

Vol. III No. VIx December 1992/January 1993

# Talkabout

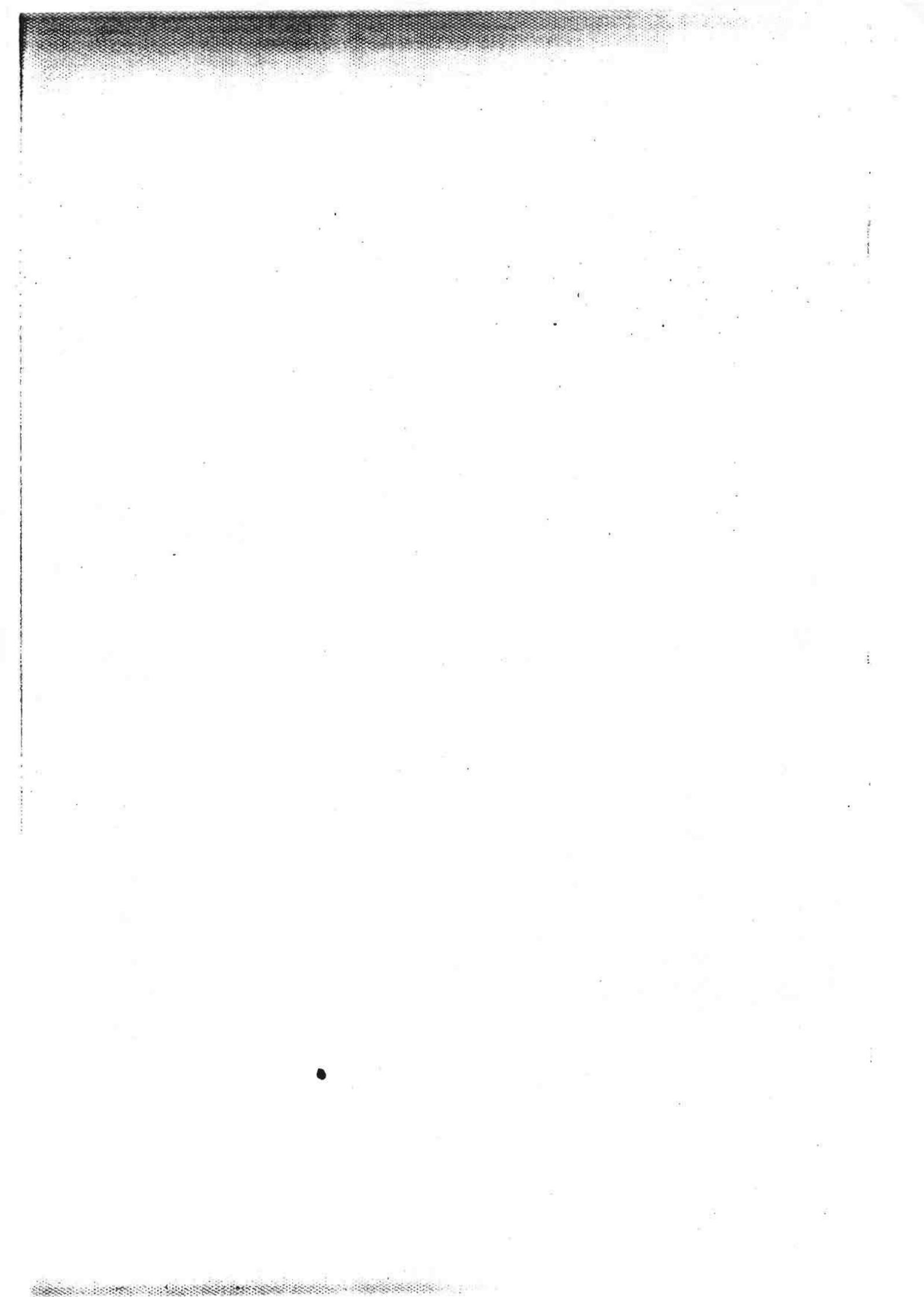
The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

## World AIDS Day: Community Commitment . . .



*Sydney Gay and Lesbian Choir sing for  
their community at CounterAid*



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## This Month's Cover

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by David Urquhart. The Gay and Lesbian Choir sings for CounterAid on November 21. Just one of the many ways in which the gay and lesbian community shows its commitment to doing something about AIDS.

This issue of *Talkabout* looks at the theme of "community commitment". Our special feature starts page 13.

## COMMENT

# Community commitment

EVERY YEAR WORLD AIDS DAY ROLLS AROUND WITH ALL ITS FANFARE AND fundraising. And each year the World Health Organisation (WHO) decrees a particular theme for all the activity that occurs around December 1. This year, it is "AIDS: A Community Commitment".

If you're a regular *Talkabout* reader you probably know by now that *Talkabout* usually picks up the World AIDS Day theme and looks at it from the perspective of the people who are most affected by the virus. In this issue a number of people from all different kinds of communities share their opinions about just what community commitment means to them. Some of these people are HIV positive. Some are not, but are working in the front line of HIV and AIDS. Others are not closely affected by the epidemic but still have a commitment to doing something about it.

The WHO slogan makes it sound as though there is "A Community" that we are all part of, but there are many different communities in Australian society. Often, we live in more than one at a time, like Judy, the nun who spends all her working hours as a volunteer caring for gay men with AIDS. HIV and AIDS have caused people both to cross the boundaries of their community and reach out to others; and to feel even more strongly any conflict between the values of the different communities they are part of.

People with HIV or AIDS are often marginalised and discriminated against, even by people who are part of their community, as well as by people in Australian society in general. Some of the contributors to this edition are further marginalised by the fact that they are transsexual, injecting drug users, lesbian or gay.

Some of the HIV positive people interviewed for this edition of *Talkabout* did not want their photo taken, and some did not want their real name to be used. That's a telling sign that "community commitment", in terms of our whole society, has a long way to go. The kind of community commitment our contributors want and need is a commitment, from all Australians, to tolerance and compassion, so that they need not be afraid to show their faces. Ironically, the Federal government's recent withdrawal of the planned national anti-discrimination media campaign indicates a lack of such commitment.

There is brighter side to this story, and that is: community commitment is not a new idea. Most of the gains made by people with HIV and AIDS have come about because their community — in Australia, chiefly the gay community — has worked very hard to provide support services and lobby for political change such as amendments to the Anti-Discrimination Act. People with HIV and AIDS who are not gay have also benefited from this work. This is the kind of community commitment that should be recognised and celebrated.

## ddC Not

YOUR GOVERNMENT IS TRYING ITS best to kill you. Let me explain.

The Federal Health Department has decided that the combination of ddC and AZT can *only be given to people with CD4 counts of less than 200 and who have had AZT for less than 12 months*. This means that anyone who has been using AZT for more than twelve months and wants to add ddC cannot. This means that anyone who has a CD4 count of more than 200 and wants to keep it that way cannot.

Where are the scientific data to back this decision? There aren't any. The decision might as well have been excreted by a rabbit that was pulled out of a hat.

The decision does not take into account the fact that people outside these limits are *already* using combination therapy with AZT and ddC. That the therapy is prolonging their lives is indisputable.

There are four hundred people in Australia getting the combination of AZT and ddC, either through a clinical trial program or by personal importation. Both schemes will irreversibly terminate once ddC officially hits the market. *None* of these people qualify to be prescribed ddC under the new decision. Therefore all will have their combination therapy cut off. And the Prime Minister is worried about violence on *television*. What about the premeditated murder that is carried out by his government departments?

You can do one of two things.

You can sit tight and wait for your favourite, long-awaited opportunistic infection to claw out your guts.

Or you can tell the numerous Ministers for Health, who, after all, are your elected representatives, a few choice things. Tell them that you will make sure they lose the election. Tell them they can either speak at the negotiating

table or speak to Four Corners and Jana Wendt. Tell them they would be better off committing suicide than if they were caught in the same room with you.

Remember, your government doesn't care if you die. So you have nothing to lose.

— Lyle Chan

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## AIDS aid

READERS WITH AN INTEREST IN overseas development issues will be pleased to hear that HIV and AIDS are finally making it onto the agenda of development agencies in Australia.

This is largely due to the efforts of Tim Mackay, Project Co-ordinator for the HIV/AIDS Development program. Earlier this year Tim organised a seminar on HIV/AIDS and development, and at the end of October he organised another seminar on "Women, HIV/AIDS and Development".

The seminar was a significant event because it was attended by representatives of the major overseas aid agencies in Australia such as Community Aid Abroad, World Vision and Foster Parents Plan as well as interested individuals from health and research fields and women's organisations in Australia.

Guest speakers included representatives of women's organisations in Fiji, the Philippines and Thailand. The first half of the program focussed on issues of prevention and empowerment for women to negotiate safe sex. At the afternoon session, Bev of Positive Women Victoria spoke about the importance of peer

support and I spoke about my recent visit to PLWHA organisations in East Africa. We both stressed the need to involve PLWHAs in planning and education programs.

Unfortunately, it appeared that most participants were much more focussed on prevention education than issues of concern to those already infected — a familiar story to PLWHAs. However, it is only the first such seminar in Australia and for many of those present was an introduction to HIV/AIDS issues and politics.

— Jill Sergeant

## Discrimination

IMPLEMENTATION OF THE NSW Anti-Discrimination Board's report into HIV/AIDS related discrimination is going well, Senator Chris Puplick told a community forum on 31 October. The forum was hosted by Clover Moore, MLA.

Senator Puplick has set a demanding pace for the Implementation Committee. He plans to have the government departments named in the ADB Report respond to the Committee within the next few months.

Also on discrimination, there is still no word on whether the Federal Government will move to implement a National Campaign which has so far cost several million dollars but may never see the light of day. At issue is the fact that one section of the print media shows two men kissing. This vignette was added at the insistence of ANCA. The pre-polling of a sample audience revealed that 21% of audiences surveyed said that it was going too far.

This has caused jitters for an election-nervous federal government. What the feds have forgotten to mention is that 23% of the same sample said that the campaign did not go far enough. A public defence of human rights has lost out to the scrum fight over conservative

marginal seats in what promises to be a nasty federal election campaign.

— Wayne Holt

## Coalition commitment

THE COMMONWEALTH SHADOW Minister for Health, Dr Bob Woods, has publicly committed the coalition to: continuation of the National AIDS Strategy; maintaining dedicated funding for AIDS; continuing funding at present levels until there has been a "review"; ensuring availability and funding for HIV/AIDS drugs.

These comments were quoted in the *Age* newspaper.

— W.H.

## Latex on lips

A NEW SAFE SEX PRODUCT HAS just arrived on the *Talkabout* editorial desk, wafting its vanilla scent around the office. Lollyes — latex on lips — are a new, improved version of the dental dam. Lighter, thinner, these flimsy pieces of latex are designed to be held by hand or suspender belt over vagina or anus for safe oral sex.

Lollyes were launched on the first National Oral Sex day, November 13. They are available from AIDS Councils in your region, and from NUAA in Sydney (see contact list p.32).

## HIV hike

LAST MONTH WE TOLD YOU THAT two HIV positive men were about to arrive in Australia on the South Pacific leg of their global walk against AIDS, Race Against Time. Well, before *Talkabout* had even left the printer, Bill and Ron arrived in the PLWHA office.

Race Against Time is a fundraising adventure which started in 1988 when Canadian Bill Mole took to the streets to raise awareness about HIV and AIDS. He was later joined by American Ron Reichert, and the walk, scheduled to end on World AIDS



Ron Reichert (left) and Bill Mole. PHOTO: DAVID URQUHART.

Day 1994, has become a truly epic journey.

In the past few weeks they have powered into action, organising media appearances and liaising with local HIV/AIDS and gay groups. After celebrating World AIDS Day in Melbourne, Bill and Ron will be heading north — on foot of course. You can greet them when they arrive in Sydney on December 23 at 1.00 at the Opera House.

On January 9th you can join Bill and Ron on a 10km fundraising walk around Sydney. Collect sponsor sheets and details of the route from Bill Rigney

(Ph:698 9814). Ninety percent of the proceeds will go to the Bobby Goldsmith Foundation, 5% to children with AIDS in Romania and 5% to Race Against Time.

## Health guidelines

GUIDELINES ON CONFIDENTIALITY and privacy of HIV positive patients are being finalised by the AIDS Bureau of the NSW Health Department. The guidelines have taken almost five months to prepare. It is expected that they will be issued by December 1992.

# Queer rites

IT IS WITH GREAT JOY THAT WE announce the establishment of a new group within the queer community in Sydney. *The Big Sisters of Universal Joy*, a circle of queer nuns, have formed in response to the need for appropriate rituals to mark significant events in the lives of gay and lesbian folk.

The Big Sisters specialise in ceremonies to mark a commitment in relationships, launching of new ventures, the birth of children to queer parents, funerals and memorial services for queerfolk who have died.

The glowing white habits of the Big Sisters of Universal Joy are already becoming a familiar sight on the streets of the Sydney queer community as they go about their joyfull mission.

For more information, write to the Big Sisters of Universal Joy, PO Box 838 Darlinghurst NSW 2010.

# Claytons HIV

ONE OF THE BIGGEST STORIES TO come out of the International Conference in Amsterdam was that there appeared to be a number of people in the United States who had experienced a collapse in their immune systems and were experiencing opportunistic illnesses similar to those associated with HIV. The only problem was that all of the tests conducted indicated that HIV was not present.

This sparked a frenzy of activity and the suggestion that we may be seeing the effects of a new virus and that this could well be the start of a new epidemic. The Centre for Disease Control in Atlanta reported that they had no evidence to support this but were now going to take a closer look at the cases that had been reported. Some interim findings of this follow up were presented at the recent ICAAC meeting in Los Angeles.

In a follow up of 76 people they

have found the following facts:

- There is no evidence of transmission from one individual to another by sexual or social contact.
- In one family both the mother and daughter show the deficiency. This suggests that there may be a genetic factor in transmission.
- That it is not specific to any particular segment of the community i.e. it is found in young and old, male and female, and in gay and heterosexuals.
- Finally, in all but one of the subjects, they were unable to identify any evidence of a virus of any kind. In the one case they did find

some viral particles but have not identified these as HIV. They pointed out that this could be the remnants of a recent infection of some type.

In conclusion, the current indicators are that this is not a viral infection, but may be the appearance of a group of people who for some reason or other (e.g. genetic disposition) may be having immune dysfunction. The general feeling at the ICAAC meeting seemed to support this idea, but delegates indicated that they would also like to follow all of these patients through until all avenues of research are exhausted.



**What's Goin' On ?**

Pharmacist Use Only



SILENCE = DEATH

Limit to be reached  
 1000

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**General**     **Concession**

**Safety Net Prescription Record Forms**

**Who Can Use Them?**

These forms are used to record the purchase of certain medicines. They are available to all patients who are registered with a pharmacist. They include:

**NOT MALE OR FEMALE/GEMALE**

... details about the study)

If interested, please call Giv or

**Safety Net**

Health Insurance Commission  
**Prescription Record Form**

!! The Kendall Centre has merged !!

Applicant's Surname \_\_\_\_\_ Given Name \_\_\_\_\_

Address \_\_\_\_\_

Condoms • HIV testing  
 • Counselling  
 • Outreach

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**Talking about**

... issue of Talkabout will be in this issue, w/ Commi

send **Talkabout** ...

The next meetings will be **Thursday, November 5 and Thursday**

**Application for a Safety Net Card**

... 93

Privacy Note

... evening, Monday to Friday

**PRESCRIPTION RECORD FORM**

1 93

**What do you do when you reach your limit?** DO SOMETHING

**Concessional Patients**

... 93

**participated in clinical trial?**

If so, we'd be interested in talking to you about your experiences. It takes a few minutes and is confidential.

**Further information:**

... 332 1090

290 Other Family Members, ...

... 290 Other Family Members, ...

A contribution on the PBS Safety Net from "Opinionated Queer".

6 Talkabout December 1992

## Fifth National Conference on HIV/AIDS

*The Fifth National Conference was marked by conflict and confrontation over various issues. This was distressing or confusing for many participants. In particular, a speech given by Charles Roberts at a plenary session, in which he asked all HIV negative people to leave the room, caused distress to many people both HIV positive and negative. In response to this speech, Mark Reid issued this statement at the closing plenary on behalf of state PLWHA organisations.*

MEMBERS OF PLWHA GROUPS around the country wish to express our solidarity with other conference attendees in working together in the fight against HIV/AIDS.

We do not seek division between positive and negative people but the support and energy of everyone here to achieve the maximum effort in our struggle.

We would like in future to be consulted on all levels about future



Bill Hathaway (left) and a friend stand during ACT UP's action at the opening ceremony. (See picture page 10.)

national AIDS conferences from the beginning to the end.

People living with HIV/AIDS need to feel empowered and to be consulted. There are still some people in governments, health care settings, even in AIDS Councils who are not responding to our needs. However, things are

changing and, with our efforts, we hope will continue to improve.

We acknowledge the incredible effort of many people in this room and in the affected community generally, who support us, work with us and love us. We ask for this support to continue and that direct dialogue continues with PLWHA groups and NPLWAC to help us all try conquer this disease.



For the first time, Positive Women were very visible at an HIV/AIDS conference. Twelve Positive women from around Australia gathered at the final Plenary to support Bev, who read the statements of the International Community of Women Living With HIV/AIDS (published in the last *Talkabout*). Positive Women also had a stall at the conference exhibition centre.



ACT UP's redecoration of the Burroughs Wellcome stand at the conference drew attention to the company's stalling on acyclovir.

PHOTOS THIS PAGE: JAMIE DUNBAR.

# Talkabout

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## DEADLINE FOR THE NEXT ISSUE

January 18

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)

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TTY Only (for deaf and hearing  
impaired) (02) 283-2088  
Fax: (02) 206 2069

# Committee News



## Moving out

AFTER A NEVER ENDING SERIES OF setbacks, delays and protracted negotiations, PLWHA will soon be moving offshore from the AIDS Council of NSW. As *Talkabout* goes to press, we are in the process of negotiating a lease for office space in Oxford Street, Darlinghurst.

In the November issue of *Talkabout* it was stated that we planned to move to 74 Oxford St. These premises are now undergoing major renovations, so we have been looking around for other premises. We will advise membership by mail and advertise our new address and phone number.

## Housing

THE HOUSING SITUATION FOR people living with HIV/AIDS is approaching crisis proportions in two areas: priority housing and accommodation for people requiring 'step down' care, such as those with dementia or those needing acute care.

PLWHA have lobbied the NSW Department of Housing, in conjunction with ACON, to get some action at a ministerial level.

In the meantime, negotiations with Waverley Council for the provision of some housing stock are proceeding well. South Sydney Council has also shown some interest.

ACON has identified this issue as a high priority and will be working with PLWHA to put a strong case to the State government. PLWHA and ACON have agreed to co-sponsor a community forum on the housing crisis in the near future.

## Welcome to . . .

WELCOME TO ANNELLA WHEATLEY, the new PLWHA Co-ordinator. Annella started with us on 23 November, diving in at the deep end of the National Conference. Annella's work background is with the Federal government, and she has been involved with CSN since 1986.

Also welcome to Graeme Gibb, recently co-opted to the PLWHA Committee. One vacancy now remains on the Committee.

### The current Committee:

Co-convenors Alan Brotherton,  
Wayne Holt

Secretary Robert van Maanen  
Treasurer Gerald Lawrence (just returned from a trip to the International Quilt display and visits to HIV/AIDS and gay organisations in the US).

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

— Wayne Holt, Co-convenor

## Talkabout

DUE TO THE PRECARIOUS STATE OF our finances, this issue of *Talkabout* is a combined December/January edition. To make up for the long haul until February we have added eight extra pages.

This month also sees a rise in *Talkabout* subscription costs. Sorry folks, it had to happen. (See page 39 for new rates). Those on low incomes need not pay for their *Talkabout*, but we do ask that those who can afford it dig a bit deeper to help us cover our costs.

— J.S.

# Conference Comment

## A gremlin in every corner

*In a personal reflection on the Fifth National Conference on AIDS, Robert Ariss wonders whether the PLWA movement has lost the "empowerment" plot.*

AT AN OPENING PLENARY SESSION of the fourth national conference for people with HIV/AIDS, "Positive Living", on Saturday 21 November, Ross Duffin suggested we, as positive people, need to learn new ways of talking about the many issues that face us — issues such as treatment decisions, recreational drug use and lifestyle decisions, sex and sexuality. A nice sentiment.

Unfortunately, listening to some positive people addressing the Fifth National Conference on AIDS the following week, I began to wonder whether the language we have created for ourselves has become so limited and limiting, that people with HIV and AIDS in fact have very little option but to endlessly complain about the inadequacies of the world and, by implication, the hopelessness of their suffering.

After nearly ten years of PLWA activism in the United States, and four years of the same in this country, have we lost sight of the original vision of empowerment and, in our disappointment and desperation, unwittingly fallen back into the role of the victim?

One of the most disturbing developments since the last national conference two years ago, is the divisions now apparent between positive people themselves.

Activists are alienating themselves from those they are attempting to speak on behalf of.

Much of the rhetoric heard at the National Conference took a highly moral, self-righteous position, a position we ourselves are always quick to condemn in others. As Bill Bowtell, President of AFAO pointed out, no one group has, by virtue of a particular quality, a monopoly on truth. We simply cannot afford to reject the support and expertise of others.

When we have a situation where our spokespeople have to be challenged and even silenced because others feel they are being

*While we are so busy condemning the rest of the AIDS industry, our own structures are failing us. No-one is going to point that out to us except ourselves.*

misrepresented, then it is time for us to seriously examine the political structures through which we organise and present ourselves to the world. While we are so busy condemning the rest of the AIDS industry, our own structures are failing us. No-one is going to point that out to us except ourselves.

Two years ago we were told AIDS was close to becoming a chronic, manageable, long-term illness. Treatment development has not kept apace with these predictions. And broken promises fuel disappointment and anger.

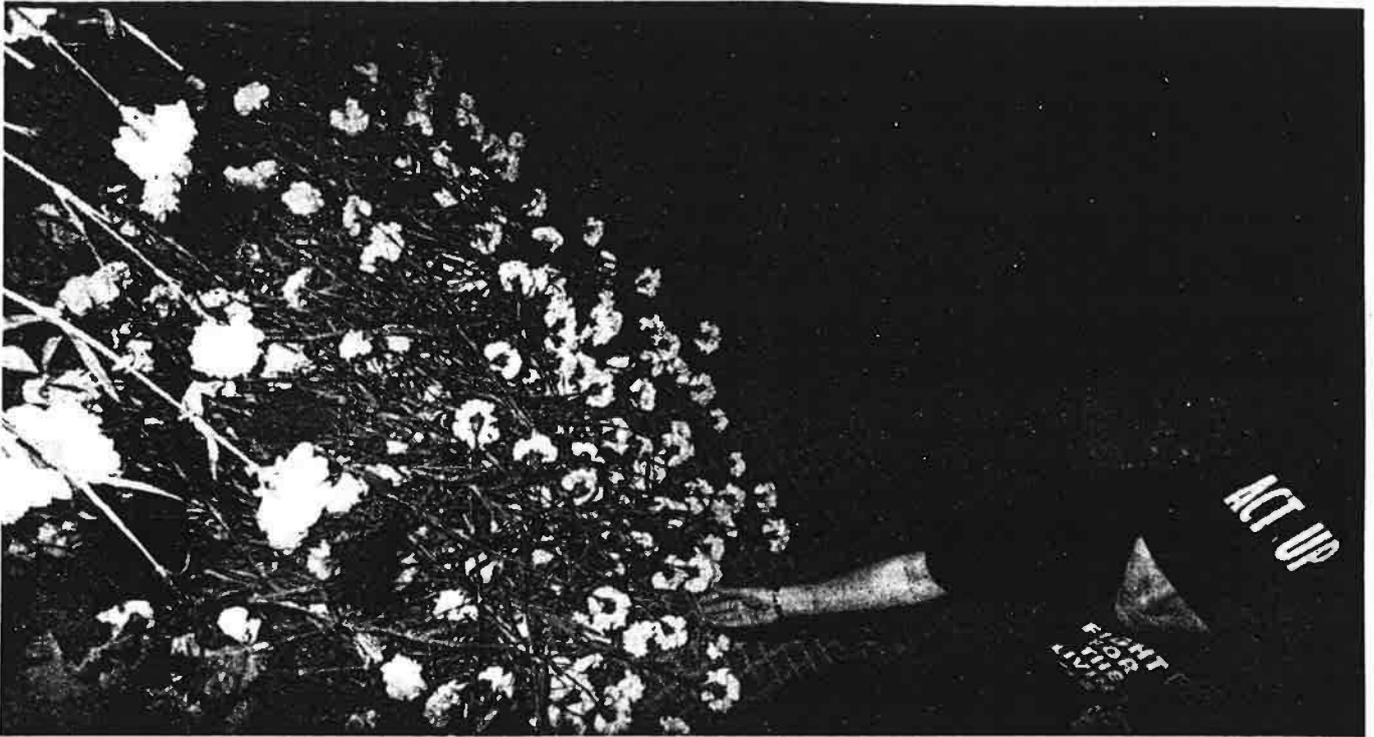
Yet the screeching demands from some of our spokespeople for faster drug development contrast remarkably with the sentiments of a large number of HIV infected people who have

little interest in such drugs, choosing to pursue non-clinical courses to health. Nor is this choice always the result of denial or stupidity, but is frequently informed and based on years of personal experience. Thankfully, we did hear at both conferences the need to acknowledge and accept such decision making. I do wonder about the genuineness of such acknowledgment, however, when our doctors and advocates continue to speak about "barriers" and "resistance" to the uptake of drugs such as AZT.

Not all people with HIV, it seems, bear unreasonable expectations of medical science. Amelia Tyler, in what was possibly the most articulate and poignant address of the conference, suggested that while we should always expect and demand more from medical care, it is in the course of things that human beings die, and that we need to accept and deal with this inevitability in creative and realistic ways.

In terms of social research, people with HIV have reason to be disappointed. Very little quality research was presented which explored issues faced by the infected, the only exception being Mark Goggin's study of positive young gay men. The National Centre for HIV Social Research has a program addressing "Living with HIV" and we should expect good quality and relevant research from them in the future.

I believe it is no longer adequate to be attempting to explain the situation of positive people entirely on the grounds of our personal and immediate experiences. It is simply not



**"Bruce Brown claimed, at Positive Living, that people with HIV/AIDS are historically unique in their creativity and courage." ACT UP demonstrated some of that creativity by laying 907 white carnations at the opening Plenary of the Fifth National Conference, representing the 907 deaths from AIDS which occurred between 1990 and 1992.**

PHOTO: JAMIE DUNBAR

credible to say that "most positive women don't have sex", or "most positive gay men prefer beats and saunas to the difficulties of negotiating relationships". These are political statements, not statements reflecting a complex reality. Not one of us knows "most" people with HIV. Indeed, none of our organisations, community or otherwise have been even modestly successful in reaching the majority of the 15,000 HIV infected people in this country. That is why we need well conceived, planned and executed research.

AIDS is a phenomenally complex social, cultural, political, economic and medical challenge. It is no longer credible to divide the world up into goodies (positive people) and baddies (negative people); to demand over and over again that "you people out there do something"; to condemn hard working and experienced people as "bureaucrats", "murderers", or

"careerists".

Let's not forget that positive people are everywhere. We too are carers, researchers, bureaucrats, educators, policy makers, and scientists. We are not victims of a system. We are very much a part of it, and it is our responsibility to analyse and understand our predicament, and convey our needs and demands in a coherent and politically effective manner.

The relative success of Australia's response to AIDS has been its grounding in partnership. Conflict is sometimes unavoidable, sometimes necessary. But name calling and accusations only serve to harden divisions within our ranks, and blind us to the real faults of the real enemies.

Nor is it always going to be appropriate to try and do everything by ourselves. A strategy which separates the infected from the uninfected is, I believe, artificial and often undesirable. Peer support is vital

for building self-esteem, identity, and community attachment. But one cannot construct a life made up entirely of the HIV infected, nor, I suspect, would most people want to.

Bruce Brown claimed, at Positive Living, that people with HIV/AIDS are historically unique in their creativity and courage. If so, we need every bit of creativity right now. I, for one, am tired of the rigid and ritualised conflicts performed at AIDS conferences.

We do need a new language with which to understand and change our world. The old victim rhetoric that reduces positive people to the role of trouble maker and complainer is redundant. We now need to start conceiving new strategies, inventing new ways of being with each other, new ways of having relationships, of having sex, of working, of arguing, and of course, of enjoying our lives.

That, I believe, is where the quality of our lives is to be found.

# Talkabout



## Housing

Having just read the November *Talkabout* on housing, I think it may interest readers to know that prior to the present government, the NSW Department of Housing actually had a Disability Housing Office which was HIV friendly (though at some levels homophobia still reigned).

In those days I was able to make many representations to the then Housing Minister and get people with HIV/AIDS housed. One of the first moves by the Liberal government was to close down the Disability Unit, much as it reduced and 'lost' the Premier's Disability policy Unit.

During the Labor administration of the Department tenant's associations existed and yes, though I admit that many were homophobic, representations on HIV/AIDS and other disabilities could be put forward and debated.

I have been a Housing Department tenant now for eight and a half years. It was not always easy when I first moved in, some of the tenants had been here 20 years, and the idea of putting in a wheelchair ramp evoked hostile and infantile attitudes.

Now that HIV/AIDS has been graciously included within the gambit of 'Disability', (it took them too long, I believe), we may have to wait for a socially minded government before the special needs of people with life threatening diseases will be given priority housing.

The present government is overtly anti-gay, it abides by laws

already enacted, but it waters down the needs of people. This is duly represented by its own abandonment of the Human Rights Commission and its annexing of such bodies as the Anti-Discrimination Board to the Attorney General's Department. Thus the housing needs of PWDs with HIV/AIDS is thwarted by the government's inability to listen to the needs of special groups. It remains rigid in its policies of selling off housing stock where possible, thus reducing the availability of such stock to those who need it the most: lower income and pension recipients and those with life threatening diseases.

The abandonment of housing tenant's associations has disempowered tenants from having a say in their lives, living standards, and the maintenance of their estates. One wonders for instance what happened to the security arrangements that once existed at Waterloo, Redfern and Woolloomooloo, which were put in place by the previous government's Housing Department in conjunction with the tenants themselves. Another cut by this insensitive government?

The one thing that sticks out like dog's balls is that the problem for HIV/AIDS people is the same that existed six or seven years ago, except that the present administration sweeps the problem under the carpet and does not include the needs of any special groups on its agenda.

We, tenants, are often treated second class. Bureaucrats, for reasons known only to themselves not only wish to collect rents but

actually rule our lives, if we allow it to happen. As an openly gay person with a disability I find that by being open and saying what I think, that generally people leave me alone. But, I would add, I had to educate people around me to mind their own business.

*Michael J. Winter.*

## Mums 1

I'D LIKE TO THANK MAUREEN Martin for her moving letter "Mothers Request" (*Talkabout* October 1992). It has been many years since I 'came out' to my family and friends. Your letter, Maureen, brought back all my feelings, such confused and constantly changing feelings which emerged while coming to terms with my gayness.

There were many social issues that were being challenged within me. New hopes and dreams to create (and old ones to lose). A new community stretched out before me. A community that was exciting and colourful, yet was also the basis of much that was unknown and its place in my life was constantly assessed and re-assessed.

Like you, my family was very supportive and expressed the same attitudes i.e. "big deal, so what, you're gay". I too did not handle it as I should have and somewhat dismissed my family, be it only for a short period.

I now face the obviously fearful and daunting task of telling them I am HIV positive. Each time we speak I try to tell them, but the words are suppressed by the fear of disappointing them. Or is it the fear of being over protected?

However, I know that my family would always love me, accept me and care for me with loving, open arms.

I sincerely hope your son realises the need for a family and their 'open arms'. Not knowing all that has been said or done I can only add that perhaps over time, once your son has found his niche in his new world of confusion, excitement and colour, that the long awaited phone call arrives.

Following is a poem I wrote for my mother. I hope it helps.

*You sheltered me from  
the storms of life, my dear.  
I, a mere infant in a world of  
hopes, dreams and fears.  
Giving all that you had and  
somehow finding more to give.  
Love, truth and honesty,  
you taught me  
As this is what you value.  
When life had an essence of  
eternal youth  
Giving, loving and showing me  
my path in life and truth.  
Secure against your bosom  
you held me close.  
Not wanting to leave but driven  
from your grip by fate.  
I pursued another life, distant  
from that of you and your mate.  
A part of you I'll always be  
for you are my mother  
and I your son.*

Shane Webb

## Mums 2

I am writing on behalf of myself, my husband Barry and daughter Sharon. We would appreciate it very much if you could print this poem in *Talkabout*.

We had a son with AIDS, he had it for four years. His name was Kevin Thomas Kemp, Born 11.1.1961, died 7.1.1992.

Gloria Kemp

## A son with AIDS

*As a mother looks back through the mists of time,  
In the life of a son with AIDS,  
The memories are vibrant, the source is strong,  
And never the memory fades.*

*She remembers the time she gave him life,  
The first full flush of her mother love,  
And the plans she made, for that son of hers,  
Were as bright as the stars above.*

*Of the things he would do and the things he would be,  
And the kind of a life they would share,  
All the wonderful plans that a mother makes,  
Those dreams, filled with love and care.*

*And those memories abound, in this home they shared,  
In all of the places you look,  
A battered old rattle, his teddy bear,  
The dog eared leaves of a picture book.*

*And that little boy stage, on the path of time,  
And those hundreds of little alarms,  
A band aid to cover a tiny scratch  
And the comfort of peace in her arms.*

*But the years roll along and old father time  
Does not want this boy as a fool  
You break mother love ties and also your heart  
As you tearfully take him to school.*

*The scraps come fast and the bruises show  
That your boy is becoming a man,  
you are out of your depth, in a world you don't know  
but still help him, the little you can.*

*Now the school days are over, the fun days are passed,  
And life is now earnest and real  
And the knocks he may get in that hard world out there  
Are the wounds that a mother can't heal.*

*But you hang in there, with the love that you know  
Has always been constant and strong  
And you pick up the pieces and try make them whole,  
For where else does a mother belong?*

*And you watch that flickering candle of life  
Slowly dim and then fade and die  
And you ask that question that all mothers ask,  
None can tell you the reason why.*

*And the memories are bright, though the days are long  
And one day, we will know that delight,  
When they meet again, on that distant shore  
Where a mother and son reunite.*

Composed by Rex R. Poole for very  
sincere friends and a grieving mother. 20.8.92.

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We welcome your letters.

Send them to:

**Talkabout, PO Box 1359  
Darlinghurst, NSW, 2010**

# Community means . . .

## Kathy

I'VE BEEN WORKING SINCE I WAS thirteen. I took up prostitution when I was fifteen, and dressed as a woman, started hormones when I was eighteen. I had a blood test when I was about nineteen, twenty, and found out that I was HIV+. I'm 22 now.

I'm still coming to terms with it. It put a lot of things on hold, because you can't have a sex change once you're HIV positive. So what I was living for sort of ended. I only recently found out there are a couple of surgeons who will do it.

**How long have you been coming to Badlands?**

Basically a couple of months after it opened up I started using the service, and I find it a dream come true. The staff are so good here. They're so understanding, so caring and so helpful. I was the sort of person that never talked to anybody, I kept everything inside. It was either I found someone I could talk to and open up to at the time, or I was heading for a breakdown because I was so completely fed up with it.

**Do you feel like you've got a community that you're part of?**

Yeah, I do, when I come to Badlands I feel like I'm in a community. Home, to me, is Badlands. I've got all my trust in the staff.

**What do you want from a community?**

All I want is for everyone to treat people the way they want other people to treat them. Just to be treated fairly and decently. For people that haven't got the virus to not reject people that have got the virus, because they don't realise how hard it is for us to come to terms with accepting it.

I found that coming to terms with it is really hard, especially in the industry that I'm involved with. People are always talking about it, and they don't talk about it in the way that doctors talk about it, that you can live a normal life. It's: AIDS means that you're dead. It's really horrifying listening to that. Whenever people talk like that I try and turn away and walk in the opposite direction.

When you're a prostitute you can't really let other people know that you have AIDS because they'll turn against you. They'll try and run you off the street, bash you, they can make it very uncomfortable for you.

**What is it about Badlands that makes it what it is? Is it the staff, is it the people who are staying here?**

The people who are staying here are part of it. Basically everyone at Badlands eventually finds out about everyone, because that person opens out and lets the other residents know. I don't care what anyone here thinks about me being HIV+, because I just care about what I think and what the staff thinks. The residents at the moment are very open minded,

and we're a really good community.

**How much time do you spend here?**

A fair bit. As much as I can. I'm not just using it — I am using it for what it's supposed to be offering. This time around I've got myself on methadone, and I'm staying on that. I need dental treatment and I need time out from working, because I've just been working flat out.

**Have you come across the idea that there's an HIV community? What do you think about it?**

Yeah. I'm not ready to become part of that community yet, because I'm just accepting that I am HIV positive and I don't want to just jump into a community of HIV positive people. I don't think I can handle being around a lot of HIV positive people. You'd probably have a group of people sitting around saying, "it's not fair, why me? I'm dying". And I'd be scared that I'd get trapped with that sort of group of people and that I'd start thinking like that.

**What does the idea of community commitment mean to you?**

Like the old saying goes, treat others like you want to be treated. I try and treat people with as much friendship and care as I can, but if they turn around and hurt me, or kick it up in my face, or shit on me, I'll just cut them off. Because I've gone through enough flak and enough hurt in my life, I don't need any more from people.



## Phil Colville

I WAS DIAGNOSED IN 1988. I GOT the virus probably around 1985, but it took me three years to summon up the courage to go and have the test. I developed Kaposi's Sarcoma in September of last year, and it's been very widespread on my legs and as a result I've had to rely on a lot of community support services.

I left work in January this year and all of a sudden I had all these people at my door offering these services. So far it's been pretty good, because they check on me quite regularly. I have physiotherapy for my legs, and counselling from my social worker, and the community nurse has bounded in and told me what I should and shouldn't be doing.

**Do you see yourself as part of the gay community?**

There's two gay communities. There's the gay community that goes out and party's and has a good time and there's the other gay

community that's dealing with HIV. I see the two as pretty separate.

**What do you think about their response to HIV?**

I've been involved with ACON with their HIV support project, I did their facilitator training courses. I just finished facilitating my first group and that was pretty good, in the fact that there was a lot of people wanting to share their experiences and break the isolation. I take my hat off to ACON and what it's been able to achieve as far as support networks are concerned.

Most people who are dying now caught the virus in the early 80s. I see myself as having a life expectancy of no more than about three years, at this stage. So a lot of my friends have died, and a lot of people who I've just known socially have died. My community, in a sense, is completely gone.

I've got my own community, I've got a group of friends around me who care for me, and a lot of

them are positive as well.

**Do you think there is an HIV community?**

Well, I suppose there is. I meet a lot of other people when I go to St Vincent's, to the immunology clinic, and when I get picked up by Tiffy's Transport, there are usually other people in the vans who are going off for various treatments, but I think a lot of us are living in isolation. Most of my time is spent just doing my own thing. I'm either laid out in bed, or trying to eat, or when I've got the energy I'm up and about doing things. I go to have treatments or see specialists at St Vincent's and I spend a bit of time with my friends, but that's the whole of my life now, that's the shell of my life.

So I don't get a chance to meet a lot of other people in my position. I've met very few other people who are dealing with the sort of KS that I have. I assume that the fears and the suffering that I'm going through would probably be pretty much the same with someone who's experiencing massive diarrhoea or bouts of PCP. That's the thing that we have in common, that we're suffering, and that there's no cure. I think that just by the sheer fact that people are sick and bedridden, there is a kind of a community, but it's not a connectable community.

**What does the idea of community commitment mean to you?**

Community means that you have something in common. Commitment means keeping one's word, whatever that may be. It's a ridiculously vague set of words really. Which community are we talking about, and what sort of commitments are we asking? We use words without even knowing what they mean. I'd be going back to the World Health Organisation and asking them what is their definition of community commitment.

As far as I'm concerned, those who are committed to helping people with HIV are doing so via organisations like Bobby Goldsmith, CSN, Ankali, ACON, PLWHA. Those organisations exist, and the people who are in those organisations are in there because they want to help. Now community commitment in that instance means helping people who have HIV, it means support, and a persistence in that support.

I think what the gay community has shown the world in the last ten years is that we've taken responsibility for the virus, because it started in our community. We've done a hell of a lot off our own back while the straight community has just sat back on their arses and gone, oh well, if it kills off the faggots, who cares. But it's not as simple as that, because when it hits the straight community it's going to hit them with such a bang that they're going to come running to us, saying, "what are we going to do?"

**Do you feel that's still the case, that the straight community won't make any commitment?**

None whatsoever. They're too busy with buying the new car, the new fridge, the new appliance, they're totally consumer orientated. Now I'm not saying that everybody is like that, I've met some pretty enlightened heterosexuals, but they're quite rare.

By and large I do know that there's a lot of very compassionate heterosexuals who can see the danger coming and have done quite a bit in working with gay people. But trying to make the masses out there aware of what this virus can do, and what it will eventually do, it's a case of history repeating itself. It's like the great plague, it's like any plague that has come along, we ignore the warning signs until it's too late.

## Sister Judy Ellis

I'M A SISTER OF ST JOSEPH. I CAME to live in Darlington five years ago and saw for the first time the ravages of HIV and AIDS. And I wondered who looked after these people, who cared for them, who loved them. So I decided that I would investigate, and I did the CSN course and became a carer.

At first I did it on my days off, then I did part time nursing and part time CSN, and this year I've been doing CSN full time, because our community of sisters feels that this is one way we can contribute, by freeing a person full time to do CSN caring.

**What does community mean to you?**

To me, community means that we all share in each other's joys and achievements, we share each other's lives to a certain extent. But then, on the other side, it's not just partying, it's also sharing the dark side of life, sharing our pain and our sorrow.

I feel that there's not very many people who can share the utter frustration, the pain, the isolation that AIDS can bring to a person's life. We have to acknowledge this, that there are people in our community who are suffering, who are ignored, who are isolated in their pain.

The answer isn't always for these people to go to a hospital, to an institution. Okay, that is one way out, but also it's a community responsibility if a person wants to stay at home to enable that person to stay at home.

I think community is enabling a person to live their life with dignity, with quality, with joy, with peace, even in their pain and their sorrow and their darkness.

**What's your relationship to the gay community?**

I've always found the gay community accepting. When I first wanted to work in this area, I



looked at my prejudices, my attitudes, and I found that I had to change some of my attitudes and judgements about people. It's not a person's lifestyle, it's not what a person actually is that counts. I think that's the biggest thing that I've learned, is that I've been able to accept people for who they are. It's been a really good relationship. I haven't been rejected by anybody in this work.

**You said you come from a community of sisters, how do they accept what you do?**

It was very difficult at first. One comment was, why wasn't I working for people who deserved it. I thought that was the cruellest thing I'd ever heard, unchristian, totally against all the things I believed in. Anyway, I was looking after a young lad at the start of this year, and I used to do his washing and I had to bring it home. I was told I couldn't do it. So I said, why not? Because I thought, well if they're scared of AIDS I can educate them that they're not going to pick it up from our washing machine. But it was not related to that, it was really — men's washing hanging on the nuns' clothesline!

So I used to bring it home and wash it in the night time and hang

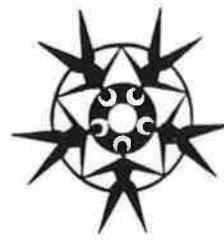
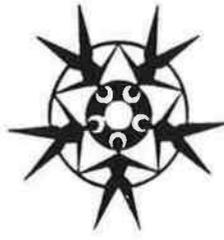
it out and bring it in in the early morning when no-one could see it. I did that for a couple of months and then I thought, oh this is really ridiculous, and I started leaving it out a little bit longer. I never really said anything because you can't really expect people to change their minds overnight. And then they started asking how he was, and then they started to be really concerned, because he was getting sicker. Then they started bringing the washing in, then they started ironing it for me, and folding it up. Over that period of time, their whole attitude changed to people with HIV/AIDS and to gay people.

We've got to understand that in every community there are people who need time to change their minds, who need time to think about things and then become accepting.

**Do you think that the church has a particular role to play?**

Yes I do. According to our christian basis, we hold that Christ loved everybody, and that he had a preference for people who were pushed out onto the margin. He showed unconditional love to these people, and he was really angry with the church of his time because it pushed them out onto the edges. And I think this is the basis of our acceptance. Not for what they've done or for what they've achieved, but for the fact that they are human beings, and worthy of people giving up their life to look after. And that's what I'm doing at the moment.

I think the church does have a role to play, because they hold that they love everybody, and this is a time that we can prove that — prove who we are.



## Julie

I'VE HAD THE VIRUS FOR SEVEN years, and in that time I haven't had any major opportunistic infections. I'm also a recovering addict and alcoholic. I've worked intermittently in research and in the AIDS field as well.

**Who is your community?**

My community is the lesbian community. One of the things I've always envied in the gay community is that they're able to get all their services within that community. That's starting to happen with the lesbian community now. I've got a lesbian counsellor, a lesbian acupuncturist, a lesbian GP, a lesbian masseuse.

There is much more awareness and knowledge of HIV in the lesbian community now. In February this year we had a benefit for Positive Women at which I disclosed to 200 dykes about being positive, because my concern was that lesbians weren't seeing HIV as their issue.

My other community are positive women. They the ones who do understand on that deeper level what it's like to have the virus.

**Do you feel that there's such a thing as an HIV community?**

I relate to an HIV women's community. Even when I don't attend Positive Women there's a network of positive women that I can pick up the phone and talk to. I don't tend to mix in the gay male community very much. I find that ACON is very gay male oriented, and Maitraya too. Just because somebody's HIV it doesn't automatically mean that I'm going

to have this big bond with them, and that's what I initially thought. There are people that I like and that I don't like. A lot of gay boys are very anti-women and I don't choose to spend time with them. I don't feel any animosity towards the gay community, but as far as personal support goes, it would be from positive women and my community of lesbians in recovery.

**What about your relationship to the broader Australian community?**

I suppose where I have to start from is coming out of denial. I've been HIV positive for the past seven years but I'm only just starting to feel the emotions about it. I feel like it's all quite new. What I'm doing at the moment is staying where I feel safe. For example I wouldn't go on television and tell people I have HIV. I've disclosed to my lesbian community, which for me was important. I'm not really interested in trying to convince middle Australia through a sensational TV show or something like that. I have the support of my family, most of my friends know I'm positive, and I tend not to think in broader terms at the moment.

Something that was really stimulating, a couple of years ago, was the Positive Women's conference. To meet women from all over Australia who had got the virus from all different modes of transmission and to feel that none of that entered into anything and there was a real affinity between us. To meet women who had never met any other positive women before, and to realise how lucky I am to have access to the support

that I do, and not be isolated in a relationship where I can't talk about it, or a country town where I can't talk about it. I just felt a huge amount of gratitude for that.

### What does community commitment mean to you?

Well I do have a commitment to HIV, and it's important for me to keep in touch with people who are sick, men and women. It's one of the reasons I joined the gay and lesbian choir, who have a great commitment to HIV. I do have a commitment, but I'm not a vanguard person, and a lot of the work that I'm interested in doing also has to do with a promotion of the arts. I'm much more interested in doing something that helps and has beauty as well.

I particularly have a commitment to recovery, and there are quite a few HIV people in recovery. It's difficult enough with any addiction to have the feelings you've never felt because you've suppressed them and to have HIV on top of that, there's a great need for all of us to have support. And I have found, particularly with HIV positive and negative women, and HIV positive gay men in recovery, there is a great amount of support there, that can be tapped into.

### What do you want from the general community?

I guess acceptance is a big one. I worry about the general community, I worry about the heterosexual community, because I believe that the gay and lesbian communities are much more responsible about the virus. I believe that the virus is going to spread more quickly through the denial in the general community and the lack of acceptance. I have a lot of difficulty with the wider community. Misreporting by the media angers me. I'm angry about drug companies who withhold drugs or don't give correct information about side effects.

I have chosen to stay in a community where I feel safe. I'm part of the lesbian community. It's my community and it's where I get recognition. To be a lesbian with HIV was virtually unheard of. I chose to advertise that lesbians with HIV do exist *within* the lesbian community.

I am friends with gay men with this disease. My bottom line is support for others with HIV, but my life and my heart is with the lesbian community and with women.

At the moment I feel an incredible sadness about the virus

and about anybody suffering with it. I don't think that the wider community recognises the continual grief felt by those who work in this area, positive or negative, or who have experienced a lot of deaths. And I don't think that the wider community actually realises the strength there. I think there's an amazing amount of strength in the gay and lesbian communities. And I do like that coalition stuff that happens, like in marches, where we can override some of the anti female attitudes or whatever, and be united for one cause.



## 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.

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# Rain clouds & tears



The Washington Monument towers over the Quilt. PHOTO: TERRY THORLEY.

*Terry Thorley reports on the International Quilt Display, Washington DC. October 9 - 11.*

## Day 1

IT WAS A DAY TO FURROW BROWS and exchange worried looks, for the sky was not blue, it was a definite grey! Not even the giant

spike of the Washington Monument was tall enough to pierce the dismalness to find the blue again.

With their precious cargo sheltered, some seven orange trucks were lost in stationary anticipation. Light rain was already falling on those patches of green so neatly squared by the grid of

black walkways. There would be no quilt today, no unfolding of our loves, our lives, our hopes or our memories. It was the greatest disappointment, especially for all those who had travelled great distances to be there.

At 10am, under a protecting canopy, the reading of the names began. One by one each name rang out. Many of the silent listeners sheltered under umbrellas. Those without stood undaunted, intently listening for a special name, the rain on their faces camouflaging the tears of their sorrow and memories. Three whole days would pass before the final name would ring out.

A young man caught our attention. He had just finished reading his list of names, adding at the end, his voice choked with grief, the name of the love of his life. I wondered just how much a heart, already shattered, could break even further.

When the time came for Ainslie to read her list of names I stepped forward to catch a snap, balancing an umbrella and manipulating a camera against the increasing rain. Momentarily distracted from the reading I noticed a dry patch on Ainslie's jacket where she had held her shoulder bag close. We were that wet! She remembered Andrew Carter and Richard Johnson, Australian Quilt founders, joining their names with all the others which continued to ring loud over the beating of rain on umbrellas.

## Day 2

THOUGH THE SKY HAD CLEARED a heavy downpour overnight did little to improve the condition of the grounds. We arrived early for the volunteer check-in and to survey the grounds. Maternalism had struck again: where would our blocks be and what was the condition of the ground there? Many sections were muddied and full of puddles. As it had never rained on a Washington display before, the

'wet' resulted in a little organisational chaos. The unfolding delayed to allow time for the grounds to dry out, the volunteers worked hard to repair rain damaged areas. Some hours later most of the quilt was laid out in dazzling colour on that massive 15 acre grid.

Only a few squares of green remained waiting, waiting for the international quilts, including the eight blocks from Australia.

In a late dramatic entrance they were rushed across the grounds and set amongst the others to complete the patchwork. Their laying completed, the reading of the names stopped temporarily as hands linked around the perimeter and two minutes silence were observed in memory of all those remembered here and all those for whom a panel has not been made.

Less than a minute later the wonder of the quilt was totally obscured by some 200,000 family, friends and lovers. It was not possible to absorb the enormity of this display from any single point. The 22,000 panels before us was a vast number, but reflect only 15% of AIDS deaths in America. The harrowing US figures estimate one death every seven minutes. The full impact of this figure and the display hits hard on the heart.

More easily found than expected in that enormous crowd, I met Judy and her daughter. Months before, Judy had called Australia to ask if the panel of her friend Larry could be amongst those we carried across the Pacific. They admired our panel for the man she cherished so dearly. She took me to see the panel she and Larry's family had made on the Names Project Quilt. I was privileged to share her laughter and her sorrow — we hugged each other close. I am grateful to know more of Larry's wonder now. I did not know him in life, though his face was familiar, but I know so much more about him now.

Nearing 11.30 it was my turn to

read and I collected my list. Thirty two names. Some were initials, others only given names, few full names. Thoughts of fear and anonymity made questions of those initials. Which Robert was that? I know the issue: confronting family denial and reluctant surname use. My friends will not experience such anonymity. My heart full of love and their spirit I added the names of two very dear friends of my own to the list. Their names echoed across all 15 acres of that quilt, disappearing into the fabric along that distant edge. The sun shone brightly that afternoon.

The Candlelight Rally was held at 6.30, and was another experience altogether. Just let me say that thousands and thousands of candles mirrored in the reflecting pool of the Lincoln Memorial was an overwhelming experience, beyond symbolism.

### Day 3

NOT A PERFECT DAY, BUT IT WAS dry, at least for the moment.

With the quilt laid out once more, four small units were unfolded as a symbolic gesture of the cancelled unfolding the previous day. After two minutes silence the quilt received its family.

A group of three came to the edge of the walkway and found the panel of their hearts. The older man removed his shoes to walk to and touch this object of his love, lightly brushing away a few stray leaves, while the woman of this trio clutched her arms across her chest.

The younger man was dressed in full Scottish rig, bagpipes and all. Removing his shoes also he stepped to the panel and after a moments composure a sweeter version of Amazing Grace was never to be heard from any set of pipes. The sound flowed across the field and up the spines of all who were there. It was one of those magic moments when time was lost. Time was as thin and as

sharp as the very needle which could have created this love.

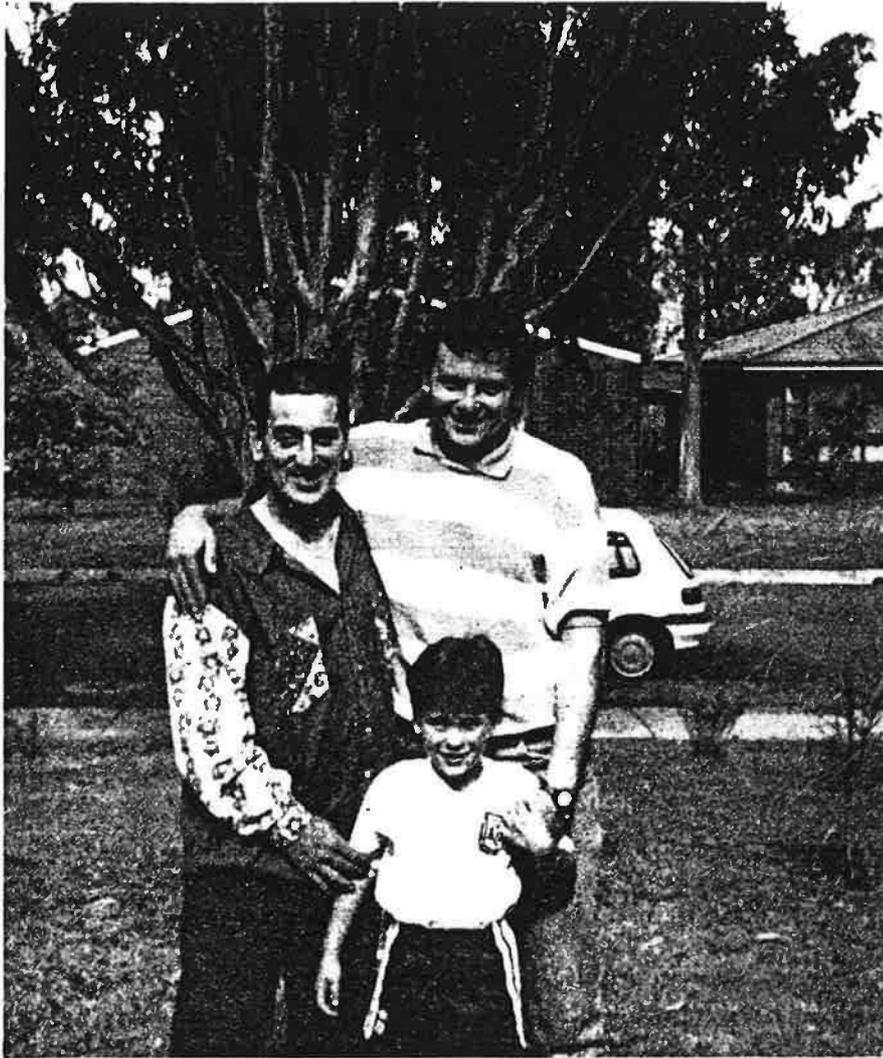
I was a mess, but consoled by all those around me who were very much the same. The tune is one which has haunted me throughout many of my own losses. I am at a loss (of a different sort) to say why, for I cannot attribute the song as special to any of my friends. It took quite some time to settle after that.

It was the weather which, once again, distracted our emotions as the sky greyed quite darkly. Rain was imminent, and we went to 'rain fold'. Within 30 seconds every block and panel in that display had been folded and protected in plastic. It was timely for during the next hour it teemed down relentlessly. Volunteers used spare plastic and themselves to form tents to protect the quilts while the trucks rolled in to collect them. It was the most instant mobilisation I have ever seen. We joked about the wet T-shirt competition while, like mother hens, we protected our brood.

Beyond that hour was an empty feeling — the rain, the visitors, and the quilt had all, unceremoniously, vanished. I stood on the soggy green square where our Australian blocks had joined their many American friends and laughed while a photograph was taken to remind me of something I will never forget.

In strengthening those memories, may I offer my thanks to: all the Names Project staff, whose friendships were so warming; the woman who heard me read the names of my special friends and wanted to give me a hug; all those who could not resist fluffing Carlos' tutu; the woman who placed four fragrant red roses on one of our blocks; those who felt the tears on Stephen's panel and journeyed into Mark's world; and finally, the pleasure in knowing that Johnny was still attracting 'trade'.

# Community means . . .



Hugo, (left) with his brother Horacio and oldest son, Marcos.

PHOTO: JILL SERGEANT

## Hugo Dillman

I'M FROM ARGENTINA, I CAME four years ago to Australia. I got AIDS because I used needles. I stopped using needles in Argentina, but already I had AIDS. It's very bad for me because I've got two young children. But I'm very happy, because this problem could have been bigger. I could have infected my wife and my children but nothing happened, just me.

And you're open about the fact that you have AIDS?

Not around here, because we've only lived here for seven months. There's a lot of children playing in the road, and I don't want any children saying to my son, "your daddy's got AIDS". You know, sometimes children can be cruel.

But I've already made some publicity on the television, on SBS and for the National Anti Discrimination Campaign. [Now indefinitely postponed — ed.]. I've got no problem to say I've got AIDS, because I'm human

like everybody. I always go with the truth, and I don't care what the people say.

### Who is your community?

Oh, three or four good friends plus my best friend, Grant Farquharson [ACON's Spanish Project]. My friends are from Argentina and Uruguay. People who speak English are very open, they don't discriminate, you can talk very free about the problem. But South American people are very different. They can't see the reality, can't see the humanity. If I put two people together, Anglo Saxon and South American, Spanish people, my election is for the people who speak English. South American people are not very open. Too much taboo you know. People stay away from me. There's not much information about AIDS. I think you have to give more information in Spanish to the people. Maybe in the future it will change.

### Do you know other people who have HIV or AIDS?

About eight or ten people. They give me a lot of support, information. They are all South American. But those people get a lot of discrimination from South Americans too, because they're homosexual.

### Do you have anything to do with gay people who are HIV positive?

No, not much. The other people who are South American, some of them are gay. I get support from the Bobby Goldsmith Foundation. Very good people. Very understanding. They give me the fridge, help me with the microwave, the washing machine. I'm very grateful for the Bobby Goldsmith Foundation, for ACON, and for the government too.

**When you did Vox Populi on SBS, did you get any response from people?**

Oh yes, people castigated me. Friends would say, you're doing bad, why put your children on the television? And I said, because I know my son and because it's very important for the community to see my problem, so that maybe in the future people won't discriminate against people with HIV or AIDS. I have no problem with it. I'm looking for the future when people don't discriminate and people have more support. If everybody closes their hearts, then the future in this country is like America, where you go into the hospital and nobody will see you, you have to go back home because there's no medicine, no support, no nothing. If we're not fighting, like I put my face on television, or my wife's face or my son's face, people can't see what happens or what's going on.

**The World Health Organisation says community commitment is the theme of World AIDS Day. Would you like to talk about what that means to you?**

After what happened with the anti-discrimination campaign that's not going ahead, I don't have much confidence in anything that happens. The community commits itself but nothing happens. On World AIDS Day there's going to be a lot of propaganda, a lot of publicity, but they're not really going to take into account the human aspect. Maybe I'm wrong, but I don't think so. People have come to interview me, I trust them. I give some information about AIDS but I feel that people are coming more for publicity than for humanity.

**What sort of things would you like to see, ideally, from the Australian community, from the Spanish speaking community?**

I want people to open the mind, open the heart, and help other

people for humanity's sake. It's very hard to find people like that. I used to have hope there were a lot of people who are humanitarian, but I'm beginning to lose hope.

**Whatsort of things could be done to change the attitudes of the South American community towards AIDS?**

We have to wait a hundred years more, believe me. Because you can't change these people, it's very hard, I don't know why. It's bad, because if people point the finger at me, they point the finger at my wife too, and at my sons. I don't like that, it's really nasty, it's horrible.

People think we're finished, but we're not. Who are they to say that?

I hope people change because this is business for everybody, not just people who use drugs or homosexuals. If we don't want to know about it, this problem will come fast and kill many people.

## Peter

IMPLICIT IN THE WORD COMMUNITY is a sense of commonality. We live together in a related fashion, bound by social laws, dependent on time and place.

I live in the community of Orange, a city of approximately 33,000 people. The vast majority of townspeople are of English descent and apart from the 16 Chinese restaurants in the town, there exists very little that expresses anything of Asian culture, or any other culture for that matter.

Many of the townspeople have strong ties to the land. Their values are conservative and are based firmly on the family and all it represents.

Orange forms a nucleus for many smaller communities, some

as small as 200 people. On weekends these people swell the town's population by as much as an extra 10,000 people. They bring with them their money and attitudes.

A much greater tolerance of people's eccentricities is emerging and because historically Orange has attracted people from the larger cities as well as other country people the town can boast of having not only excellent sporting facilities but also a vital and dynamic cultural life.

Orange to me though is a little like "Peyton Place". To the casual visitor from the city the warm civility that people express seems a little overwhelming. It is balanced though with a vengeance on Saturday nights in town and at the Bachelor's and Spinster's Balls. Like children on the last day of school before holidays begin, the shackles are cast off and it's party time — and party they do!

In the main street on Saturday nights you can hear the throaty burble of V8 Holden and Falcon utes which are driven by clean cut and handsome young men. Most times sitting next to them are their girlfriends and occasionally a mate — a mate who perhaps that night and only on that one night in their lives will become their lover after a few drinks and a few well chosen words. But it will be an experience which will probably never be discussed again and certainly not with their other friends.

Like in any large city most things can be found, only in smaller towns you just have to look harder. Groups exist which are easily accessible, covering a diversity of interests from the Small Bore Rifle Club to Friends and Supporters of SBS. Community based groups in Orange are very egalitarian, new ideas and faces are welcome. I doubt very much if Sydney's Black and White committee would

ever get a foothold in Orange!

Even for men who have sex with other men there exists a network of like-minded souls. The quick look of acknowledgment as they walk down the street with their wives and children or the beeping of a horn as they pass, signal that no matter where you live there are those who sympathise, if not understand your needs. Contact, though, on anything but a sexual level, is unlikely as many still feel guilt and fear that their secret will be found out.

Sometimes I crave for the mental companionship of another gay male, not just physical contact. These feelings of loneliness come and go and the fear that I feel about being HIV positive does nothing to help reduce my physical and mental isolation from those who are similarly affected. Sexual issues, especially those relating to HIV/AIDS are rarely discussed even among the gay men of the community. The mental and physical aspects of living with the virus are poorly understood and disclosure can sometimes bring rejection and further isolation.

In order for a community to exist all members of that community need to reveal something about themselves so that they may interact with others. What an individual is prepared to disclose about themselves will determine their place in the community. Personally, I still fear the prejudice that people would have toward me if they knew of my sexuality and health status.

Through some of the community based groups I am involved with I have, over time, learned that revealing yourself as being gay and HIV positive does not necessarily mean alienation. On the contrary, I am learning that no matter where you are there will be those people who will care for you no matter what you are, and those who will be critical of you no matter what you are.



## Rosemary McGuckin

I'M ONE OF THE DOCTORS AT THE Sacred Heart Hospice. I'm the liaison doctor between the AIDS Unit at St Vincents and the Hospice. I spend about 30-40% of my time on HIV patients. I've been here at the Hospice about two years, last year was part time, this year was full time.

**What does community mean to you?**

I'm a firm believer that the Hospice creates a community of its own here, and then we try and have connections with a number of other communities outside. The community from which most of our HIV and AIDS patients come is the most identifiable of those other communities, but there's also a lot of other communities within communities that we link up with. The cancer patients enter a particular community once they start their care as well, so that

sense of community really has a number of different meanings for us here at the Hospice.

The Hospice has been in Darlington for over 100 years now, and until recently, except for people who have experienced our care, there's been a sense that it's really behind high walls that had "Hospice for the Dying" on the front. And despite the fact that over a number of years that's been changing, and in fact probably nearly half of our patients do go home, there's still a lot of stigma around. We're very conscious of the fact that we need to make ourselves a dynamic part of the community and work towards removing that stigma that seems to place us apart.

I think one of the most effective ways for us to do that is continuing to provide the sort of care we give and maintaining the attitude that we take in looking after our patients with HIV and AIDS. The number of times people have said to me after they've been here, "this

is not what I thought it would be like", is almost 100% of the time.

We also try and link up with other health and community organisations so that we're part of that network and not seen as being one-off. We also take any opportunity we're given to participate in community orientated forums, or activities. We're still trying to get a Hospice bus for Mardi Gras, but we haven't managed yet.

**What's the relationship of the Hospice to the gay community?**

I don't know that I'm in the best position to answer that. It would be interesting to know how they thought we relate to them. I suppose what we hope is that it's seen as a place of care and support. We would like them to feel that the Hospice was a part of their community. From the people I see and that I mix with, I think that's the case. I think that there may be things we can do to improve that sense of community.

It's still a fairly novel concept for some people to think of a hospital or a hospice actually being responsible to a community, and being responsive to that community. I hope that people see us as an institution that they can trust, that offers them care when they need it, and that they feel they can call on.

**Do you feel that you are part of a community?**

Over the past five years I've moved around a lot, and being at the Hospice, particularly over the past five or six months, I've felt very strongly a part of this community. I definitely feel part of the local community. I think that my other commitments have perhaps prevented me getting involved as much as I'd like and I'm trying at the moment to get a little bit more involved with ACON, of which I'm a member, and look into some other ways that I can contribute.

**What does the theme of World AIDS Day mean to you?**

I think it's great, that "community commitment" is the theme this year. I'd really like the disease not to be seen as so threatening by the community. Sometimes working in a Hospice, you forget that people feel like that, because it's just so much a part of our day to day work. When I get reminded that that's the way the community at large feels, I get taken aback.

Having that as the theme this year means working towards a greater acknowledgement by the wider community that this disease is here, it's not going to go away, it's not going to be put out of the way by people's prejudice and fear. It's with us, and the more that knowledge can be developed, the better for the community, as well as for people who have HIV.

## Antonio

I WAS BORN IN GREECE AND LIVED there until I was 28. It was 1988 when I came to Australia. Four years have passed and I'm still here, I'm working in Sydney. I think I was infected very late in 1988, and three months later when I had my first HIV test I came up positive.

**Do you have a community here in Australia?**

Yes and no. I think I'm with everybody, and yet, with nobody. I am not a very strong part of what I call the Oxford Street community. I think my community comes from lots of different parts of the community itself. There may be colleagues at work, neighbours, other gay people who I met through support groups, through ACON, or through friends. There may be people who I share a number of activities with, such as sport or art.

**Do you see yourself as being part of the Greek community here?**

I do not think so. I'm part of it, but I'm not exclusively part of it. I'm part of the whole community, I get on very well with all nationalities or races.

**Has finding out that you're HIV positive changed your relationship with your community?**

I don't think it has. Perhaps it did, at the initial stage of having found out about my positiveness. But I want to believe that it doesn't now. Then again, I feel that I do not want to share this with people who are part of my community for a number of reasons. Reason number one is related to the fear of me dealing with a community in the open. I do not trust people. Perhaps they will discriminate against me or perhaps they will hurt me in some way, and I just don't want to deal with it.

**Do you think there is such a thing as an HIV community?**

Yes. I would like to say no, but I think there is. Mainly because I tend to discuss my problems about HIV more with people who are already HIV themselves. I've felt at times that many gay people who are not positive don't seem to want to know what their HIV counterparts go through.

Then at times I feel HIV positive people themselves may not be as open to the gay people who are not positive. I have heard gay men talking about HIV positive people and their superficial attitude about not spreading the virus. I wasn't very happy with their comments.

If I have an HIV issue which really bothers me, I usually go to someone who has HIV himself, or to someone like a counsellor. I get more support from people who are HIV positive themselves or immediately involved with it, simply because they understand things better.

**What does community commitment mean to you?**

## Lorena, Karen, Roy

I think that we have to make sure that everybody hears more about HIV and gets to know more things about it and consequently tries to understand the whole issue. I think education on HIV has to be continued strongly. Perhaps talking about and sharing my HIV experiences with other members of the community would be some sort of help.

**What sort of community commitment would you like to see to people who have AIDS or HIV?**

Well, I would like to see a very ideal situation. I would like people with HIV or AIDS to be able to retain their dignity to the highest extent. I would like to see a situation where any AIDS sufferer gets immediate support from the rest of the community. Support for being able to cope with the disease in terms of medical assistance, to be able to live under basic and reasonable and human housing conditions. Being able to retain his or her legal rights and human rights.

I'm not happy about discrimination within the gay community itself, it makes me feel a bit bitter, it makes me feel I'm being placed further into the margin I already dwell in.

Overall, I think I'm going my own lonely way through it. I feel that I carry on with my life, carrying HIV with me also, feeling a bit lonely about it. If I was able to disconnect myself from all the taboos and guilt related to being gay and to carrying HIV, I would possibly be feeling much better about it. I haven't. Maybe that's why I do not share this secret with everybody. Maybe if I had reassurances that my confession would be met with decent attitudes by the people I think are part of my community, I would be able to. It's more difficult for me at times to say that I'm gay, than to say that I'm HIV positive.

*Lorena (Year 11), and Karen and Roy (Year 10) from Vacluse High School talked to David Urquhart about the idea of community commitment.*

**Why is it important for the community to be aware of AIDS?**

**Karen:** Because AIDS is not just in particular communities. It's in the whole community.

**But aren't there still a lot of people who see AIDS as a gay epidemic?**

**Lorena:** That's a terrible problem. If you think about the way AIDS has spread from Africa, it's a terrible misconception. I mean, it's not just the gay community. We have to combat the bad press that's been given to people with HIV and AIDS.

**Karen:** We have to comfort them, not make them feel bad.

**Karen mentioned that you can't get AIDS from hugging people. Do you think that message has got through to people?**

**Roy:** That's why we have to use World AIDS Day to make people aware that it's not a gay disease and get people to take precautions and slow down the rate of the epidemic. We have to be aware that it's a heterosexual disease as well. It's in the whole community.

**Lorena:** Like with a lot of other things people think, 'Oh no, that could never happen to me.'

**Karen:** For some people it's like cancer. If you don't know anyone who has it, you don't relate to it. It's a name — we don't make the connection.

**Isn't it altruistic for people to relate to HIV/AIDS only because someone we know has it? Does it matter about our relationship to other people?**

**Lorena:** No, it doesn't matter.

**Karen:** We have to understand

that AIDS can happen to anyone whether we know them or not.

**At school here, what do people think about it?**

**Karen:** When I was selling ribbons here some people said they wouldn't buy one because it had nothing to do with them because "I'm not going to get it". It doesn't seem to matter how we educate them sometimes it doesn't sink in.

**What you do at the school is a form of community commitment. How do you think the general community can get involved in stopping AIDS?**

**Roy:** By donating money, buying the ribbons and paying attention to the publicity that World AIDS Day gets.

**Lorena:** The good publicity. You have to have faith to question the bad media reports.

**Roy:** That's why it's important to educate people properly — so we can question what we get told by the media. In Australia we are very influenced by the media. We have to find a way to educate the media. If we could do that a lot of our problems would be solved.

**As well as donating money, what else can people do?**

**Karen:** We have to learn to support them, not think, "My God I can't touch them". We have to learn not to be scared. Not to make people feel like outsiders.

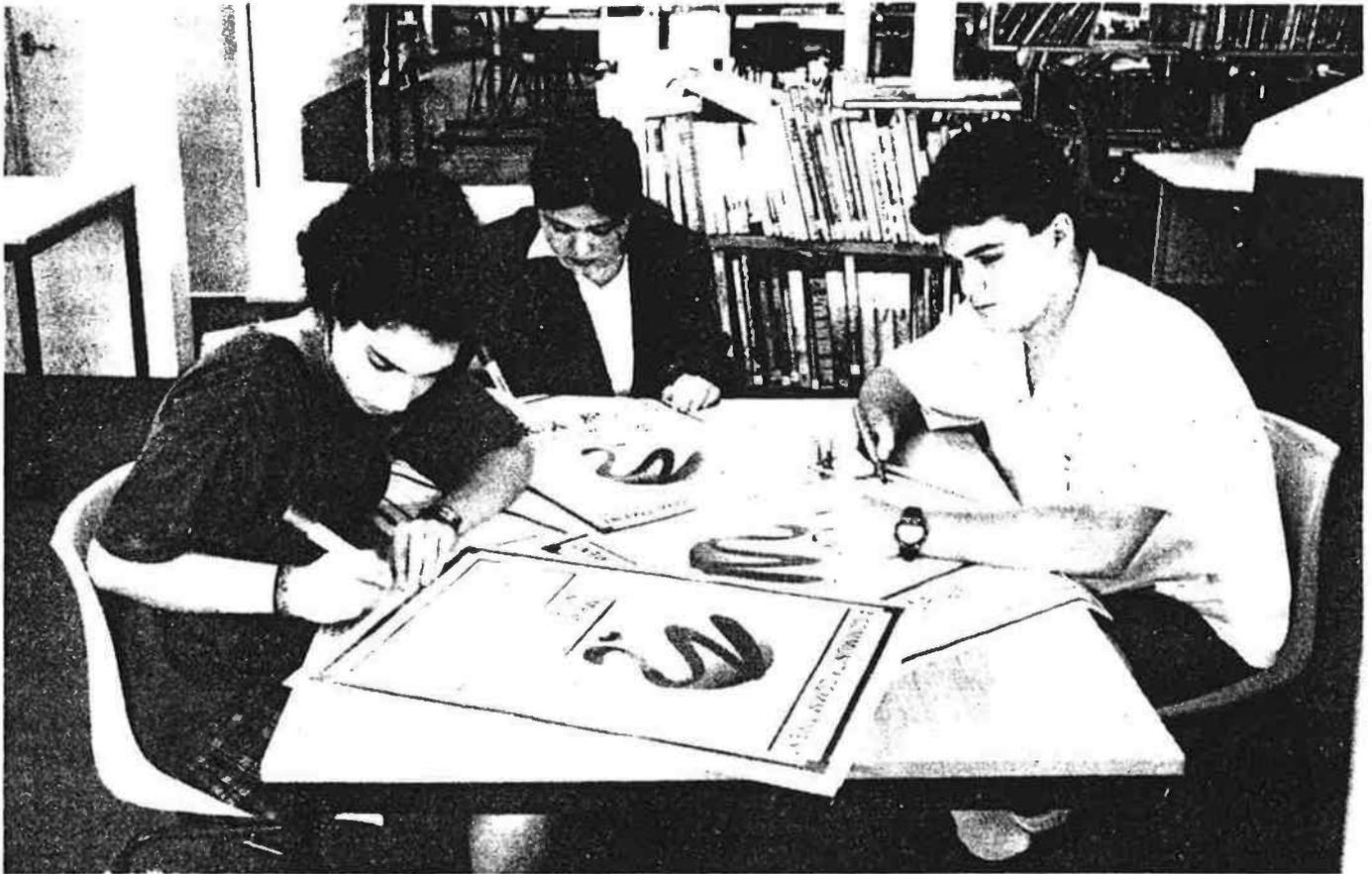
**Lorena:** AIDS highlights how terrible human nature can be.

**Roy:** We have to educate parents. No matter what we tell people at school, when they get home they're going to listen to what their parents say.

**Lorena:** Education should never stop. It should go on to the moment you mark it. A lot of people stunt their education by paying attention only to the media.

**What about condom machines in school?**

**Roy:** Why not? If you're going to



From left: Karen, Lorena, Ray. PHOTO: DAVID URQUHART.

have sex, you're going to have sex. A condom is precaution at your fingertips.

**Lorena:** A lot of teenagers have a problem with AIDS because they think it can't happen to them and therefore they won't use condoms. I think that's pretty scary. Kids can be concerned about V.D. but they don't think they can get AIDS. Why?

**Karen:** I think parents aren't supportive enough. They don't talk about sex and they don't support their children in buying condoms. They should be saying to their children, 'I know you're going to be sexually active and I think you should use a condom'. And children are so embarrassed going to a chemist to buy them. And in schools they give us education sometimes but when it comes to installing condom machines, they're too embarrassed and say, "No, no, no!"

**Roy:** It's just so much easier to get a condom out of a machine than

going to a chemist for one.

**What are you doing for World AIDS Day?**

**Karen and Lorena:** We're going to be in the city getting donations and selling ribbons.

**Roy:** I spoke at Parliament House in Canberra a couple of weeks ago at the Quilt unfolding.

**Politicians are seen by some people as community leaders. How can we get all our politicians involved?**

**Karen:** We have to talk to them.

**Lorena:** We have to re-educate them.

**Roy:** I think we have to start at the local government level and work our way up. If we get the support of groups, like our schools, and go together we'd get somewhere. Federal parliament is aware of our school and what we do. As I say, I spoke at Parliament House.

**What about other schools?**

**Roy:** We were approached by a

couple of teachers from Canberra to speak at their schools. We're waiting for them to contact us again about it. It's good to see that a few other teachers are taking notice.

**Karen:** I think we need to get Year Six involved. It's better to educate them before they come to high school. In years to come, from the age of five they'll know how to use a condom.

**Roy:** But then you'll get the critics who'll say you're promoting sex to younger children. It's a Catch 22 situation.

**A final message to the community?**

**Lorena:** If everyone's aware we can stop AIDS. It can happen!

**Karen:** We have to understand that it's not just a problem for the homosexual community; it's a problem for all of us. We have to do everything we can to find a cure.

**Roy:** Be aware.

# CHATN chat'n

*Robert Ariss speaks to Dr Don Smith, recently appointed Director of the Community HIV/AIDS Trial Network (CHATN), on how people with HIV and AIDS stand to benefit from the new trial system.*

IN AUGUST 1989, ACON, PLWA (NSW) and members of the National Health and Medical Research Council, announced to the press a bold new proposal for a system of community based trials in Australia (see *Talkabout* Vol.1 No.5).

The idea for an Australian community based trial came from a number of networks set up in the United States by general practitioners in HIV/AIDS and community groups. The community based trials were to be as scientifically rigorous as those conducted from traditional research institutions such as hospitals, only now, the trial design was intended to give more people with HIV and AIDS access to experimental therapies through their GPs and community based organisations.

Trials were designed in such a way as to be maximally responsive to real peoples' real needs, while satisfying scientific requirements. Because the trials were more flexible than those run from research hospitals, it was thought they would provide important 'real world' data on a wide range of different therapy regimens.

The participation of people with HIV and AIDS in the design and decision making of the community trial systems in theory made the trials more accessible, allowing those traditionally excluded, such as women, injecting drug users, or people in rural areas to have equal access. Individuals were no longer required to travel long distances to research hospitals, for example, and injecting drug use was not

considered a criteria for excluding an individual from participating.

Some community trial systems in the United States have been enormously successful. The San Francisco Community Consortium trials of aerosolised pentamidine for prophylaxis against PCP, for example, was instrumental in the FDA approval of the drug for that use. Others have been less successful. Project Inform's trial of Compound Q, for example, ran into trouble in its initial rounds when several participants unexpectedly died from toxic effects.

In Australia, in the interim three years since its initial proposal, negotiations have been under way to make community based HIV/AIDS trials a reality in this country. As reported in the last *Talkabout*, the Community HIV/AIDS Trials Network (CHATN) has finally been established and a British doctor, Don Smith, appointed as Director. I quizzed Dr Smith about his vision for community trials in Australia.

**You've come from the UK, are there systems like this in that country?**

There isn't a GP network there. Five years ago the hospitals wanted to look after everything to do with people with HIV disease. As they become overwhelmed they changed their minds and said, "Look, we are more than happy to share the care and let people be seen in the community setting and not come to see us at all".

Also, initially the GPs didn't want to have anything to do with HIV. They saw it as upsetting their other patients, or they thought they didn't have enough expertise, or they didn't really know what it was all about. But now, through education and training courses, there are a large number who are

keen to be involved and there is a growing network. Their role has been in providing care. It hasn't been in research.

Australia leads the way again. The Australian situation is different from New York or San Francisco. There, you've got interested doctors who, because they see so many people, have set up their own community networks. But they don't often collaborate. They don't have the national coverage. They haven't got the same ability to reach all people that there is in Australia.

It's a unique situation here and I'm sure a lot of people around the world would like to see the Australian model work. Certainly that's the feeling in most other countries, that research and care should be going more into the community.

**Where are we up to now in the development of community trials in this country?**

A number of things have already started. Obviously the most important part of this organisation is to set up a network, and that's currently what most effort is going into — contacting as many GPs around the country as possible, to let them know what's going on, and to recruit their interest.

One study which is already up and running is the follow up to people who were on the low risk AZT studies. What we're doing is following and looking at people's health over the next three years to see whether the laboratory improvements actually reflect true improvements in people's well being.

**So CHATN will work to extend previous or existing trials, will there also be new trials?**

At the moment I'm searching out areas in which research can be done and have identified a number

of key types of studies that are ideal. They'll be studies that look at early intervention of anti-virals along similar lines to the low risk AZT study but we'll be looking more at combination studies. Other studies we'll be looking at are forms of prophylaxis to prevent certain opportunistic infections and what I'm keen to do is look at therapeutic vaccines for people who are HIV positive.

I believe the original concept of community trials was to extend accessibility of experimental treatments to those outside the original, limited cohorts. Is that still the intention?

One of the prime functions of this organisation is to do that. And that will be to extend therapies not just to geographically isolated people but also to people who are in groups that aren't considered mainstream risk groups. So that will include positively targeting groups such as women, drug users, ethnic and aboriginal populations. What I'd like to see is, when everything is up and running, every person who is HIV positive in the country will have access to clinical trials no matter who or where they are. That's the ideal outcome.

What do you see as the role of the patient in CHATN?

Historically, the patient has been very passive in research. I think HIV disease has changed a lot of that and made a lot of researchers re-evaluate the ethics of doing research. I think that's been beneficial over the long term. It's made it more difficult because the traditional placebo trials are generally not considered to be acceptable any more. There is a recognition that most people enter a trial because they see there may be some benefit for them, and are not happy to potentially be on a sugar pill. And that's been shown in a number of American studies where patients have sat around



Don Smith, the new Director of CHATN. PHOTO: MAZZ IMAGES.

and shared out their tablets to make sure each is getting something active.

I'm sure it's happened here too.

I'm sure it has as well. That's just one example. Now that's always going to happen unless people understand what the research involves. Generally, all new compounds involve a degree of risk as well as a degree of benefit. You can only ethically do placebo controlled studies if there's no available therapy and if you're not that convinced that your new agent is going to be

effective, or you're worried that it's so toxic it's not going to be effective. If you think that it is effective then you have to find some mechanism of looking at it. Today that means comparing things rather than matching one compound against nothing at all.

Will there be no placebos in these trials, then?

I would like to try and avoid them wherever possible because people don't like them. There are certain instances where placebos may be justified. I think those instances are clear enough that

people can see that, especially if you're looking at an agent that looks toxic or the evidence for its effectiveness is minor.

**What kind of input into the trials do you see as appropriate from people with HIV/AIDS?**

In HIV disease there is not a lot of difference between research and what is current clinical practice. Given that everything moves quite quickly, there is no longer the situation where people are on research studies and everyone else is waiting three or four years for results before they can have the compound. So I think patients have to be aware to a greater degree now. If people want more say in what's going on they have to accept more responsibility themselves for what's going on. If people don't agree with a certain study they shouldn't enrol in it. Or if, for example, they don't like the number of visits necessary for blood tests they should say so at the outset, to see whether that is absolutely necessary, and if they strongly object then they can refuse to go on it. More and more the information has to be given to people to say, look this is what we know, you can make your decisions on that.

There was criticism from people with AIDS, when community trials were first proposed in this country, that they were being put on the shelf, that they would not benefit from the trials because of the proposed focus on early treatment. Is that criticism still valid?

I don't think that's any longer the case. Early intervention studies are ideal for the community setting because most people have no need to go to a hospital. Those people that have had an AIDS diagnosis tend to spend more time at home than they do in hospital. And that means they can still be looked after by their GP. Many GPs have quite a lot of expertise in looking after

both early HIV disease and late stages as well, and that's why I think some of these prophylaxis studies will be quite appropriate for an AIDS diagnosis. And also some of the combination antiviral studies. You might find that those studies for more advanced disease will expand from just a few hospital clinics out into the community setting as well.

I'd like to add, finally, that this community network has been brought about by pressure from the community. But it will only succeed with cooperation from all parties involved. It is really quite dependent on a willingness of the hospital doctors, the pharma-

ceutical companies, the GPs, the patients and the community organisations to make it work. So far everyone I've seen has been very positive about it. But it will require a change of thinking. It's much more difficult to do research like this in the community, but it can happen if everyone co-operates and puts aside their previous differences of opinion and their squabbings.

**Doctor, Doctor**

Doctor, Doctor will not appear in this issue, but the series will resume in February.

**HEFFRON COMMUNITY CENTRE**  
*Heffron Hall*  
*Burton & Palmer Streets*  
**DARLINGHURST**  
**332 2457**

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SUNDAY LUNCH EVERY WEEK AT 12.30PM

ADMISSION \$2.00

<p style="text-align: center;"><u>1ST SUNDAY</u></p> <p>BOOMERANG SOCIAL CLUB</p> <p>followed by</p> <p>BINGO</p> <div style="text-align: center;"></div>	<p style="text-align: center;"><u>2ND SUNDAY</u></p> <p>SUNDAY</p> <p>ROAST</p> <div style="text-align: center;"></div>
<p style="text-align: center;"><u>3RD SUNDAY</u></p> <p>ALEX and STEWART'S</p> <p>HOME COOKING</p> <p>followed by</p> <p>VIDEO MOVIE</p> <div style="text-align: center;"></div>	<p style="text-align: center;"><u>LAST SUNDAY</u></p> <p>SOUTH PACIFIC</p> <p>MOTOR CLUB</p> <p>BBQ</p> <div style="text-align: center;"></div>

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SHOW BY POLLY SOCIAL CLUB EVERY SECOND MONTH

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HEFFRON COMMUNITY CENTRE IS A PROJECT OF METROPOLITAN COMMUNITY CHURCH, SYDNEY (M.C.C.)

# Who's Who in Anguish in

## BOHEMIA

*Patience, gentle readers. Ms. Ada O. has plunged into the festive season with such gay abandon that she's taking a sabbatical from Anguish in Bohemia. But this is a prime opportunity to fill in new readers on the cast of our ever popular soap. So until February...*

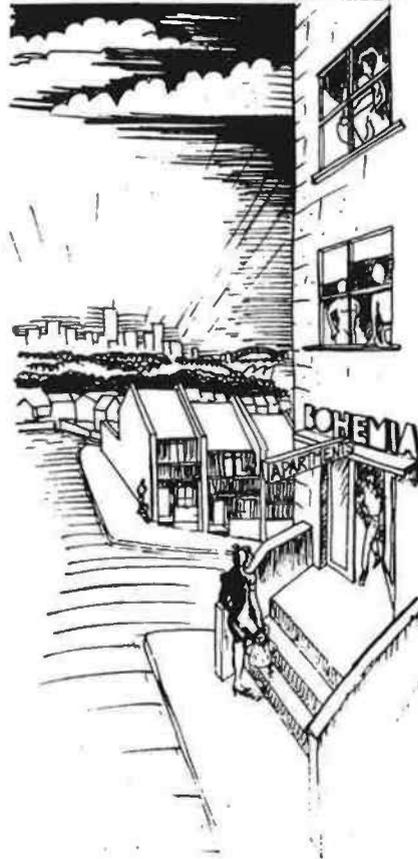
### Brad Lewis

Resident of Bohemia Apartments, gay man with AIDS (particularly graphic KS manifesting facially), alcoholic, close friend of the late Nancy Kelly, aspirant Little Brother of Positive Joy, likes Manhattans, son of Beryl from Brewarrina, penchant for pink phallic-shaped objets d'art, since Nancy's accident graces a black pillbox hat constantly, friends beginning to doubt his mental acuity.

### Nigel Lovejoy

Resident of Bohemia Apartments, HIV+, ex-bisexual (now cured and leading a 'normal' gay lifestyle), received compo (\$30000) on medically acquired grounds, uses drugs intravenously from time to time, sleeps with anything that moves, recently shacked up with Leonard, country boy abandoned by his family after his appearance on Nana Bent's *A Current Unfair* show, athletic build but not a PUFFSO (Pumped-Up Faggot From St Olaf), self-centred, and while mercenary is becoming more contemplative.

Nancy Kelly (deceased)



Ex-resident of Bohemia Apartments, HIV+, close friend of Brad, party girl, decadent, second degree Little Brother of Positive Joy, died from injuries sustained after Leonard's piano fell on her whilst she was on her way to buy Manhattan ingredients to welcome Leonard to Bohemia (her final words were "Bourbon Brad, we've run out of bourbon!"), casual sex partner of Nigel.

### Robbie Kelly

Visitor to Bohemia Apartments, previously staying with his late sister Nancy Kelly, always broke,

young and newly 'out' gay man, recently diagnosed with syphilis (still in window period for HIV?), slim and attractive, self-absorbed, boyfriend of Wayne.

### Leonard Klutsinger

Newest resident of Bohemia Apartments, his childhood piano was the indirect cause of the death of Nancy Kelly, currently bonking Nigel several times a day, classically trained pianist working in the Gallberry Piano Bar, gay man, HIV status unknown.

### Beryl Lewis

Malapropistic mother of Brad, visitor to Bohemia Apartments (staying with Brad), resident of Brewarrina, aware of Brad's HIV status but thinks his KS are melanomas ("megalomaniacs") from too much glamour-fating it around on Glamourama Beach, HIV status unknown.

### Wayne King

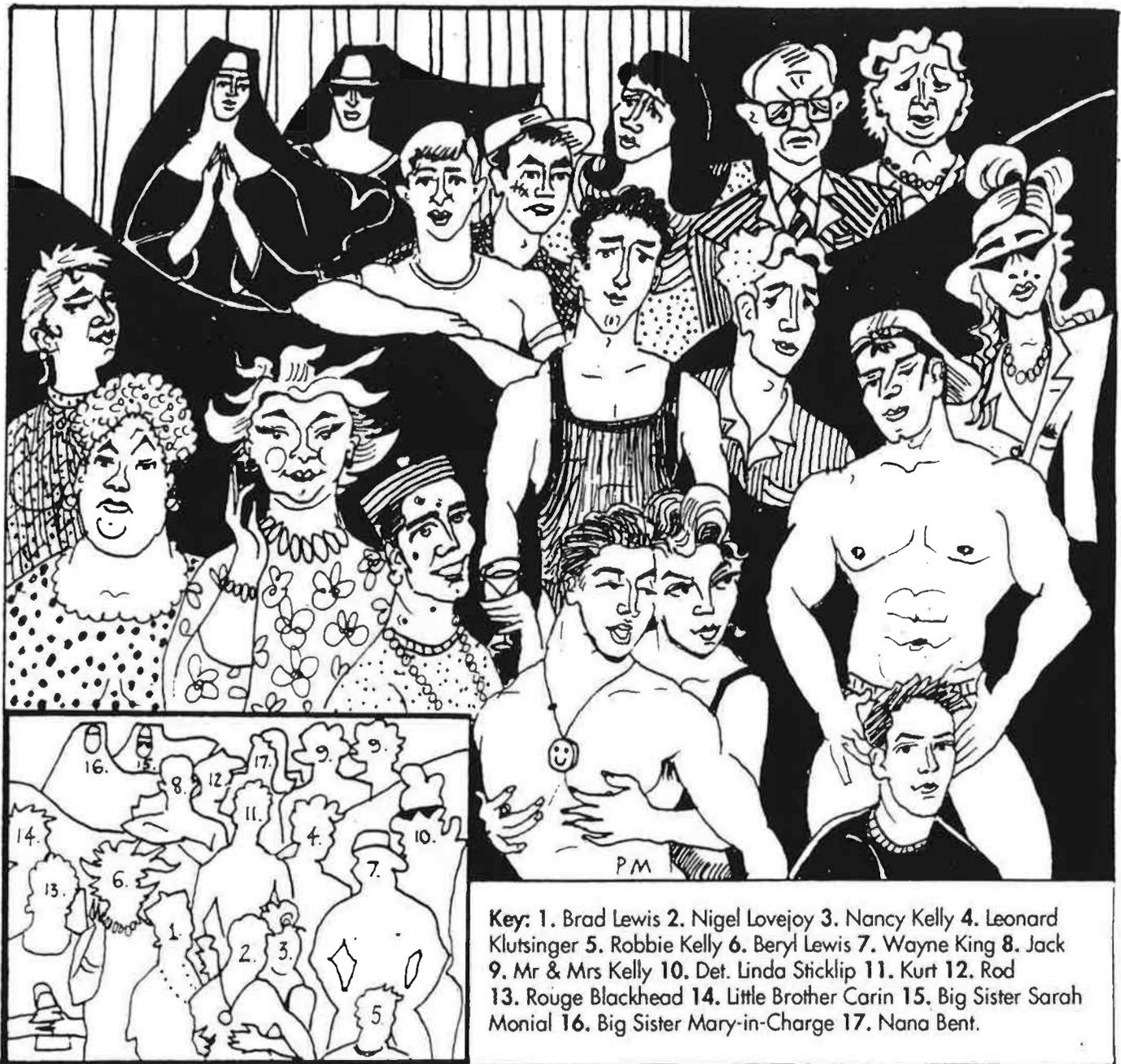
Boyfriend of Robbie, met Robbie at a demo, member of ACT-UP Sydney, HIV+, leather jacket, blue jeans, 50 inch chest, well-meaning jerk.

### Jack (deceased)

Ex-resident of Bohemia Apartments, died of PCP on a hospital trolley waiting for a bed, friend of Brad's, one night bonk of Nancy's, previous occupant of Leonard's flat.

### Mr and Mrs Kelly

Parents of Robbie and Nancy, bigots, homophobes, AIDS-phobes, from the country, relieved that Nancy died from a falling piano



rather than AIDS, HIV status unknown

**“Det. Linda Sticklip”**

Mysterious stranger with sensual, husky voice, who has been urking around the Bohemia apartments since Nancy’s funeral. HIV status unknown.

**Kurt**

Y-front wearing drunken sexual contact of Nigel’s, backpacker, departed before Nigel’s diagnosis, uses drugs intravenously, HIV status unknown.

**Rod**

Shotgun toting truckie, saved Nigel from funnelweb spider bite to nether regions, hirsute hunk with attractive facial scar, HIV status unknown.

**Rouge Blackhead**

Hideous AVON representative, called in by Beryl to camouflage Bradley’s KS lesions (without his consent), HIV status unknown.

**Little Brother Carin**

Social worker at scene of piano crash, attempted to counsel Mr

and Mrs Kelly following Nancy’s will reading, HIV+.

**Big Sister Sarah Monial**

Celebrant at Nancy’s funeral, a no-nonsense nun.

**Big Sister Mary-in-Charge**

Matron of King Elvis Hospital, another no-nonsense nun.

**Nana Bent**

Presenter of *A Current Unfair*, any resemblance to any real persons living or dead is purely coincidental.

# Fair Treatment



## HIV headache & other fun things Neurological effects of HIV

NEUROLOGISTS ARE FOND OF saying that the neurological effects of HIV infection are a neglected area. Actually, neurological issues are not so much neglected as *avoided*, because of all the myths surrounding the topic.

The hushed tones and dread which surround any discussion are caused by those myths that say signs of neurological disease are the beginning of dementia, and that dementia is the beginning of the end. While this might have been true before treatment became available, it isn't the case now.

Neurological effects of HIV infection are divided into many categories, depending on whether they are caused by HIV itself or by a secondary infection, and whether they affect the central nervous system (i.e. brain and spinal cord) or the peripheral nervous system (the nerves in muscles).

This article focuses on neurological effects induced by HIV itself. However, it must be remembered that many of the symptoms caused by HIV can also be caused by opportunistic infections or cancers which affect the nervous system, and it could take a skilled doctor with fairly sophisticated techniques to tell the difference.

### Headache

'HIV-RELATED HEADACHE,' A severe headache that can occur in



middle-stage and late-stage illness, is a recently-recognised phenomenon. The diagnosis of HIV-related headache is basically one of exclusion — opportunistic illnesses (such as toxoplasmosis, cryptococcal meningitis, or lymphoma of the central nervous system) must be ruled out as the cause of the headache.

The pain can be sharp or dull, constant or throbbing. The headache seems to have no localised area, so it "hurts everywhere". Some people become extremely sensitive to light and glare.

The headache sometimes

disappears by itself after several weeks. Treatment with amitriptyline often helps. Amitriptyline, tradename Tryptanor, is a drug usually used to treat depression. Its side effects can include dry mouth, constipation and difficulty urinating, drowsiness and rash.

Headache can also be caused by infections or cancers, or an HIV-induced condition called aseptic meningitis. Aseptic meningitis is a non-bacterial inflammation of brain tissue which produces identical symptoms. There is debate amongst doctors over whether HIV-related headache and aseptic meningitis are really the same thing.

### Peripheral Neuropathy

PERIPHERAL NEUROPATHY IS A common type of HIV-related neurological illness. In peripheral neuropathy, a person feels numbness or tingling or pain in the feet and, less often, hands.

The kind of HIV-induced peripheral neuropathy a person experiences depends on whether it occurs in early or advanced HIV illness. The peripheral neuropathy in early illness is usually not painful. This neuropathy can be treated with corticosteroids or plasmapheresis (a procedure where blood plasma is removed and exchanged).

The painful version of neuropathy tends to occur in advanced HIV illness, and is a lot more difficult to treat. Treatment

is comprised mainly of pain management. Amitriptyline; phenytoin, carbamazepine, mexiletine, steroids, capsaicin cream, methadone and acupuncture have all been tried with varying success. Note that these only treat the *symptoms*, not the underlying cause of peripheral neuropathy, which is nerve damage. In this regard, Nerve Growth Factor<sup>1</sup> and Peptide T may prove useful.

Diagnosis of HIV-induced peripheral neuropathy is, again, one of exclusion: cytomegalovirus and syphilis can each cause neuropathy, as can drugs like ddI, ddC, d4T, vincristine and some others. Peripheral neuropathy can also be caused by insufficient vitamin B-12.

## AIDS Dementia Complex

PROBABLY WHAT COMES TO MIND most prominently when neurological complications are mentioned is dementia, technically termed AIDS Dementia Complex (ADC). Since a number of comprehensive articles exist on ADC<sup>2</sup>, it will be covered very briefly here.

ADC begins very mildly, and can occur in middle-stage HIV illness. Early symptoms are absentmindedness, forgetfulness and decreased concentration. This condition can persist for a long time. In most people, it doesn't get any worse. But in those in whom the condition progresses, there seems to be an abrupt change to a severe state of mental deficiency, with poor memory, speech difficulties and loss of muscular control.

Luckily, high-dose AZT (i.e. over 1000 mg daily) is effective in treating ADC. AZT would also be effective in preventing ADC were it not that most people are on a medium dose (i.e. 600 mg daily). Neurologists generally feel that 600 mg daily is insufficient to adequately prevent ADC.

People should not be reluctant to talk about things like absentmindedness with their doctor. Diagnosed early, effective treatment can be started which may simply involve increasing the dose of AZT.

Even in severe cases of ADC, AZT may still be helpful. Australian researchers are pioneering *intrathecal* AZT, in which AZT is injected directly into the brain and central nervous system. Results have been very good, with some people reporting near-complete reversal of dementia.

## What causes neurological effects?

NEUROLOGISTS CANNOT SAY FOR sure what mechanisms cause neurological illness, and how HIV triggers these mechanisms. A major contributor is HIV infection of cells which are present in the central nervous system, such as macrophages.

Autoimmune mechanisms must also be considered: HIV could be 'deceiving' the immune system into attacking the body's own tissues, including nervous system tissue. Perhaps, even the general immune response to HIV is having an indirect and detrimental effect

on the nervous system.

## Conclusion

BECAUSE MOST NEUROLOGICAL effects of HIV infection are not immediately life-threatening, research in their treatment hasn't come very far.

Researchers can't be blamed for initially wanting to focus on things like PCP and candidiasis. But now, treatment for neurological illness lags far behind treatment for opportunistic illnesses. The situation must be changed. In fact, it is because people are living longer, as a result of better therapy for other illnesses, that neurological illness has become more significant.

Neurological illness can cause pain, embarrassment and a whole lot of misery, and it's past due for neurological illness to be recognised as an important area for research, activist work and raising patient awareness.

— Lyle Chan

<sup>1</sup> See 'Nerve Growth Factor', *HIV Herald*, August 1992.

<sup>2</sup> See, for example Ian Barlow's *Dementing Illness In HIV Disease* in *Bulletin of Experimental Treatments for AIDS*, May 1991. Copies are available from the NSW Treatments Office.

**The Kirketon Road Centre**  
now to be known as  
**KRC (at the Fire Station)**  
is moving

Yes that's right (finally), just around the corner  
We are now located at the Darlinghurst Fire Station  
Entrance on Victoria Street

Same Postal address and fax:  
PO Box 22 Kings Cross 2011  
Ph: 360 2766 Fax 360 5154

# Gloria's Food



## No milk today?

*Dairy products are a great way of getting protein and calories into your diet. They are also ideal 'fast foods' as they need little preparation. However some people have what's called a lactose intolerance and can't eat a lot of dairy products. In this article, Hilda High from the Albion Street Centre explains what lactose intolerance is and what you can do about it if you have it.*

### What is lactose?

Lactose is the sugar which occurs naturally in milk. It is found in cow's milk and also goat's milk.

### What is lactose intolerance?

Lactose intolerance is when your body is unable to break down the lactose in milk and dairy products. The presence of undigested lactose in the gut causes wind, cramping and diarrhoea. Intolerance to lactose is common with HIV infection. This may be because of a gut infection such as cryptosporidia, damage to the gut by HIV or lack of the enzyme (called lactase) that breaks the lactose down.

### How do you know if you're lactose intolerant?

There's a good chance you are lactose intolerant if you have a glass of milk and it causes cramping or diarrhoea, usually within the hour. If this is the case, it is best to reduce the lactose in your diet. This doesn't necessarily mean cutting out all milk and dairy prod-

ucts. Everyone will have their own tolerance level. Usually, very small amounts of milk in tea or coffee are okay, especially if they are spread throughout the day.

### What dairy products are okay?

Yoghurt is okay eaten in small amounts (eg 1/2 a tub at a time). Yoghurt does contain lactose but for reasons that we don't really understand, it doesn't cause the same problems. It is usually best to have a yoghurt that contains *Lactobacillus Acidophilus*. Lack of this friendly bug has been shown to cause diarrhoea in some people.

Hard yellow cheeses are also low in lactose. Try to have small amounts at a time. Soft white cheeses such as cottage or cream cheese are high in lactose and are best avoided.

### What about soy milk?

Soy milk can be a good alternative to milk. However, all soy milks are not the same. Soy milk is a highly processed food. Vitamins, minerals, fat and sugar are added to make it taste more like milk. Compare the carton to a carton of milk to make sure it contains all the vitamins/minerals of normal milk. There are some low fat brands available if you are trying to keep the fat in your diet low. Vitari, sorbet and tofu or soya ice-creams can be great alternatives to milk based ice-creams.

### What if you don't like soy milk?

If you dislike the taste of soy milk there are other alternatives. You can choose a milk in which the lactose has already been broken down (Digestelact) or you can add drops to your milk to break the lactose down (Lactaid). Digestelact comes in powdered form. You can add Digestelact to other foods to increase their calories (energy). You can also get Lactaid in tablet form. You simply take the tablets with the food that contains lactose (eg a milk shake in a coffee shop).

### Can you be allergic to something else in milk?

Very few people are allergic to the protein in milk. People who are allergic to this protein are nearly always allergic to the protein in soy milk as they are very similar.

### Is it forever?

You may not need to strictly avoid lactose in the long term. It is advisable to test at regular intervals (eg: once a month) whether you can tolerate milk and milk products. To re-introduce these foods:

- 1) Start with small amounts (eg: half a cup of milk).
- 2) Spread lactose containing foods throughout the day.
- 3) Gradually increase your intake of these foods over several weeks to your tolerance level.
- 4) If symptoms such as cramps and diarrhoea occur, return to a lactose restricted diet.

# What's Goin' On



## Complementary Therapies Support Group

HIV Complementary Therapies Collective is considering establishing a Support Group for people living with HIV/AIDS who are currently using, or wish to explore the option of making use of complementary therapies.

We would anticipate a group meeting say once a month in an evening time spot.

If you are interested in the idea and would like to be notified when the group is to be established, where it will meet etc., please let us know by phoning David on 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) 206 2000

## Tiffany's Transport has a new pick up line

**The new number is  
206 2040**

Tiffany's provides transport for PLWHA 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 206 2040.



## 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

## Talkabout editorial lunches

The Talkabout Editorial Group meets every few weeks to discuss what goes into Talkabout each month. Any interested people are welcome to attend.

The next meetings are:  
**Thursday, December 17**  
and  
**Thursday, January 21**

Call Jill on  
206 2000 for more info.

## 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

## Information Seminars

# HIV living

### December

Wednesday 9th, 6:30pm - 8:30pm

#### Vitamins and Nutrition

- How to access ACON's vitamin service
- Do I need vitamin supplements? If so, which ones?
- What is the appropriate weight gain diet for me?

### January 1993

Wednesday 20th, 6.30pm - 8.30pm

#### Exercise and stress management

- What is a suitable exercise regime for me?
- How can I exercise when I feel unwell?
- What is the effect of stress on my immune system?
- What are some of the options for relieving stress?

Wednesday 27th, 6.30pm - 8.30pm

#### Complementary therapies

- An introduction to a variety of alternative therapies.
- Are these forms of treatments expensive?
- Can I use them in conjunction with antivirals and other medications?
- Where can I find out further information?

The AIDS Resource Centre  
AIDS Council of New South Wales  
188 Goulburn Street Darlinghurst

For further information about these seminars call  
HIV Strategy and Support Unit  
(02) 206 2000 Fax (02) 206 2069 TTY (02) 283 2088

### HIV Support/Action group

#### HUNTER AREA

6.30pm on the 4th Wednesday  
of every month at:

ACON, Level One,  
6 Bolton St, Newcastle

For more information call ACON  
on (049)29 3464

### 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

# 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.

206 2000, fax: 206 2069.

(For Branches, see **Outside Sydney**).

**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.

**Deaf Community AIDS Project** Call Colin Allen at ACON 206 2000 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 206 2077.

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

**Maitraya Day Centre** 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 361 0893. Client's phone 360 9896.

**Mark Fitzpatrick Trust** Financial assistance for people with medically acquired HIV. Also administers the NSW Medically Acquired HIV Trust. PO Box 3299 Weston ACT 2611. (06) 287 1215 or (008) 802 511.

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

**National Audio Visual Archive of PLWA NAVA (PLWA)**. People telling their stories on video. Call Royce 319 1887 (after 1pm)

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

**National Centre for HIV Social Research** (Macquarie Unit). 805 8046.

**National People Living With AIDS Coalition (NPLWAC)** GPO Box 164, Canberra ACT 2601. Call (06) 257 4985.

**NSW Anti-Discrimination Board** Takes complaints of AIDS related discrimination and attempts to resolve them by a confidential process of reconciliation. 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. 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.

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

## 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.

**Brighton Street Clinic** Western Suburbs Sexual Health Clinic. Open Monday, Wednesday, thursday. For appointment call 744 7043. 8 Brighton St Croydon. No medicare card is required

**Haemophilia Unit** Royal Prince Alfred Hospital, 516 8902.

**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. Old Fire Station, Victoria Rd, Kings Cross. 360 2766.

**Liverpool Sexual Health Clinic/HIV Outpatient Clinic** 52 Goulburn ST Liverpool. Providing free, confidential HIV/STD services and support services: counselling, HIV support groups, practical support. Call 600 3584.

**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. 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. 332 1090.

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

**Family Support Group** for relatives of people with HIV/AIDS. meets daytimes and evenings on a fortnightly basis in the outer Western suburbs. Please contact Clair Black or Kevin Goode at Wentworth Sexual Health centre on (047) 32 0598.

**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 206 2000.

**HIV+ Support Group** — South Western Sydney Meets in Liverpool Wednesdays 6.30pm. Call Julie 600 3584. Transport can be arranged.

**Parent's FLAG** Parents and friends of lesbians and gays. Meets monthly at the GLCS, 197 Albion St Surry Hills.

Call Heather, 899 1101, Kay, 831 8205.

**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 Pettitt (page 256) to indicate attendance.

**Support group for parents of HIV+ adults** every 3rd Friday in the month 7-9pm at Ankali House 335 Crown St. Confidentiality assured. Call Julie Fuad, 569 2579.

**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 call 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, 206 2000, 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. For information call Aldo or Brent 206 2077 or HIV Support 206 2000.

**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.

**Sydney West Group** a Parramatta based support group. Call 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, 206 2000.

**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. 6 Bellevue st, Surry Hills 2010. 211 0544.

**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.

**Community Support Network (CSN)** Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.

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

**HIV/AIDS Legal Centre** Legal advice and advocacy on HIV/AIDS related problems. Call 206 2060.

**Tiffany's Transport Service** For PLWAs (in the Sydney area.) 206 2040.

## OUTSIDE SYDNEY

### General

**AIDS Council of NSW (ACON)** Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. See regional listings for branches.

**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.

**Community Support Network (CSN)** Trained volunteers providing practical home/personal care for people with AIDS. See regional listings for branches.

**Hawkesbury / Blue Mountains 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.

**Blue Mountains HIV/AIDS Clinic** Provides a range of HIV/AIDS services including testing, treatment, monitoring, treatment and counselling/support. For info or appointment call (047) 82 0360 between 9am - 12 noon Mon, Wed, Fri.

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

**Hawkesbury Outreach Clinic** an outreach service of Wentworth Sexual Health Centre. A free and confidential service operating from 4pm to 8pm on Tuesdays. STD and HIV/AIDS testing, treatment and counselling/support services. For info or appointment call (047) 32 0507.

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

**Southern Highlands HIV/AIDS volunteer Supporter Group** Emotional and practical support for PLWHA, their family and friends living in the Bowral and district area. Call Marion Flood (048) 61 2744 or Victor Tawil (048) 27 3458.

**Wentworth Sexual Health Centre** STD and HIV/AIDS testing, treatment, counselling/support and education. Free and confidential.

Call Clinic (107) 32-0507; Counselling and support (047) 32 0598; Education (047) 32 0231.

**Central coast / Hunter region Central Coast (Konnexions)** day group 11am-3pm Mondays for lunch, Low key! Call Patrick. (043) 20 2241.

**Karumah Day Centre, Newcastle** 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.

**Central Coast Services** Sexual health service, support groups, positive support network. Trained volunteers providing practical home/personal care for people with AIDS. For info call (043) 20 2247 or Paul (043) 20 3399.

**Central Coast Sexual Health** Providing HIV clinic and support services.

69 Holden St Gosford. (043) 20 2114

**Club 2430 (Taree)** Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Contact Bill or Barry (065) 537502 or Liz (065) 511315.

PO Box 934, Taree 2430.

**CSN Newcastle** Call Rosemary Bristow, ACON Hunter Branch.

(049) 29 3464.

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

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

**Newcastle Gay Friendship Network** Peer support, workshops and activities for gay men under 26.

Call ACON Hunter branch, (049) 29 3464.

#### **North Coast**

**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.

**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.

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

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

#### **South Coast**

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

**Bega Valley HIV/AIDS Volunteer Supporter Group** Emotional and practical support to PLWHA, their family & friends living in the Bega Valley area. Call Greg Ussher or Ann Young (064) 92 9120

**CSN Wollongong** Call Daniel Maddedu, (042)26 1163.

**Eurobodalla HIV/AIDS Volunteer Supporter Group** Emotional and practical support to PLWHA, their family and friends in the Narooma to Batemans Bay area. Call Greg Ussher or Liz Follan on (044) 76 2344.

**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.

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

#### **West of the mountains**

**ACON Hunter branch** PO Box 1081,

Newcastle 2300. (049) 29 3464.

**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 Alice 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.

**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.

The listings have been re-arranged (again!), too make them more accessible for country readers (we hope).

All country services will be listed under the appropriate region.

We've limited the number of regions to save on space.

Hope you can find your way around okay.

Please let us know if you have any problems with the new format, or if you want to update or change your listing.

## SERVICE UPDATE

### Metropolitan Community Church (MCC)

The Universal fellowship of Metropolitan Community Churches is a worldwide fellowship of churches with a particular outreach to the lesbian and gay community. The MCC presently has over 200 congregations in over 12 countries.

In Sydney the MCC has two parishes; one in Enmore, MCC of the Good Shepherd, and MCC Sydney, which is based at the Heffron Hall in Darlinghurst.

MCC of the Good Shepherd hold a service every Sunday at 7pm. Call 638 3298 for details.

MCC Sydney have a number of activities at the Heffron Hall which are HIV friendly. There is a worship service every Sunday at 7.30pm. On Sundays at 12.30 a \$2 lunch is available, and on Fridays from 7 — 11pm there is a Drop-In Centre with all kinds of activities such as cards, darts and boardgames. Coming up is the MCC World AIDS Day service at 7.30 pm on December 12, and the MCC Christmas dinner on December 19. There will be a Christmas Eve service at midnight on December 24.

The Heffron Hall is at the corner of Burton and Palmer streets, Darlinghurst. Phone: 332 2457.

# 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.

FIRST NAME

LAST NAME

POSTAL ADDRESS

POSTCODE

PHONE

(W)

(H)

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

I wish to subscribe to *Talkabout*

I wish to renew my subscription

I wish to make a donation of: \$ \_\_\_\_\_

I enclose a cheque/money order for \$ \_\_\_\_\_

In the interests of your confidentiality

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

I am publicly open about my membership  Yes  No

## Annual rates

Membership \$2

Subscription donation to *Talkabout* (optional for people receiving benefits)

Individual members \$10 Non-members \$15

Organisation Concession (PLWHA organisations, community based organisations)  
(up to 6 copies) \$30 (up to 10 copies) \$40

Organisation Full price (Interstate, Government agencies, private businesses)  
(up to 6 copies) \$40 (up to 10 copies) \$60

Every additional 10 copies will cost \$20 conc/\$40 full price.

Overseas Concession \$A20 Full \$A40

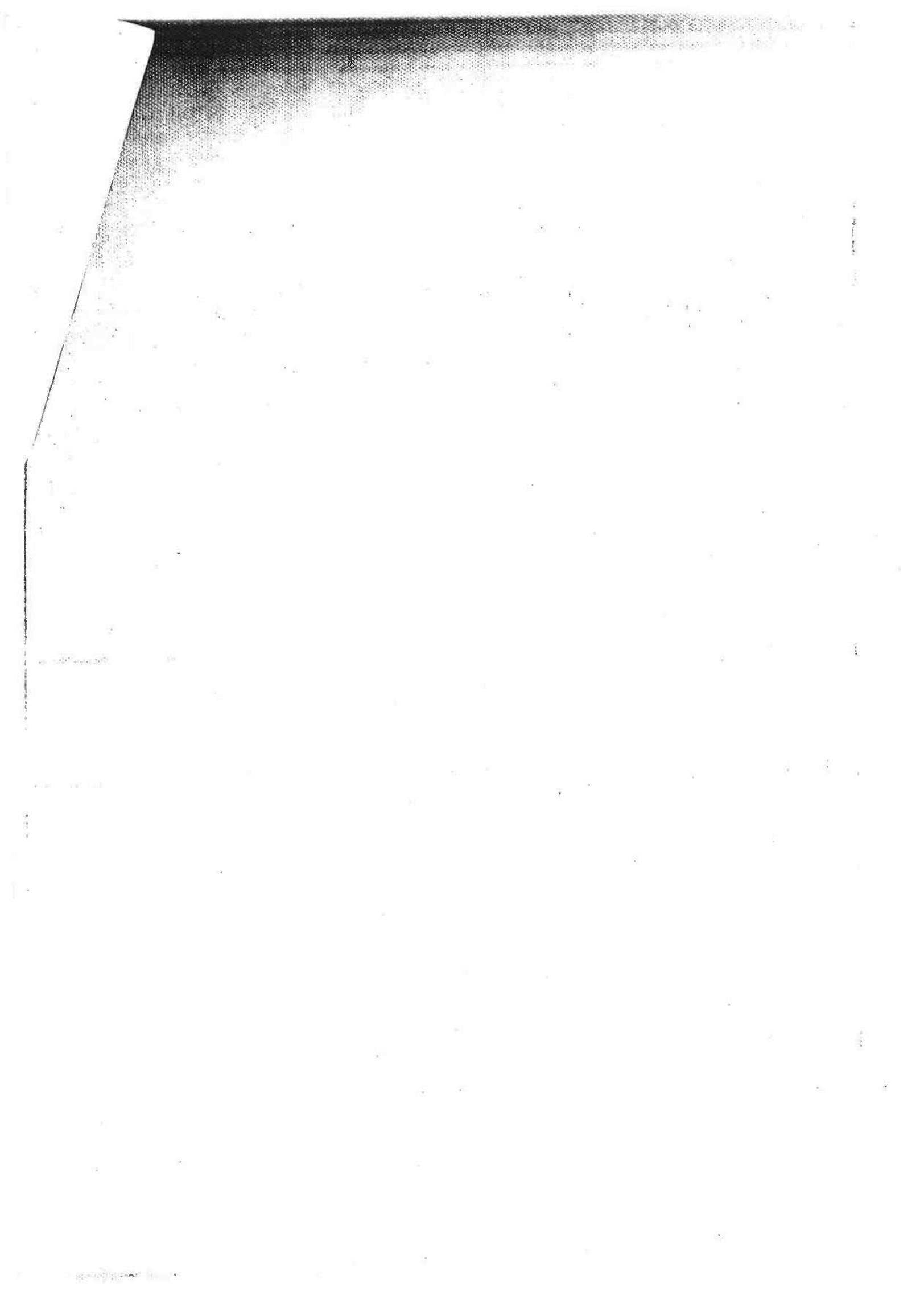
Please specify number of copies \_\_\_\_\_

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

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

SIGNATURE

DATE



# ACON

AIDS Council of New South Wales Inc.

## GIVE US A CALL!

('cause it's going to be easier to phone)

ACON is improving its telephone system.

There will be more lines and every staff member has a direct dial number.

So as of Monday 7 December, our numbers will be:

**206 2000** (switch)

**206 2031** (CSN)

**206 2077** (Fun and Esteem)

**206 2040** (Tiffy's Transport Service)

**206 2069** (Fax)

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*Our TTY remains*  
**2 8 3 2 0 8 8**

