temporary accommodation and the connection fees for gas and electricity. However, this type of assistance is rare, and the person you see at the counter has to get approval from 'further up the line'. You'll be expected to pay part of the expenses yourself.

If you are seeking any form of assistance, don't pay any money

before you apply (if possible) as you won't be reimbursed for what you've already paid — even if you had to borrow the money. Bring proof of your income and your bankbook and all the details of your prospective tenancy on your first visit. As the offices can get very busy, bring something to occupy you in case you have to wait, like a newspaper or walkperson.

Priority housing

If you are unwell and you need the security of the public housing but can't wait too long, you can apply for priority housing. You have to complete an application form outlining your personal and your housing needs. It's important that you answer each (relevant) question, as your application can be declined if not enough information is supplied.

Thousands of applications are submitted each year, far more than there are vacant properties, so most applicants are declined. If you think you need public housing ahead of others on the waiting list you have to make a good case for yourself.

It's up to you to decide how much medical information you want to reveal, but anything that relates to HIV or AIDS will automatically be removed from your file after a decision has been made about your application. This is to prevent staff who may see your file in future from knowing you are HIV positive or have AIDS, unless you tell them. The intention is to keep your private life confidential. Letters supporting your application such as those from doctors, social workers, HIV/AIDS counsellors etc. will add weight to your case.

The bottom line with priority housing is that your need must be critical. If your income is high, or if you have assets you can use, or if your current housing is secure, affordable and appropriate for

your medical needs, you won't be approved for priority housing. If this is the case, you should still ask to be admitted to the public housing waiting list, and you can apply for priority housing if your circumstances deteriorate later on.

Rehousing

If you are already a public housing tenant I hope you are happy where you are. You may however want to move to another place. There are two ways of doing this. You can swap with another tenant (this is called 'mutual exchange') or you can apply to be rehoused.

A mutual exchange is only a feasible option if you have a place that someone else is likely to want. There aren't many people, for example, who would like to swap a villa in Bondi for a high rise flat in Redfern. But if you have an attractive flat in a good location, say close to shops, or a park or water, it's worth a try. You won't be allowed to swap if your rent is in arrears or if the place you want to swap with has more bedrooms than you require, but if these conditions are met approval is usually forthcoming. Ask your Tenancy Manager if you want to know more about this.

Applying for rehousing is like applying for priority housing, except that there are only three grounds on which you can be approved. They are medical or disability reasons, harassment, or if rehousing you will free up accommodation that is in high demand. The latter category applies usually to larger houses, so may not be very relevant here.

Approval on harassment grounds is difficult, as you have to verify that you have been harassed. Any evidence you can provide, such as a police report, a photo of offensive graffiti or any threatening notes you may have received will add weight to your application. If you can't provide such evidence,

ask neighbours or friends to write a letter backing up your story, which you can submit with your application. Above all, be specific! Spell out exactly what happened. Good luck!

You may have a better chance of being rehoused if you apply on medical grounds. You can still mention harassment if it has occurred, but in the context of the effect it is having on your health.

If your accommodation is adversely affecting your health you can apply for rehousing. An example of this would be if you have to climb a flight of stairs to your apartment and can no longer manage them easily. Again, back up your story with supporting letters from health or welfare workers. As it is so difficult to be rehoused, think carefully about where you want to live before you first apply for housing then, hopefully, the need to be rehoused later on won't arise.

If the thought of having to deal with the Department of Housing is intimidating, it may be useful to have an advocate who can help you. Your health and welfare workers may be willing to assist you. Also, ACON has a Housing Officer who is experienced in dealing with the Department and has advocated successfully for many applicants for public housing and rehousing.

I'll finish on a positive note. Because of all the harassment that has occurred in the high rise areas of Redfern and Waterloo, no-one with HIV or AIDS who applies for public housing will be housed in these suburbs, if they don't want to live there.

If there is any further advice you need I can be contacted at the Department's Sydney office. I can be hard to catch, but I'm happy to give any advice you may need over the phone.

— Neil Harris
Housing Support Officer
NSW Department of Housing

The Waterloo crisis — Or, why the exodus of HIV refugees



BY ANDREW T. CLARK*

NOBODY EXPECTS TO BE MOVED to Housing Commission highrise, but then again, being HIV, you never know what lurks around the corner in your life.

When I was housed in a Waterloo highrise in February 1990, the Department of Housing felt that the placement was made due to urgent circumstances (I had been homeless for three months) and therefore it made no difference where I was housed, just so long as I was. Initially this was a temporary set up, but no effort was made to allocate me to an appropriate HIV friendly situation.

There simply was no choice, and, as the Department told me, we were in a housing crisis. This was contrary to an agreement that the Department made with the AIDS Council of NSW the previous year, where the Department promised no more highrise placements.

So Waterloo became home for me. On the fourth floor of "Marton" in Waterloo, I didn't fathom the kinds of psychological adjustments that were to be made.

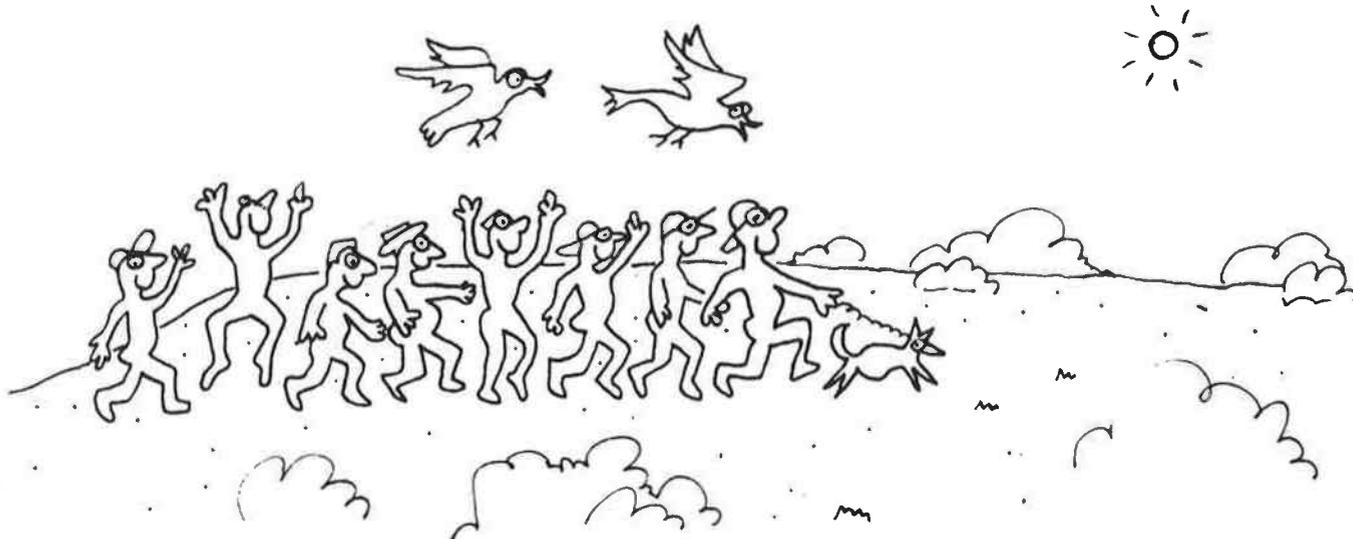
Soon after being housed there, a man called Richard Johnson was disembowelled, mutilated and murdered in Alexandria Park, close by. The police caught the schoolkids who murdered him, and the inquest revealed extreme rapid homophobia, propagated

from homophobia. I then realised that I lived in Homophobopolis, a microcosm where parents and elders encourage their children to hate and bash poofers.

Once when I had pneumonia, I slept for three days. In my sickbed one morning, I could hear the kids in the playground play "poof bash". The children were all below eight years of age. They would take turns in being the victim. The rest would then chase the person, jump on them and shout "poof bash!". No wonder we had a problem.

In October 1990, I was walking home from my university lecture when I was chased and bashed by a group of youths. I had seen them before in the supermarket and I knew that they were locals. I was not badly hurt, so I did not call the police. Before I knew it I was subscribing to a curfew. Already, I found that I was frightened to leave the security of my four walls.

I applied for a transfer, and the Tenancy Manager invited himself into my flat and asked "why haven't any of the other poofers in this building had problems?" I had submitted letters from four respected HIV social workers around Sydney urging rehousing. The manager told me that from his information he would not approve a transfer since he felt there was no problem. I felt threatened about questions asked and assumptions wrongly made about my sexuality.



For two years I locked myself in my highrise prison waiting for a constructive response from the Department that made any sense. Two years of contemplating the balcony. My friends were too afraid of Waterloo to visit, it sometimes felt like solitary confinement.

I later found out that one of the resident action groups was encouraging residents' attempts to rid Waterloo of all disease ridden undesirable perverts. It was suggested by a local award winning "concerned Waterloo/Redfern tenant" that HIV tenants should not be living across the road from a Youth Centre "for obvious reasons". This was a Youth Centre that denied access to police investigating violent criminal activities. This is a Youth Centre that supported two of the convicted murderers of Richard Johnson. Residents and their kids were endorsed by the community to do criminal acts of violence against HIV tenants.

Over that summer, thanks to the Waterloo community, dozens of violent crimes were committed against HIV and gay Waterloo tenants.

1. A gay tenant had a firebomb thrown through his bedroom window.

2. An HIV tenant had rocks thrown through his window and on his balcony, followed daily by jeering threats.

3. A gay tenant was threatened with a piece of wire: an attempted strangulation.

4. HIV tenants were chased to their flats daily by youths shouting "faggot".

5. A gay tenant was threatened with a hammer.

6. HIV tenants were threatened by a madman aiming his rifle at them from his balcony while shouting "faggot".

7. HIV tenants were blocked entry to the elevators in the foyer of the building by youths threatening violence.

Then finally in August 1991 I received a death threat, a letter slid under my door in the middle of the night. Someone knocked on my door and when I turned on the light they shouted "faggot". I read the letter which said "your dead poof" (spelt incorrectly). I reported this to the police.

Soon after this I contacted the police gay liaison officer Leanne McDonald at Redfern who, thankfully, listened. We started a group called Gay and Lesbian Action for Safety in South Sydney (GLASSS). We met at the Cricketer's Arms, where we collated reports of attacks to the police and worked out a security strategy. There were two groups: the Alexandria lesbian and gay home owners or private renters, and the Waterloo Housing Department HIV tenants. GLASSS was good for the

Alexandria owners and tenants who set up security patrols around the Cricketer's Arms, but no-one had the guts to do any street patrol at Waterloo.

The NSW police, through Leanne McDonald, were our biggest help in putting together our case to move everyone with HIV out of Waterloo for their safety, since tenants couldn't be expected to defend ourselves. The bottom line was: we were in danger. I was shocked to find the HIV Waterloo tenants were more afraid of violence than of dying from AIDS.

The Gay and Lesbian Rights Lobby (GLRL) and their legal service was a great help in collecting all our reports of violence on paper with dates, places and times. The police and GLRL then managed to move the attitude of the Department of Housing from a smug, homophobic and unmotivated bureaucracy telling us to "piss off" whenever we tried to complain, to a smug, homophobic bureaucracy that suddenly realised that if one of us was murdered, it would be on the Minister's head. We now had the police and politicians behind us, questioning the Department's accountability.

Most of us were moved to Surry Hills, although the tenants who lived in the new terrace houses

Continued page 16



SOME OF THE BEST TIMES OF YOUR life can be spent in shared accommodation — and some of the worst. If you're looking for a cheaper lifestyle, sharing the rent is one way to do it.

Sharing with others can have both pleasures and pitfalls. In recent months, there's been some controversy about one of the shared housing services in the gay community. Both sides of the debate raised valid concerns, so we thought it was probably time to take a closer look at shared housing. This article offers some tips and things to think about if you are one of the many players in the shared accommodation game.

Before you start

- If you haven't shared before, it can be scary to start. You might view it as the last resort, but many people have been sharing their homes with great success for a long time. Some say that the people

they've met through shared housing have become their closest friends.

- Think carefully about your reasons. If it's mainly because it's cheaper, and you don't *really* fancy the idea, look into other options. Maybe you could apply for public housing and use shared accommodation just while you're waiting.

- Decide just what kind of people you want to live with, and how many. Gay, straight, positive, negative, male, female etc. Maybe you could make a list, starting with your ideal fantasy household and working down through the people you think you could cope with to the ones you know you couldn't stand. Where do you draw the line? Be prepared to compromise (you may be pleasantly surprised) — but not too much, or you might end up in your worst nightmare.

- If you're moving into a group house, or setting one up, think

about whether or not you want to be on the lease. If you think you might have to move out in a hurry, it may be better not to be on it. On the other hand, you may feel you have more control over what happens if your name is on it.

- It may be difficult to obtain property insurance in a shared house unless your name is on the lease, so look into this before you move in, if you have a lot of valuables.

- If you get rental assistance, you will have to explain to Social Security that you are sharing, and find out what information they need to deal with your changed situation.

- The Housing Department can assist you in paying your bond (See story page 10).

Agencies

- Check out what sort of clientele the agency attracts — ask around, read their brochure, or

ask them straight out.

- Do they advertise themselves as HIV friendly? You can always phone them to check out their attitudes.

- Do they charge a fee? Sometimes they charge if you are offering accommodation, but not if you are seeking it.

- Don't deal with any housing agency that asks you your HIV status — but don't be offended if they ask if you mind sharing with HIV positive people. They just need to know you're HIV friendly, for the sake of their positive clients.

- Be as specific as possible about your likes/dislikes, how much rent you are prepared to pay etc. Does the rent include utilities such as gas? How much bond do you need to pay?

- If you're really stuck, call PLWHA and we may be able to help out.

Disclosure

- It will probably help to talk this over with your support group or counsellor. If you've got hundreds of T-cells and no symptoms, you may feel there's no reason to tell anyone you are HIV positive. Fair enough. However, make sure that anyone you have disclosed to knows that you haven't told your flatmates, otherwise you could end up with some compromising phone calls or mail. HIV/AIDS agencies are very careful about confidentiality with workplaces, but some people might assume that a home number is safe to call.

- If you are on medications, remember they might be pretty obvious, especially if you take a lot. Do you want to spend lots of energy hiding them all the time?

- Don't feel you have to disclose at an interview with prospective flatmates — you may never move in there. It's difficult to check out how sensitive people are about HIV, but maybe you could drop a

few hints to test them, like: "I do some voluntary work for the AIDS Quilt/ACT UP". See what sort of posters and magazines or books they have around.

- If you've lived with people for a while and have become friends and trust them, you might decide to tell them. Be sensitive to their feelings — you might be quite used to the idea by now, that you're positive, but it could be very upsetting for them.

- It's a good idea to get support when you disclose. Either have a good friend there while you tell people, or arrange to visit someone afterwards to 'debrief'.

Practical details

- Think about what sort of space you want. A small room may be cheaper, but will it really meet your needs? If you're not in good health you might be spending a lot of time at home, and that will just be depressing in a small or uncomfortable space. For the same reason, it's great if there's a pleasant garden.

- If you want relatives to visit or are likely to have a carer stay over sometimes, you will also need more space.

- Tell flatmates who your significant relative is, in case you become seriously ill and they need to be contacted.

- If a group of you are looking for a house together, especially if more than one of you is HIV positive, try and get a house with two toilets. It's also a good idea if at least one floor of the house is self contained, so if someone is not well, they don't have to go up and down stairs all the time to the loo or the kitchen.

Personal needs

- Think carefully about what your needs and expectations are for emotional support from your household. Maybe you just want to live like a boarder and your emotional life will be outside the

house, or maybe you want friendships to develop.

In the 70s and 80s there was a lot of talk in left / alternative circles about *communal* households. The phrase implied a political and emotional commitment to the people you lived with — is this what you're looking for? You must be as clear as possible with your flatmates about what level of emotional support and friendship you both want. This is a lot easier if you already know the people you're moving in with. It may also be easier if all of you are HIV positive or involved with what's called the "HIV community".

- Even the most well intentioned people sometimes discover they can't cope with HIV and AIDS at home and may let you down. Especially in the gay community, your flatmates may have friends affected by HIV or AIDS, who will take priority over your needs. If their best friend is in hospital with advanced PCP, they won't have much time or energy for you. If they are HIV positive themselves this can be great for your mutual support, but it might mean that they have to concentrate on their own needs first.

Domestic stuff

- Be realistic about what you can take on. A rotating roster for housework might not work very well if you have health problems. Instead, offer to take responsibility for a particular task that you find easy to do.

- Flatmates can get pissed off if household jobs get neglected, so it's better to talk it over if you feel you're not coping. There are services available to help out on the domestic front if you need them. Try CSN (283 3220) or Home Care (look in the White Pages for the service in your area).

- To what extent will you share expenses? If you're on an

expensive diet, you need to negotiate about this with flatmates, as they may not want their kitty money subsidising your health food shop products.

- Hygienic food preparation might also be of more concern to you — let your flatmates know this.

- Things like coarse toilet paper, some sprays and soap can be irritating or cause allergic reactions in people with HIV. You may want to discuss what household items are best for you.

Living with a positive person

- As a lesbian poster once said: do not run from the room screaming; this is rude.

- The first time someone

becomes ill is often when the big question comes up: at what stage do you intrude on their privacy? Craig is sweating out a fever in his bedroom and you don't even notice for the first two days — then you realise it could be more serious than a post-sleaze headache. What do you do? For a start, he probably won't take offence if you're trying to help. Knock on the bedroom door and talk to him about it. If he's beyond talking to, or really cranky, talk it over with his close friends/ Ankali and take joint responsibility for anything you have to do — like getting him to hospital fast.

- You need to know what your flatmate has told his/her relatives and workmates about their HIV status and their health, in case you're answering the phone when they're not around. You shouldn't feel you have to answer probing

inquiries, but if you're close friends with your flatmate, it's possible you'll become good friends with their mum or other relatives too and then you'll need to know what he/she wants you to tell them if they call.

- If your flatmate can't keep up with household tasks, don't feel that you have to take them on — it could stress you out more than you think. There are community services available for domestic help.

- If you have a cat or kitten, check out if your flatmate is concerned about toxoplasmosis.

This story was compiled from discussions with Heidi Becker (acting ACON Housing Officer) and two share housing veterans, Dodge Traffic and Alan Brotherton.

were left behind. The Department wrongly blamed the problem on highrise, forgetting that our complaint was about violent attack. The violence continued for tenants in the terrace houses, after our apparent victory. One man had all his windows smashed in with cricket bats. Close by, a man burnt his own house down in frustration and suicided. The Department got it wrong again, washed its hands too soon, refusing to draft an appropriate policy.

Given that there is a policy for multiculturalism, a policy for single mothers and a policy for Aborigines, surely there could be policies on HIV to avoid violence and resolve other concerns around housing for people with HIV. For example, no HIV tenant had laundry facilities in the highrise, forcing us to wash our clothes in the shower. Try it, after PCP. The

Department has not properly developed a policy drafted with appropriate consultation with HIV experts and HIV tenants themselves.

Now that the Department has agreed not to house us in certain areas, it houses less HIV tenants as it claims it has fewer choices. If the Department listened to our problems however, space would be better utilised. Most HIV tenants, for example, are afraid to live alone. The Department forces us to live alone, making us take up more space. If they listened, we could have an option of sharing with other priority housing tenants in bigger communal flats properly fitted and appropriately located, thus saving space for the Department. We can solve some of their problems too with practical solutions.

Although our story has a happy ending (now happily living in Surry Hills), we still don't have

our policy, which we must demand immediately. We need consultation development meetings with actual HIV tenants in liaison with the Department of Housing.

I was offended that HIV tenants were not invited to the Streetwatch Committee Housing Forum (June 16, 1992). No wonder the meeting, from my reading of the minutes, was apologetic and patronising towards Waterloo tenants (Sections 13 and 14 of the minutes).

Meetings on developing HIV housing policy must not be apologetic, we must not be piss weak, and we must be effective in making the Department of Housing, as well as all bureaucracy listen to us, and not just talk about us.

** Andrew Clark is the founder of the Gay and Lesbian Holocaust Memorial Project and is a Board member of the Sydney Gay and Lesbian Mardi Gras Ltd.*

CHAPTER 15

by Ms. Ada O.

The story so far: Nancy's demise is celebrated by an extremely tasteful funeral followed by Manhattans. Back in the Bohemia apartments, post funeral blues are just made worse by the presence of certain parents. The only people having any fun are Nigel and his new found love, Leonard. All are observed by a mysterious woman under a lamp post. Will everyone cheer up? Who is the strange woman? To find out, read on...

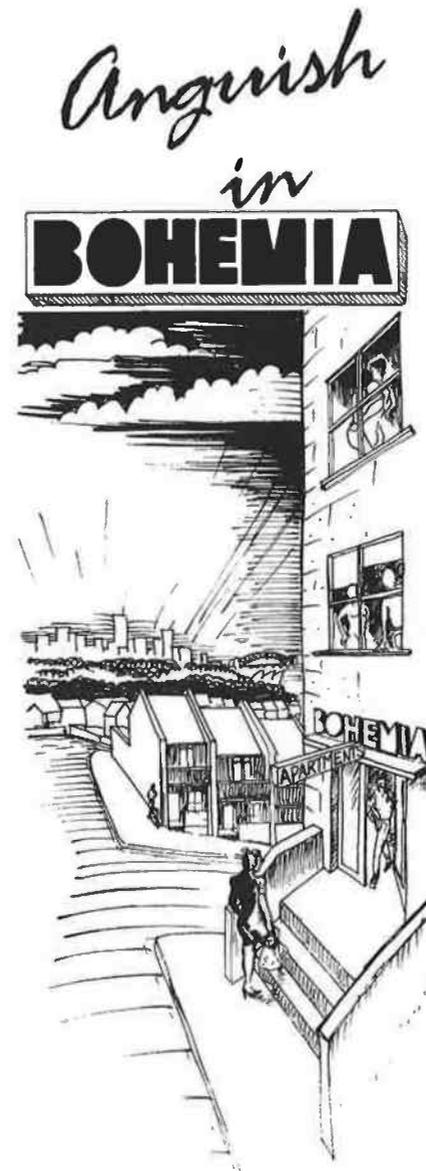
Being of sound mind and body . . .

LEONARD HAD ONLY KNOWN Nancy as the unfortunate who had tried to break the fall of his baby grand that fateful day he moved into Bohemia Apartments.

In that short time he had watched the hospital bedside vigil of Nancy's last days, at Nigel's side; he had attended Nancy's funeral, again at Nigel's side; and he had spent a lot of time at Nigel's sides, back and front.

As Leonard entered Nancy's apartment he looked around at all those gathered for the apparently final ceremony commemorating the life of Nancy: the reading of the will. Nigel had been surprised that she had anything of value. Leonard was surprised by Nigel's terseness lately whenever Nancy-business happened into the conversation; and why the enigmatic sad/happy expression? What was their relationship?

Seeing Nigel seated by Robbie, and better, a vacant seat on his other side, Leonard glided to the spot and was seated before the



boreholes of Nancy's parents' glower burnt too deep. Mr and Mrs Kelly had evidently not appreciated his own serious loss of his boyhood companion in the same unfortunate incident. Eschewing other friends, Leonard had spent his entire teenage years with that piano, and from time to time his real friends would call by: Ludwig, Wolfgang, Johann, Mikhail, and sometimes even (??????) Burt.

Leonard surveyed the scene. Nigel had his enigmatic look, and Robbie next to him had taken to looking solemn and definitely

copying. Robbie's boyfriend, Wayne was acting the butch hunk with his "Queer — we can't all be — never mind" T-shirt stretching tightly over his fifty inch chest. Brad and his mother, Beryl, seemed to be fighting over a cosmetic brochure. Leonard had met Brad at the deathbed vigil, and then he'd been wearing a black pillbox hat (as indeed he was now).

There were also assorted Bohemians, and ten rather good-looking young men with loose fitting white shirts, some holding black rods with white crosses of St John atop. Accompanying them were two similarly attended young women and four Sisters wearing the stylish white habits of the power-full Big Sisters of Universal Joy.

These were the same group who had conducted the painless funeral service for Nancy, and hosted the slightly more painful Manhattan fuelled wake in the marquise next to the funeral chapel. No one had stirred in Bohemia Apartments until well into afternoon the following day, and the corner store had sold out of aspirins.

The wake had allowed them all to come to terms with the terrible death of Nancy, by talking about it and supporting one another as peers in a nurturing and caring way. Leonard remembered his hangover the next day, the kind that only Bourbon can give. Those Big Sisters and Little Brothers threw a mean wake.

The elderly solicitor sitting at the table in the centre of the lounge-room stirred from his reverie and profusion of littering papers. He cleared the phlegm from his throat in the time-honoured gesture used to call politely for attention.



"Welcome to you all," the solicitor's voice rattled. "Gather close those who have business in the matter of the Last Will and Testament of Nancy Alexandra Kelly."

And to the rest, I leave you my best wishes . . .

THERE WAS AN AUDIBLE SIGH OF relief when the apartment door slammed behind the hysterical Mr and Mrs Kelly. Conveniently, the gap in conversation which followed their departure was filled by the acidic tongue of Marlene Deitrich singing *Go 'way From My Window*, and everyone laughed.

Little Brother Carin, a social worker in civilian life, had attempted to counsel them before they left but received no joy, so had returned to the other Little Brothers and their revelries.

Brad and Nigel sat in a dark corner. They were both rather tipsy and Nigel kept muttering "The bitch was rich . . . The bitch was rich . . ." over and over to himself.

"That must make you feel very empty inside," Brad offered, having overheard Little Brother Carin try the same line minutes ago.

Meanwhile, Brad's rather-more-than-tipsy mother, Beryl, had cornered a deeply depressed Robbie and was offering him her sympathies.

"You poor young man. Honestly pet, I can sympathise with you. I had a cousin who met with a nasty accident. Of course, she didn't have a piano fall on her, she drove into a cow."

Robbie eyes were smarting as he looked up at her.

"Why don't you shut your mouth", he spat. "I am upset and

angry and I can't stand the sound of your voice and . . ." he hesitated "... I'm sick of coping."

With that, Robbie let out a low, deep wail. It came from somewhere deep inside him and Beryl staggered backwards at the shock of such primitive sound emanating from such a slight creature. He did not wail alone, however, for from all corners of the apartment the Big Sisters and Little Brothers joined in the ritualistic chorus. The sound became a chant of such emotion that the room soon shook with its power. But as quickly as it had started up, it ceased, and an exhausted and relieved Robbie fell into the strong arms of Wayne, who carried him from the room.

As Wayne returned from the bedroom, there was a ring at the door. He opened it to find a woman wearing a very severe brown chiffon two piece and a very tight

bouffant hairdo, holding a large suitcase.

"Is this Apartment three?" she inquired briskly. Before Wayne had time to nod she had pushed past him and announced: "Avon crawling!"

"I'm Rouge Blackhead, your local representative. Now step into the light over here dear where I can get a better look at you."

Before Wayne could utter a single word he found himself being dragged over to the kitchen. Once there, Rouge commenced an examination of his face. When he tried to speak, she almost bit his head off.

"Don't speak while I'm looking, dear. It makes things very difficult. Hmmm," she concluded after a moments silence, "definitely dry, but I can't see any of those spots your mother was talking about, Bradley."

"My name's not Brad. He's over there!" Wayne snapped.

"Oh! Very sorry dear." Rouge closed her suitcase without another word and strode over to her intended target.

Brad looked up with bloodshot eyes. Beside him, Nigel had fallen asleep.

"Who are you?", he asked plaintively.

"Dear, dear, dear," Rouge said ignoring his question. "You really *do* have a lighting problem don't you?"

She grabbed the lamp next to the chair and swung it around straight into Brad's face and removed his pill box hat. His protests were in vain.

"Hmmm. Yes. You do have a serious problem with those spots, haven't you?" she commented, studying his KS.

"What the hell is this?!" Brad garbled drunkenly.

"Now calm down young man. A little foundation will hide those unsightly things in no time."

"Mother!" Brad squawked at the top of his lungs, bringing the

attention of everyone in the room. He pushed Rouge aside and stumbled over to Beryl.

"Now Bradley, I was just trying to help. How do you expect to get a girl with those things on your face?" Beryl said defensively, embarrassed that all eyes in the room were on her.

"Mother, how could you embarrass me in front of all these people like this?! I've never been so mortified in all my life! And," he added, "I've told you a million times before *I don't want a girl!*"

Before Beryl could protest there was another buzz at the door.

"God, now who have you called?" spat Brad. All eyes turned to the door as Wayne opened it.

There stood a tall and glamorous woman in a trench coat and dark glasses.

"Oh hello," Brad called from across the room, "you must be the blind date my mother has arranged for me."

The stranger stepped into the room and removed her glasses.

Beryl gasped. "It's the woman who's been watching the Bohemia," she stammered.

"No, I am not your date," the stranger said in sensual, husky voice. "I am Detective Sergeant Linda Sticklip. I am to question you all regarding the homicide of Ms Nancy Kelly."

TO BE CONTINUED



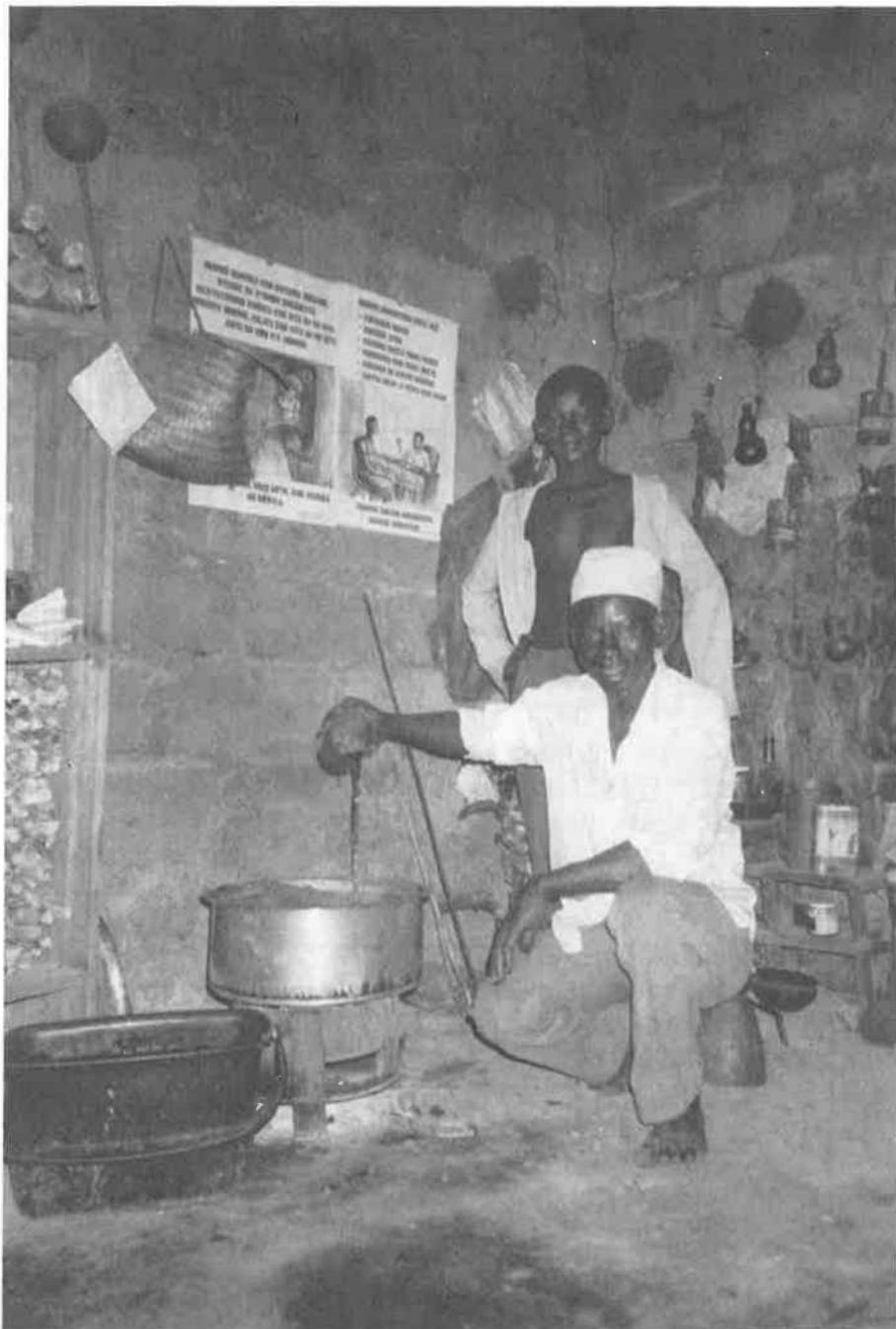
HIV Awareness starts at home

If your home is in South-Western Sydney, you can now receive

- all HIV services, including testing, information, treatment and counselling, close to your home.
- No names, no hassles... no travel.

General information: (02) 827 8033
HIV testing and outpatients: (02) 600 3584
Needle and syringe availability: Bankstown 018 446 369
Liverpool/Campbelltown 018 251 920

Tanzanian brew



Waziri Salehe and his son with a herbal remedy for common AIDS symptoms. The roots have to be cooked for several hours. The posters in the background are part of a series of Tanzanian AIDS education posters. The Swahili acronym for AIDS is *Ukimwi*.

PHOTO: JILL SERGEANT

THE BEFORE AND AFTER PHOTOS looked impressive. Before: a woman, her legs covered with a whitish, scaly fungal growth — I don't know the medical name for it. After: the same woman's legs, still scaly but much improved. The remedy? A herbal decoction from a traditional healer on the north coast of Tanzania. Various herbs were claimed to be effective in cases of fever, loss of appetite, diarrhoea, weight loss, bacterial, fungal and yeast infections. It was exciting.

In a sea of poster displays at the International Conference on HIV/AIDS in Amsterdam, this was virtually the only one that both took herbal medicine seriously, and was trying to measure its success in a scientific way. The Project's subject and methods should have satisfied the most ardent new age therapist and the most cynical of medical scientists. The people staffing the display, David and Jeremiah, were enthusiastic about their project. They were also swamped with inquiries.

When I turned up on David's doorstep in Tanga, Tanzania several weeks later, they were still fielding inquiries and requests for supplies of the herbs. They told me they'd been a little disappointed in the Conference; they had gone there hoping to meet others involved in similar work — especially other Africans — but discovered that they were pretty much on their own. It must be small comfort to be leading the field when what you really want is colleagues to compare notes with. They were surprised that no-one else seemed to be doing what they were: running a project which supplied traditional herbs to people for a range of AIDS related conditions; a small scale controlled trial with support and follow up from local doctors.

The project, known as the Tanga AIDS Working Group, began in early 1990 almost by accident. A

seminar was organised to establish links between medical doctors and traditional healers in the Pangani District of Tanzania. When symptoms associated with AIDS were described an elderly man, Waziri Mrisho, said that his grandfather had treated these symptoms with certain medicinal plants. He asked that some people with AIDS be referred to him for treatment.

Twenty one patients have been referred to Mrisho and his son Salehe and treated since January 1990. Thirteen are still alive and have shown considerable improvement in their condition. Even among those people who died there was some relief of symptoms before their final illness. People are given the wood, bark or roots of local trees to boil up and drink, or powdered leaves to mix into tea or soup. The powders are also mixed with ointment and applied to the skin.

Some of the plants were analysed for their medicinal benefits before AIDS happened along. One, *Harrisonia abyssinica*, has shown high levels of anti bacterial and anti fungal activity in studies from 1978 and 1980.

Patients are also receiving western medical treatment — although this is extremely limited in comparison to what is available in Australia. I was told that a control group of twenty people who received only western treatments in the same period have all died. Apparently both Mrisho and Salehe also have some private patients with AIDS who are not monitored by the project.

Although the remedies have had such impressive results, the project seems to have reached a bit of a stalemate. In fact it's success that's brought about the stalemate. Where to from here? is what the project workers — all volunteers except Mrisho and Salehe — are asking themselves. The project can't afford to expand and recruit

more people without more funding. So far, they have received some funding from Danish and Norwegian agencies. Mrisho and Salehe are paid for their time and the herbs, which are supplied free to participants in the project.

Some of the plants were analysed for their medicinal benefits before AIDS happened along.

One has shown high levels of anti bacterial and anti fungal activity in studies from 1978 and 1980.

To get funding you need a tight, accountable proposition. So while David is preparing funding submissions to overseas Aid Agencies, the project awaits the results of an analysis of the herbs by Shaman Pharmaceuticals, a United States company which develops medicines from traditional herbal remedies. They want clearer answers to their questions about dosage levels, the most effective ways of extracting the plants' active ingredients, where the active ingredient actually is in each plant... Then they have to address issues of patient 'compliance' — whether or not people are taking the doses prescribed, whether or not they are boiling the herbs for long enough, and so on.

So, except for the people who are still receiving their herbs whenever they need them, the project is on hold until it gets a) funding and b) results from the Shaman analysis.

In other places I visited in East Africa there seemed a distinct lack of enthusiasm for traditional healing — partly because traditional healers are often expensive, partly, perhaps, because of their association with magic and non Christian spirituality. Also, I

was told, people often prefer western medicine because it is free — in a hospital — and easy to take, unlike boiling up pots of bark.

In Fort Portal, Uganda, my friend Januarius told me that a course of treatment from a traditional healer costs a goat. That's expensive! But in Nairobi, Joe Muriuki of the Know AIDS Society told me that in the slums people will go to traditional healers because they are cheaper than western medicine. Also, people feel they can more easily develop a comfortable relationship with a local healer than with a western-style doctor.

At TASO in Kampala the Community Initiatives Program helps develop community based committees to deal with HIV and AIDS at a local level. Allan Nankunda, the woman who trains community workers for this program, said that traditional healers and birth attendants often volunteer for the work because of their interest in health care and because they are seeing HIV and AIDS symptoms among their patients.

Some people seemed interested in trying non-African alternatives. Margaret Nalumansi, who works at TASO, has been trying to establish yoga classes and aromatherapy massage there. In Nairobi I met a businesswoman who is wealthy enough to go to a Chinese herbalist. She saw his claims in the newspaper that he could cure AIDS and thought it was worth a try. His rates are extremely expensive.

In all my probing about herbal medicines, however, I never found anything like what is going on in Tanga. Maybe I didn't talk to the right people. Maybe they haven't yet had the same lucky chance that occurred at the meeting of Pangani physicians and traditional healers.

— *Jill Sergeant*

For more information about the Tanzanian project, call Jill on 283 3220.

Homefront



TCM: Treatment Conservatives Moan?

TCM: A NEW BANK? A NEW DANCE venue? A chocolate? A new designer drug? No—it's Traditional Chinese Medicine. Many people with HIV are turning to TCM as an alternative or complement to mainstream therapies.

"David" has been taking TCM for over one year and is convinced it is an effective part of his treatment strategy. "Each time I stop taking it for a few days I start to lose energy, and when I go back to it, I feel my energy return. That is enough proof for me. There is a strong correlation with having low energy and not taking herbs. I had 70 T cells when I was first diagnosed with AIDS. I started taking TCM one year later, and now I still have 40 T cells. I have a normal life. I go to work, I do anything I want."

David is prescribed TCM by a Chinese herablist in Sydney's Chinatown. A visit costs \$10 during which he will diagnose your health situation, and prescribe a tailor made mix of herbs. "I visit him about once a month", says David, "and that visit provides me with enough herbs for that time. It works out about \$3 a day.

"His approach is not as strict as conventional doctors. You don't have to take it every day. He says it's good if you take it every day, but if you take it twice a day it will be better. If you miss it for a couple of days, which I do if I

happen to be travelling for example, then he says that's ok too. You just start back on it when you get back. That's the kind of doctor I want. He tells you the options and gives you the responsibility of following it through. He says he doesn't have a cure, but the symptoms are known. We fight individual symptoms."

There are some disadvantages to TCM. "It tastes awful", says David, "and the preparation of the herbs each day is time consuming. But we are big boys now, we can drink something disgusting if the results are good."

When it comes to taking TCM with other treatments, David says one of the big advantages is that TCM is intended to lessen the side effects of drugs like AZT and ddI. "When I told a doctor at the hospital that I was taking these herbs, he replied cynically, "as long

as you don't have any bad side effects, its ok." I told him "I take the herbs to prevent the side effects of *your* drugs!" And he was quite embarrassed by that response. "I've never had anaemia from the quite high dose of AZT I take, for example. That's the only proof I need that it works — the fact that I'm not sick."

David's GP is highly supportive of the herbal treatment. "He is as amazed as I am at my well-being and is now recommending his other patients try the herbal treatment. After all, most of our conventional medicines come from herbs too."

If you would like any more information about TCM you may contact David through *Talkabout*. TCM is available through some naturopaths. If you would like to be put in contact with a TCM practitioner, call *Talkabout* on 283 3220.

Working up a sweat

Exercise! A lot of people dismiss this word with an emphatic "yuk!"

In moderation, however, it has proven benefits. Regular exercisers report better appetites, sleep patterns and an overall brighter outlook. PLWHAs participating in exercise studies have shown significant increases in muscle mass and flexibility.

If you want to exercise but don't know where to go or what to do then there is a service for you! Starting November 11, there will be three free gym classes a week (M, W, F) from 2-4pm at QEII in Camperdown. They are run by physiotherapists who will individually assess you and get you started on an appropriate exercise program.

For more information, call David Peterson, (Redfern Community Health) 690 1222/318 3000 or Mark Zacka (Royal Prince Alfred), 516 6488.

Fair Treatment



Oxygen therapy: Enquiring minds want to know.

MY TELEPHONE LOG-BOOK TELLS me that, in the past month, most of the treatments enquiries I've taken were on oxygen therapy. The tenor and content of the calls ranged from tentative curiosity to fly-off-the-handle accusations that I was suppressing a cure for AIDS. I'm flattered, because I didn't know I was so capable.

Where did this explosion of interest come from? *Nexus* magazine (the Queensland-based publication which runs UFO sightings stories) carried an article in its August-September issue titled "Ozone Has Cured AIDS In Over 300 Cases" written by the American journalist Ed McCabe. I'll examine the McCabe article later. First of all, what's oxygen therapy?

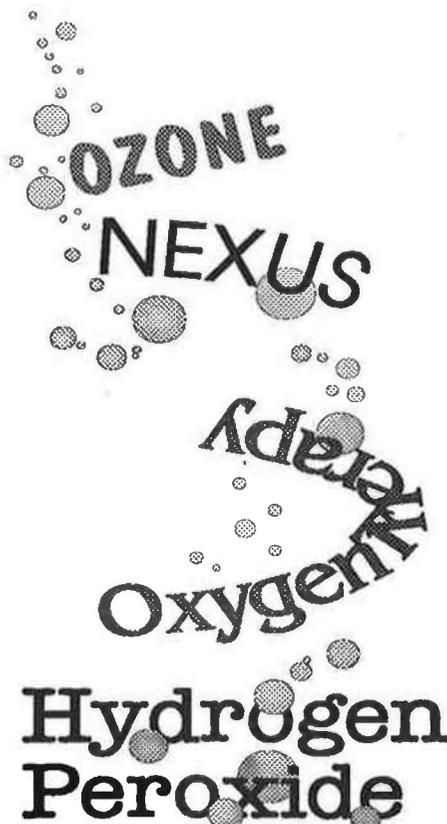
The premise of oxygen therapy is actually quite attractive. Many disease-causing organisms live in oxygen-free environments, and prefer it that way. The presence of oxygen leads to chemical reactions which can be detrimental to the organisms. So, why not administer oxygen to sick people to cure them?

Because this is too simplistic.

So-called therapeutic oxygen comes in different forms.

1. *As pure, diatomic oxygen* (i.e. garden-variety oxygen). This can be inhaled, just like we inhale air which is about 17% oxygen.

2. *As hydrogen peroxide*. Oxygen therapists suggest bathing



in a weak solution of hydrogen peroxide. Hydrogen peroxide is a liquid chemical which can be broken down into water and oxygen. It is very caustic and can cause severe burns when undiluted. Hydrogen peroxide is used to clean up laboratory spills containing live organisms.

3. *As ozone*. Ozone is a toxic gas, containing three oxygen atoms instead of the two in normal oxygen gas. It is a very dangerous substance. Oxygen therapists suggest it be inhaled or infused into the blood in small quantities.

Examining oxygen therapy, I

do what any good AIDS activist would do when confronted with the unfamiliar: seek evidence. Preferably, the evidence would show that the therapy is both safe and effective. And in the absence of evidence for effectiveness, I simply require that the therapy be proven safe, so that controlled clinical trials can be undertaken to settle the effectiveness question. However, in the absence of *both* safety and efficacy information (as is the case with oxygen therapy), I say proceed very carefully. I squirm at the thought of people being infused with ozone, because I know the dangerousness of ozone. There is a report of a man in California who allegedly died as a result of oxygen therapy.

In his article "Ozone Has Cured AIDS In Over 300 Cases", Ed McCabe quotes a lot of 'evidence' to support his claim. This 'evidence' seems to be of 2 types: published results and unpublished results. Almost all the published results is of *in vitro* work (i.e. work in test-tubes and not in humans), so these aren't helpful. Lots of things work *in vitro* against HIV and no doubt treating HIV-infected blood with ozone in a test-tube can deactivate the virus. So can bleach, but nobody's recommending that people with AIDS drink bleach or bath in it or inhale it. Readers of the article should be wary of the leaps of faith involved in saying that just

because something's useful in the test-tube, it's also useful clinically.

McCabe's unpublished results are more spectacular, but are completely anecdotal. They consist of communications with either the 'cured' or the doctors doing the 'curing', and cannot be unsubstantiated. None of these results comes from controlled clinical trials.

So have there been controlled clinical trials done on ozone therapy for people with AIDS? I know of two weak studies.

In 1989 a group of ten people with HIV set up an ozone therapy facility in San Francisco with the help of several mainstream community AIDS organisations¹. After three weeks of treatment the lymphocyte counts for many of the participants had increased, and there was no change in other variables in the blood test. However, at seven weeks of treatment the lymphocyte counts returned to what they were before the treatment. I can't find information on what happened after the first seven weeks. So at seven weeks it appeared that ozone therapy has neither benefit nor harm.

There was also an observational study conducted at the Universitätsklinikum Steglitz der Freien Universität Berlin². Dr. Hans-Dieter Wolfstädter retrospectively looked at 175 people with HIV he had treated with a naturopathic regime, which included homeopathy, nutritional management, psychotherapy and other therapies in addition to ozone infusion. Each person had an 'individualised' regime, so it is hard to make valid comparisons between them. All persons in the study showed a continued decrease in CD4 count. However, Dr. Wolfstädter claims that, in the group of people who began therapy with CD4 counts between 201 and 500, the amount of decrease was smaller than what

could be expected of similar people on antiviral treatment (such as AZT). In the study, no side effects accompanied the therapy, and that quality of life was generally increased. Of course, any benefit seen could not be attributed to any one element of the naturopathic regime.

So what's the bottom line for oxygen therapy? There isn't one.

I suggest that we take our questions to Ed McCabe when he visits Sydney in November (yes, he's coming, sponsored by *Nexus*; I'm sure the media will be ablaze

with publicity come the time). Ask for proof for his claims. Meanwhile, continue to have reservations.

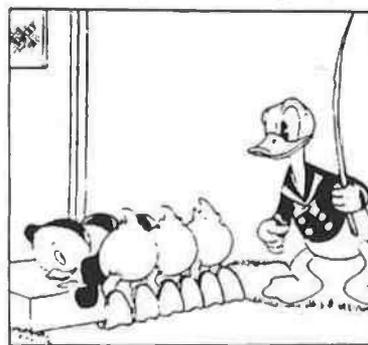
— *Lyle Chan*,
NSW Treatments Officer, ACON

1. Cited in *AIDS Treatment News*, Issue 80, June 2, 1989.

2. See abstract PuB7588 from VIII International Conference on AIDS, Amsterdam, 1992.

Copies of these articles are available from the NSW Treatments Office, call 283 3222.

IT'S
A
QUEER QUEER
QUEER QUEER
WORLD



VIDEO & FILM NIGHT
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ACT UP

AFI CINEMA
THURSDAY NOVEMBER 12

9PM \$10 / \$7

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ALL ENQUIRIES: SIMON HUNT TEL: 02-331-1040 FAX: 02-339-9506

Doctor, Doctor



YOU MAY HAVE NOTICED THE recent fullpage ad that ACT UP placed in *Capital Q*. It was a counterpoint to the style and substance of Wellcome's campaign in the Sydney Star Observer for early AZT treatment. ACT UP's ad highlighted the contradictions between Wellcome's slick promotion of AZT and its delay over making high dose acyclovir more readily available (see October *Talkabout*).

It's queer (if that's the word) that our community hasn't devoted more energy to this issue. So start talking about it now — to your doctor, to Wellcome, to ACT UP.

THIS MONTH WE PRINT THE SECOND and final part of our reprint from the Project Inform Newsletter, "Doctor, Patient and HIV" Building a Cooperative Relationship." If you would like to get more information from Project Inform you can write to them at 1965 Market Street, San Francisco 94103 USA. Please enclose a small donation to cover their costs (they are a private non profit organisation) and tell them you heard about them from this series in *Talkabout*.

A co-operative relationship

JUST AS THERE ARE THINGS PATIENTS can do to make the relationship more cooperative, there are things the doctor can do as well. While patients are in no position to tell doctors how to run their practices, they are in fact their clients, and for that precious 15 minutes together, the doctor works for the patient.

The following suggestions are

intended to help doctors deal with patients whose expectations may have been changed by the epidemic or personal education about treatments. Despite the dedication most physicians feel in the epidemic, nothing has fully prepared either doctor or patient for the crisis we now face together.

For the Doctor

1. Recognise that the uncertainties of the epidemic demand a flexible response. Traditional expectations that patients will passively follow orders simply won't work with everyone. HIV has changed forever the way many people relate to their doctors. The new assertiveness and knowledge won't go away. To cope effectively, physicians must learn how each person wants to be treated, particularly in regards to degree and form of collaboration of the healing process.

2. Be prepared to describe both sides of the medical issues which confront patients. Physicians have always recognised that there are two or more viewpoints on most issues. In the past, after making their own synthesis of the pros and cons, physicians often moved swiftly to recommend the solution for their patients. Today, many people refuse to stay out of the decision-making process.

Effective communication is critical with such patients, who, we believe, must at least have the right to participate in key decisions. Of course, this doesn't automatically make the patient right. Physicians must often help persuade patients to do what makes sense. Mutually satisfying

choices are best achieved through the use of well-phrased questions, logical reasoning, shared information, and patience on both sides.

3. Try supporting patient interest in monitoring and treatment. While not every potential treatment is worthy of support, every patient's health is. If proven treatments were available which worked for the majority of patients, there would be little need to monitor unapproved remedies. But this is not yet the case. The more uncertainties a given treatment raises, the more important it is that the physician monitor its use.

Some physicians express fear that monitoring implies agreement. When someone asks to be monitored in a course of treatment, it doesn't imply agreement — only support for the patient's general well-being. We are aware of no legal precedent in which a physician has been accused of malpractice for taking blood counts while a patient used a drug against his or her recommendation. It is not common, after all, for a doctor to deny care to a patient involved in recreational drug use or abuse, so there seems little basis for refusing to monitor the use of a drug taken in the interests of healing.

In most instances, patients will use a treatment anyway if determined to do so and the doctor is unable to sway them against it. Refusal to monitor diminishes a patient's confidence and actually may increase the risk of harm.

4. Support the patient's goal of survival. In the early years of

AIDS, perhaps we all became too adept at preparing people to die. We now know that HIV infection is far more treatable than previously believed. A cooperative relationship is based on joint agreement to do what's necessary to keep the patient alive, despite the uncertainties of limited medical knowledge. Instead of simply accepting the limitations of current knowledge, some physicians have chosen to declare "Let's see what we can do to keep you alive and well until a better treatment comes along."

For a variety of reasons, some physicians just can't seem to prescribe an unapproved treatment. Yet, many others can, so there is no unanimous consensus of medical or ethical opinion weighing against doing so. When all a physician can do is just say "no," the patient has a right to know why—and, always, a right to a second opinion. This is equally true of diagnosis, prognosis, and treatment strategy. As long as a patient's request is calm, friendly, and well-informed, an equally well-informed and candid response is expected of the physician.

5. Respond in a medical fashion to the uncertainties of unapproved treatment. Perhaps this means more frequent visits, additional diagnostic tests, more cautious reading of laboratory markers. Added expense may be the price required of the patient. Clearly, the doctor must call the shots in this regard, and the patient must be prepared to heed the outcome of the monitoring process.

When disagreements exist despite a cooperative relationship, it is difficult to know what to do. In consideration of active disease states, such as a bout of PCP, the doctor's expertise must lead the way because the course of treatment is better known and, in many instances there is a degree of medical consensus. Exceptions

might occur in institutions or areas of the country where expertise with HIV is not at a state-of-the-art level, or where bureaucratic procedures might hamper the quality of care. In such instances, a second opinion should always be sought from practitioners in the leading AIDS hospitals.

When considering treatment of HIV infection and immune deficiency, disagreements about treatments often occur in a very different context. When patients may have as much information as the physician about experimental therapies, each may arrive at different conclusions based on similar data.

This presents a challenge for both. A physician must feel that he or she is practising sound medicine, yet the patient may feel he cannot compromise on a treatment option he considers essential to his health or survival. In this instance, both must strive to listen and understand the other's views. Rather than butting heads on the points of disagreement, each must seek to find ways to satisfy the other's needs and concerns. Both must begin by acknowledging a common goal of keeping the patient alive and maintaining health. The patient might ask:

"What will it take for you to feel comfortable with what I want to do? More careful monitoring? Reviewing the decision in a month or two? More review of available data? Discussion with other physicians? A statement releasing you from liability?"

Similarly, the physician might ask:

"What can I do to help you better understand the risks and why I'm concerned with what you want to do?" or "What other options, if any, have you considered?" or "Will you wait while I review the matter more carefully?"

Sometimes it is possible to find new alternatives that neither party

had expected before the discussion began.

While this type of dialogue can be very productive, it won't overcome every possible obstacle. Patients cannot expect physicians to approve remedies for which there is no supporting evidence of any kind. Nor can patients realistically expect physicians to give the same credence to highly experimental approaches as they would to approved remedies. And physicians no longer can realistically expect patients to "wait and see" indefinitely while research proceeds. At the very least, both parties must take the time to fully understand each other's beliefs and the reasoning behind them. Simple confrontation over opposing conclusions is unproductive for both.

If, in the final analysis, the physician cannot feel comfortable cooperating with unapproved treatment strategies, and the patient is equally firm in his or her convictions, then physician and patient must question whether it is possible to continue having a mutually acceptable relationship. In many instances it is possible to maintain the relationship while disagreeing and continuing to communicate over the differences. The option of changing doctors, which is always present, should be reached only as a last resort, and only when it is clear that the parties cannot accept each other's approach to the relationship. Each of us must ultimately find the combination of patient, physician, and approach which makes a cooperative relationship possible.

NEXT MONTH AS PROMISED A FEW issues ago, some observations about health rights in Australia. If you have anything you wish to say, either as someone with HIV/AIDS or as a practising doctor, I would be pleased to hear your comments.

Ciao for now, Peter Hornby

What's Goin' On



Just a reminder about the
Youth HIV Project
featured in August *Talkabout* (on page 8)

We are interested in talking to more people who are HIV positive, under the age of 25 and who were diagnosed before the age of 21. (Please see August *Talkabout* for details about the study.)

If interested, please call Guy or Kay on 361 2100 (or if calling from interstate please ask the operator to reverse charges and call (02) 399 2966).

We pay young people \$30 for an interview.

Talking about World AIDS Day

The next issue of *Talkabout* will come out in time for World AIDS Day on December 1. In this issue, we'll be taking up the theme of World AIDS Day — "Community Commitment" — in our own way. If you have anything you'd like to say about this year's theme, write it down and send it to *Talkabout*, PO Box 1359, Darlinghurst 2010.

Talkabout editorial lunches

The next meetings will be:

Thursday, November 5 and Thursday, November 19.

Meet at the PLWHA office at 12.45, 2nd floor, 188 Goulburn St Darlinghurst. Call Jill on 283 3220 for more info.

Tiffy's Transport has a new pick up line

**The new number is
261 1879**

Tiffy's provides transport to hospital or clinic appointments. The service operates 7.30am to early evening, Monday to Friday. For more info or to make a booking, please call us on 261 1879.



MERGER IN THE WEST

*Western Sydney AIDS
Prevention & Outreach
Service*

The Kendall Centre has merged with the old Blacktown AIDS Prevention Service. Open 7 days. Free & confidential

- Needle exchange •
- Condoms • HIV testing
- Education • Counselling
- Hep B testing • Outreach
- Support services •

Parramatta: 26 Kendall St
Harris Park 2150 Tel. 893 9522
Mobile 018 25 1888
Fax. 891 2087

Blacktown: Unit 7, Marcel Cr.
Blacktown 2148 Tel:831 4037
Mobile: 018 25 6034

Are you a gay man who is currently participating, or has participated in an HIV clinical trial?

If so, we'd be interested in talking to you about your experiences. It takes about 30 minutes and confidentiality is assured.

The study is concerned with the effects of trial anti-HIV agents on an individual's quality of life.

If you are interested in participating in this study, call Lorna Ryan, 332 1090 ext 290 (Monday -Friday 10am - 6pm) for further details.

National Centre for
HIV Social Research

HANDS ON

- Massage and Reiki for PLWHAs
- Training of volunteer masseurs

Call Richard
660 6392

Join ACON's Meditation group

ground floor
AIDS Council of NSW
188 Goulburn st, Darlinghurst

ALL WELCOME

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

Meditation can be useful as a means to reduce stress, energise the body and increase clear thinking
Instruction and assistance in how to meditate is available to newcomers

Tuesday mornings 9am - 10pm

Thursday evenings 6pm - 7pm

Just turn up, or ring David (02)358 1318

S I L K R O A D

A social and support group for Asian gay and bisexual men which meets every Friday.

Activities include workshops, discussions, social activities, etc.

More information available from
Arnel on (02) 283 3222

Support group for parents of HIV+ adults

Meeting every 3rd Friday in the month at Ankali House

335 Crown St

7- 9pm

Confidentiality assured.

Julie Fuad, herself the mother of an HIV+ daughter, is the trained facilitator.

Call 569 2579
for further details

Insurance complaints?

Have you had a problem with an insurance company since May last year?

The complaints system set up by the insurance industry in May 1991 is now under review.

We would like to hear of your experience — good or bad — if you have sought help from the Life Insurance Federation of Australia or the Insurance Council of Australia.

Write to:
Insurance Complaints
Consumers' Association
57 Carrington Road
Marrickville NSW 2204

HIV RELAXATION SESSIONS

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

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 Sts,
Newtown

Sponsored by
Royal Prince Alfred Hospital,
Central Sydney Area Health Service

Brighton Street Clinic

Western Suburbs
Sexual Health Clinic

- Medical checks
- Information on all STDs
- HIV/AIDS testing
- Pregnancy and pap tests
- Needle and syringe outlet
- Condoms and lube
- Information and education
- Counselling and referral

Monday 5pm - 8pm

Wednesday 9.30am - 12.30pm

Thursday 2.30pm - 5.30pm

For appointment call 744 7043
8 Brighton St Croydon

**This service is free
and confidential
No Medicare card is required**

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) Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst.

283 3222, fax 283 2199.

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

ACON Illawarra PO Box 1073, Wollongong 2902. (042) 26 1173.

ACON Mid-North Coast PO Box 990, Coffs Harbour 2450. (066) 514 056.

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

ACON's Rural Project Telephone service for men who have sex with men. Info on HIV health services, gay networks/advocacy. Call Nik or John 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

ACON Western Sydney 21 Kildor Rd. Blacktown. 831 1899.

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

Australian Federation of AIDS Organisations (AFAO) Umbrella organisation for Australian state and territory AIDS Councils. (06) 285 4464.

Central Coast Services Sexual health service, support groups, positive support network. For info call Peter (043) 23 7115 or Paul (043) 20 3399.

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. Meets in Darlinghurst and Parramatta. The groups are a chance to talk about everything from safe sex to coming out. Social and fun. For more information call Aldo or Brent 283 2599.

Kids With AIDS (KWAIDS) and Parents of KWAIDS. Inquiries c/- Paediatric AIDS Unit, Prince of Wales Hospital, 39 2772. Donations c/- AIDS Trust, 211 2044.

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

National Centre in HIV Epidemiology & 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. Call (06) 257 4985.

New England Needle Exchange Program Fits, swabs, water, condoms, lube, information and education. For locations of outlets and outreach services call (067)66 2626 message, (018)66 8382 mobile.

NSW Anti-Discrimination Board Takes complaints of AIDS related discrimination and attempts to resolve them by a confidential process of reconciliation. 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) 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 & family of those to be remembered. 360 9422.

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/AIDS. Contact the secretary, Lib Edmonds, C/- Kirketon Road Centre, PO Box 22 Kings Cross, 2011 or the chairperson, Grahame Colditz, C/- Prince Henry Hospital, 694 5721.

South East Region HIV/AIDS Unit HIV/AIDS support, needle and syringe exchange and HIV education. For more information contact (048) 21 8111.

Sydney South West Needle Exchange For access and locations call 601 2333 or Mobile 018 25 1920.

DAY CENTRES

Blue Mountains PLWA Support Centre Wednesdays 11am - 3pm (lunch). Fridays 6.30 - 10.30pm (dinner). For further information call the Centre on (047) 82 2119 or Dennis (047)88 1110.

Central Coast (Konnexions) HIV+ Drop-In Centre, 11am-3pm Mondays at the old stone building, Anglican grounds 3 Mann St Gosford. Inquiries Patrick (043) 20 2241.

Newcastle (Karumah) Upstairs, 101 Scott St Newcastle, opposite Newcastle Railway Station. Every Thursday from 11am. Contact 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.

CLINICS & HOSPITALS

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.

Central Coast Sexual Health Providing HIV clinic and support services.

69 Holden St Gosford. (043) 20 2114
Haemophilia Unit Royal Prince Alfred Hospital, 516 8902.

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

Kirketon Road Centre Community based primary health care facility of Sydney Hospital. Nursing, medical services, counselling, 9am - 8pm, Mon-Fri. Social welfare service, needle & syringe exchange 9am - midnight Mon - Fri. Cnr William St & Kirketon Rd, Kings Cross. 360 2766.

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.

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 Rd, Camperdown. 516 6437.

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

St George Hospital HIV/AIDS Services (Inpatient, Outpatient and Day Treatment Centre): South St, Kogarah. Call 350 2960

Sexual Health Clinic: Belgrave St, Kogarah. Call 350 2742.

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.

Transfusion related AIDS (TRAIDS) Unit: For people with medically acquired

HIV/AIDS. Crisis/long term counselling and welfare support to clients and their families throughout NSW. TRAIDS is based at Parramatta Hospital. Contact Pam or Claire 843 3111 ext.343. **Red Cross BTS:** Contact Jenny 262 1764.

Westmead Centre (Westmead and Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

EMOTIONAL SUPPORT

Ankali Emotional support to PLWAs, 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.

A.S. Friends Support and information network and social activities for people living with HIV/AIDS. Call support worker (089) 53 1118 or write PO Box 8847 Alic Springs NT 0871.

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

Bega Valley HIV/AIDS Volunteer Carer Group Emotional and practical support to PLWAs, their family & friends living in the Bega Valley area. Call Ann Young (064) 92 9120 or Victor Tawil (048) 21 8111.

Civil Rehabilitation Committee Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders. Call Pam Simpson 902)289 2670.

Club 2430 (Taree) Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Contact Bill or Barry (065) 537502 or Liz (065) 51 1315. PO Box 934, Taree 2430.

Friends & Partners of People With AIDS A peer support group for friends and partners of PLWAs. 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.

Hunter Area HIV Support/Action group 6.30pm, 4th Wednesday every month at ACON, level 1, Bolton St Newcastle. Inquiries call ACON (049)29 3464.

Karuna Blue Mountains Emotional support for people with HIV/AIDS, their partners, family and friends. Call Ann (047)82 2120.

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. Contact ACON North coast (066) 22 1555.

Parent's FLAG Parents and friends of lesbians and gays. Meets monthly at the GLCS, 197 Albion St Surry Hills. Call Heather, 899 1101, Marie 360 3250.

Parent's Group (and relatives) A support group for the parents or relatives of PLWAs. Every 2nd Wednesday at 12.30. 5th floor, Notre Dame Bldg. Burton St Darlinghurst. Call Linda Barr 339 1111 (page 248) or Marie Pettit (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 Lesley Goulburn (page 255) if you're interested.

Positive Women Individual or group support for and by HIV/AIDS positive women. Non-judgemental and completely confidential. Contact via Women and AIDS Project Officer or Women's HIV Support Officer at ACON, 283 3222, TTY for the Deaf 283 2088.

PO Box 350 Darlinghurst 2010.

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 phone Aldo or Brent 283 2599 or HIV Support 283 2453.

Quest for Life Foundation Emotional support and education for people with life threatening diseases, their families, loved ones and health professionals. Support groups, meditation/relaxation classes, one-to-one counselling. 37 Atchison ST, Crows Nest. 906 3112.

Shoalhaven HIV Support group Meets first and third Tuesdays in the month from 6pm to 7pm. This is a peer support group facilitated by an HIV+ volunteer. It is completely confidential. Call (044) 23 9353.

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

PRACTICAL HELP

ACON Housing Project Offers help with accessing priority public housing, transfer advice, homelessness, housing discrimination and harassment. Call the Housing Project Officer, 283 3222, ext. 246.

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.

Bega Valley HIV/AIDS Volunteer Carer Group Emotional and practical support to PLWHA, their family & friends in the Bega Valley area. Call Ann Young (064) 929120 or Victor Tawil (048) 21 8111.

Bobby Goldsmith Foundation A community based, registered charity providing direct financial aid to people with advanced HIV/AIDS to help pay bills, some vitamin costs and child care assistance to approved clients. 4th floor, 376 Victoria St, Darlinghurst, 360 9755.

Central Coast Positive Support Network (PSN) Trained volunteers providing practical home/personal care for people with AIDS. Inquiries Peter (043) 23 71 15 or Paul (043) 20 3399.

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

CSN Blue Mountains hands on practical help for people with HIV/AIDS. Call Chas Stewart, (047) 32 0158.

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

CSN Wollongong Call Daniel Maddedu, (042) 74 3908.

Hands On Massage and Reiki for PLWHAs. Training of volunteer masseurs. Call Richard 660 6392

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

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

Tiffany's Transport Service For PLWHAs (in the Sydney area.) 261 1879.

JOIN US IN THE FIGHT AGAINST AIDS. SUBSCRIBE NOW.

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

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November 1992

Legal Issues Wednesday 11 - 6:30 pm to 8:30 pm

- What are my superannuation and insurance entitlements ?
- What is a power of attorney ?
- Can I appoint someone in advance to make treatment decisions for me ?
- A general introduction to wills.

Finance Wednesday 18 - 6:30 pm to 8:30 pm

- How to live on a pension.
- What to do with my superannuation ?
- When and how do I go about it ?
- Adjusting to a change in income.
- Other available assistance.

Housing Wednesday 25 - 6:30 pm to 8:30 pm

- How do I go about applying ?
- How long do I have to wait ?
- Tenancy issues and re-housing.
- Am I eligible for rental subsidy disability allowance ?
- Accommodation services offered by ACON and BGF.

at

The AIDS Resource Centre
AIDS Council of New South Wales
188 Goulburn Street
DARLINGHURST NSW 2010

For further information about these seminars call
HIV Strategy and Support Unit
Ph (02) 283-3222 Fax (02) 283-2199
Tty (02) 283-2088



AIDS Council of New South Wales Inc.