

No. 30 March 1993

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



Election Comment

FROM THE PERSPECTIVE OF PEOPLE living with HIV, the March 13 federal election is pretty badly timed. The new National Strategy on HIV/AIDS is yet to be finalised and unlikely to be adopted before the election date, leaving a big question mark over the future of policy and funding for AIDS in Australia.

So far, both major parties have made verbal commitments to adopting the new strategy, which is a promising sign, but there are still a few missing planks in both Labor's and the Coalition's platforms.

ACON and AFAO have written to the Health Minister, Shadow Minister for Health and the minor parties seeking their commitment on a number of issues, particularly;

- commitment to the new National Strategy
- full implementation of the Baume Report on Drug Evaluation
- commitment to finally resolving the question of financing treatments
- implementation of the national early treatments campaign

The results, hopefully, will be in soon and will be widely published in the gay press in early March. Look out for them.

While we're asking questions, there are a few more to ask the Coalition. Even if we get fabulous commitments from them on all the above issues, their proposed changes to Medicare, with the abolition of bulk billing for all except people on health care cards and a push into private health insurance, have some potentially nasty implications for people with HIV. These are a bit like the health policy equivalent of opportunistic

infections — they're only likely to be a problem for the immunocompromised.

The maximum Medicare rebate is to drop to 75% of the (Medicare) schedule fee (which is often lower than the actual fee charged, and up to 40% less than the AMA schedule fee) and people will be "encouraged" to take out full private cover or "gap" insurance to cover the difference. The problem for people with HIV is that health insurance companies to date have been less than enthusiastic about offering cover to us. There's nothing in the Coalition policy which guarantees we won't be excluded on the grounds of a pre-existing condition. Shadow Health Minister Bob Woods has pledged an 'amnesty' for pre-existing conditions should the Coalition be elected. However this will be for a limited period only and it requires the co-operation of the health industry to implement. It's by no means clear they have this co-operation yet.

Given that the abolition of bulk billing is more than likely to push fees up (as well as waste a lot of time claiming two different rebates), it means well people with HIV are going to be paying a lot more for the same service.

For people who are only well enough to work part time (and that's a lot of us) and therefore aren't covered by a health care card, the costs are going to be hard to bear. A lot of people are going to have to cut down on visits to their GP, which runs counter to regular monitoring and early intervention principles, or go to hospital clinics. Given that hospitals are stretched for resources as it is, and as the NSW HIV/AIDS strategy has an

emphasis on moving care away from a hospital setting, there could be some ugly scenes as the incidental effects of one Coalition health policy collide with the intentional results of another. Worse yet, the added strain of higher health costs may well push a lot of people out of part time work and onto pensions — great for the unemployment figures but bad news for our self esteem.

One of the most worrisome aspects of Coalition health care policy is that the proposed private insurance system will actually cost more to run than the current system due to higher administration costs — Medicare's administration costs are 3.9% of turnover, while private health funds average 13.1% — meaning the entire nation will pay more for the same standard of health care. Funding for Coalition health plans seems to be relying on a significant economic improvement.

Personally, I tend to regard news of instant economic miracles in the same light as claims for new cures for AIDS — I'd love to believe it, but I'm not counting on it until I see it. If the promised economic recovery doesn't happen, we could well end up with a dual health system along US lines — good care for the (expensively) insured and a few crumbs for the rest.

ACON and AFAO have asked Coalition candidates to respond to some of these concerns. Given the Coalition's commitment to the welfare of private health funds, I don't see the basic principle changing much, but I look forward to their response. It's your choice on March 13 — make it an informed one.

— Alan Brotherton

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This Month's Cover

by Ruth Samuels. March 8 is International Women's Day, and to mark this herstoric occasion, Talkabout publishes an interview about Sydney Positive Women (see page 10).

Positive women's health is an area in desperate need of research. Dr Virginia Furner discusses some of the issues in the first of a two part interview which starts page 19.

New AIDS definition

ON 1 JANUARY 1993 A NEW definition for AIDS went into effect in the USA.

Some background: ever since 1986 when the US Centers for Disease Control defined AIDS, the definition has drawn fierce criticism for its arbitrariness — especially that women are being undercounted in AIDS statistics because the women-specific opportunistic illnesses don't count as "AIDS Indicator Illnesses." In a completely reworked definition, the CDC has:

(a) added three illnesses to the list of AIDS Indicator Illnesses: pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer;

(b) defined AIDS as either

1. having an AIDS Indicator Illness, or
2. having a CD4 count of less than 200.

This is the first time a surrogate marker (i.e. CD4 count) has been used to define AIDS, and shows the CDC's recognition that CD4 counts are increasingly being relied on by doctors and patients to reflect a person's state of health. But there's one problem: the CDC states that a single CD4 count of less than 200 is sufficient to categorise a person as having AIDS. Often, a person who is seroconverting will have a temporary drop in CD4 count. If the count drops to less than 200, that newly-infected person technically warrants a category of AIDS — an obviously wrong conclusion.

At the moment, Australia, like the European Community, has no plans to follow the new definition, and will instead stick with the last CDC revision (1987). Perhaps this position will change. If Australia adopts the CDC classification scheme, it would allow many people access to social security

benefits who would otherwise have to resort to deceptive means to obtain them. It's no secret that doctors are currently forced to lie on behalf of their patients — people who for all practical purposes and reasons have AIDS but officially are not categorised as such because they haven't got the "right" symptoms — so that the patients can go on a pension or receive priority housing.

ddI vs ddC

AFTER A PERSON HAS FAILED AZT therapy, the next option is either ddI or ddC. The question of which one is better has not been adequately addressed, until now: the US Community Program for Community Research on AIDS (CPCRA) has just analysed a trial showing that ddI and ddC are equally effective.

They measured efficacy by number of people whose illness progressed, i.e. died or had a new opportunistic illness. 156 of the 230 persons on ddI progressed in their illness, compared to 150 of the people taking ddC. At the moment there is no information on changes in CD4 count.

The median CD4 count was 37 at the time of entering the trial and two-thirds of the participants had an AIDS diagnosis before entering the trial. This means that we can't generalise the results beyond this population, i.e. the results may not be valid for people with CD4 counts of, say, 500.

Cancer drug controversy

RECENTLY, THE MEDIA WERE ABLAZE with reports that people with cancer were being denied access to a potentially life-saving drug because the government refuses to pay for its use. Sounds familiar? The drug in question is G-CSF, known also as Neupogen or filgrastim.

People undergoing chemotherapy for cancer often experience severe deficiency of a type of immune cell called a neutrophil. The condition, called neutropenia, leaves the person wide open for opportunistic infections. G-CSF stimulates the growth of neutrophils.

What's this got to do with AIDS? First of all, neutropenia is also experienced by people with AIDS — caused by therapy with AZT or ganciclovir, or by chemotherapy to treat lymphoma. While not approved for use in people with AIDS, G-CSF has been prescribed to alleviate AIDS-related neutropenia, and the individual hospitals have been picking up the tab. They won't be able to do that forever, because G-CSF costs \$1700 a course.

The other issue raised is the more general one of drug funding. The G-CSF example simply shows that the funding problem hit cancer drugs before AIDS drugs. It's just a matter of time before an AIDS drug will be refused funding.

Treatments news from Lyle Chan

Autopsy update

THE ADB IMPLEMENTATION committee is currently working on a recommendation to ensure AIDS autopsy be carried out at each hospital requiring the service.

The recommendation, involving unions, hospital policy change and a complete change in the hierarchy and job responsibility for healthworkers in Anatomical Pathology Departments, will present quite a challenge for all those involved.

At this time autopsies are still being carried out at the City Morgue, funded by the AIDS Bureau of NSW. However this service cannot continue forever and the AIDS Bureau will cease funding at the end of this financial

year. At that time each hospital will have to start paying for each AIDS autopsy and no doubt the numbers performed will decrease dramatically.

For those readers who are not aware of the importance of AIDS autopsy, the most recent statistics from Professor John Hilton at the City Morgue show that in only 18% of autopsies done are the results congruent with the final diagnosis of the doctor who cares for the dying patient! There will be further updates in Talkabout on AIDS autopsy in upcoming editions.

— Tony Carden

BGF thanks you

THE BOBBY GOLDSMITH FOUNDATION thanks all those good hearted people who, by their committed involvement, made the inaugural *Shop Yourself Stupid*, on Saturday February 20, such an overwhelming success. Thanks especially to the 144 Oxford Street businesses who participated, the 150 volunteers and 88 entertainers who gave of their time and talents.

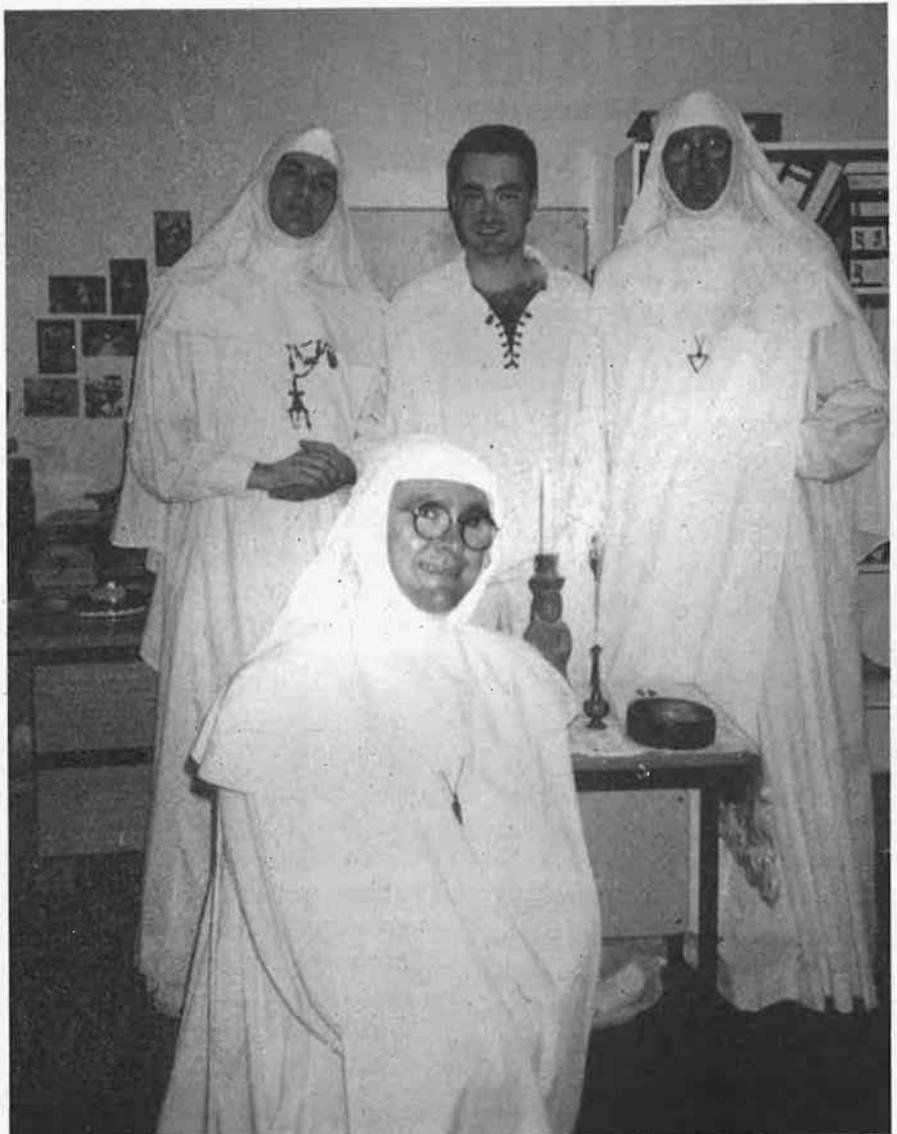
It will be a couple of weeks before we can advise the community of the amount of money that was raised.

Thanks to Vaucluse kids

IF THE SUCCESS OF HIV/AIDS education in the classroom has a measure the most shining example would certainly have to be Vaucluse High School.

Fostered by school HIV/AIDS Awareness Co-ordinators, Rita Nash and Glen Perry, these students have tackled HIV/AIDS education in a positive and progressive manner by forming a student HIV/AIDS Committee.

This committee has many functions, gathering knowledge beyond curriculum requirements



Big Sisters of Universal Joy and Fra. Michael of the Little Brothers of Positive Joy presided over the spiritual aspects of the PLWHA office warming on February 9th. Mothers Desiree of Light and Theresa Aurora Thunder lead the gathered faithful in an exorcism of demons such as the demon of "Do Something", from the new premises, and the welcoming of beneficent spirits such as the spirit of "More Than Adequate Funding".

and applying that knowledge within their peer groups (and beyond). They also act as spokespersons, actively fundraise for HIV/AIDS groups, and volunteer with many service organisations.

On Wednesday, February 18th, the activities of the previous year culminated in a special school assembly. The results of the year's fundraising activities were presented, in the form of cheques, to the Bobby Goldsmith Foundation, Kirkton Road Centre, the Community Support

Network and the Quilt Project. Each of these organisations is grateful to the students for their support, we cannot thank these students enough.

Perhaps some of the people in positions of power in the education system should take a long close look at the success of these student's activities and use this as a model for other schools.

Congratulations Vaucluse High and students, you are really changing the face of HIV/AIDS education for the better.

— Terry Thorley

Talkabout

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DEADLINE FOR THE NEXT ISSUE

March 15

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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Committee News



PLWHA Logo competition!

YOU MAY HAVE NOTICED THAT PLWA NSW has now become PLWHA NSW. Accordingly, our old logo is now out of date, and we have decided to have a competition to find a new one.

There aren't any entry forms, just put your imagination to work, put the result on paper and send it in to our office, where a highly qualified team of professionals (probably the PLWHA committee) will agonise over the result.

Yes, there will be fabulous cash prizes, no, we didn't expect you to go to all that hard work for nothing! The amount is currently being negotiated. Sponsors will be announced later.

Requirements:

As the logo has to be reproduced quickly and easily, it must be in black and white.

The logo will feature on the PLWHA letterhead, so must be an appropriate size to fit on the top of the page, including all the relevant information. (Call Annella on 361 6011 for a copy of our current letterhead.)

Make sure you don't send us your only copy, as it may not be possible to send the entries back. Also, make sure your entry is clearly marked with your name and address. It would be good if you could include examples of the logo's use, such as a mock letterhead, but this isn't essential.

The logo must be representative of the aims and work of PLWHA.

You don't have to be a Picasso or a Michelangelo to enter. Give us the best effort you can, and if

we need to, we can get Pablo or Mick to provide the finishing touches.

Entries must be in by Monday, April 5, and the winner will be announced at the PLWHA AGM on April 19.

If the judges fail to reach a decision, a professional designer may be called in to provide an appropriate logo, so make sure that you think of something really terrific!

Organ recital

ON FRIDAY 12 FEBRUARY, DAVID Kinsela, Organist, and Jeannie Kelso, Soprano, held an evening recital with the proceeds going to PLWHA. Although attendance wasn't high, the evening was extremely enjoyable and raised nearly \$200 towards the purchase of a photocopier for PLWHA. Our thanks to David and Jeannie for their marvellous efforts.

Office warming

FRIDAY 4 FEBRUARY WAS THE official PLWHA Office Warming. Although temperatures were in the high 30's, and the air conditioner wasn't working (we now have solved the problem), we had a great turnout with many guests, members and friends enjoying the refreshments.

The Big Sisters of Universal Joy and the Little Brothers of Positive Joy provided a rather exotic blessing, and much casting out of evil spirits was performed by all. The office is now graced by an official declaration that it is now a consecrated citadel and I'm sure that this is having a continuing beneficial effect on our service to our members! Raffle prizes were

donated by Peter Hornby, Remo and Natural Alternative Health Food. Thanks to you all for your support.

Thanks

OUR ESPECIALLY WARM THANKS TO Michael Taylor of Taylor Made Travel for his most generous donation of a 'baby' photocopier, the (almost) cutest thing you'll ever see, and a couch and a desk for the office.

While we aim to ultimately own a real whizz bang number, this little cutie is proving to be a lifesaver. So, all you travellers, go and see Michael when you're planning your next sojourn in San Francisco, and tell him we sent you.

Also, thanks to Neil Sanderson for his donation of a couch for the office. This will be put in the visitors area, so when you come up and see us sometime you can really relax in comfort while you browse or chat.

Thanks again to all those people and businesses that have supported us. Natural Alternative at 92 Oxford Street also offer a discount for PLWHAs and Mardi Gras members, so whenever possible, support those who support us.

Complimentary

SUBSCRIBERS WILL FIND A COPY OF *With Complements* enclosed with their *Talkabout* this month. *With Complements* is a quarterly newsletter about alternative and complementary therapies. From now on we will be mailing the newsletter out with *Talkabout*. If you do not want to receive it, call 361 6750.

April AGM

THE PLWHA ANNUAL GENERAL Meeting will be held Monday, April 19 at 6.30pm at the PLWHA office, Suite 5, level 1, 94 Oxford Street. All members are invited to attend.

Tribute

Bill Hathaway
5.12.65 - 6.2.93



Bill Hathaway, (left) with a friend at the Fifth National Conference last November. PHOTO: JAMIE DUNBAR

MANY PEOPLE WITH HIV AND AIDS knew Bill Hathaway. Bill was the first HIV Education Officer at the Victorian AIDS Council. As such, he was well known to many people with HIV in Sydney.

Bill had many claims to fame — *Outrage* cover boy, ACT UP activist, sexual adventurer...

He was one of those brave people to be open about their HIV status. He did this in Melbourne at a time when not many others had done so.

The dedication at Bill's funeral read

"Bill Hathaway, a man whose life was shortened by an epidemic that is affecting the entire cultural and social history of the world.

Bill became angry at the lack of perception of many, and the fact that those with AIDS did not have the time to fulfil their life dreams and ambitions. Bill fought for what he believed in and was unafraid in the face of adversity. He stood up for the truth.

Occasionally Bill's anger was misdirected, but in the end you loved and respected him. He gave love and inspiration to many. His life may not have been long in the span of time, but he achieved more in a short life than many of us could achieve in two life times..."

Amongst Bill's group of HIV-positive friends in Sydney the words used to describe him were intelligence, commitment, outrageousness, funny and cute.

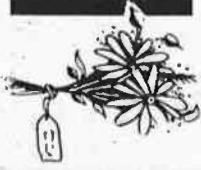
Bill developed a peer support program for people with HIV in Victoria through the VAC. He also was heavily involved in a positive sex campaign run in Melbourne.

Bill was involved in the formation of ACTUP/Melbourne and in much of its fundraising and political activities.

The theme of Bill's funeral seemed to be unity and on-going commitment to the fight against AIDS.

— Ross Duffin

Tribute



Leggs Galore (Kliphe Gillard)

THE FABULOUS LEGGS GALORE, who died on February 6, played a brief but significant role in the history of *Talkabout*. On April 9 last year, Leggs launched the new monthly *Talkabout*, with the assistance of members of the Order of Perpetual Indulgence and Little Brothers of Positive Joy.

This was one of many occasions at which Leggs lent his talents in support of his community. In his eulogy, Bill Whittaker said "Kliphe not only entertained the gay community, he gave much more to it. He did a lot of fundraising for AIDS and other causes. . . .

"Kliphe never missed an opportunity in his shows to promote AIDS awareness, to promote safe sex and to speak out on issues like bashings of gay men and lesbians. He did a great deal to promote awareness and self-esteem in the gay and lesbian community. He set a high example for others to follow. . . .

"Kliphe was loved and admired by so many in the entertainment industry. Many of you cared and supported Kliphe in his fight with AIDS. This was never so clearly demonstrated than at the benefit for Kliphe at the Midnight Shift recently, where so many turned up to show their love and support for Kliphe. . . .

"Kliphe lived through over a decade of AIDS, and although he has died, he has done so in the knowledge that his community, the gay community, has not been



Leggs Galore launches *Talkabout*. PHOTO: JAMIE DUNBAR.

defeated by AIDS, and, quite the contrary, we remain stronger and determined to grow stronger. I am sure Kliphe found a lot of joy and satisfaction in that fact before he left us. And we should all share

in that.

"In conclusion, let me say that we will all remember Kliphe with great fondness and with a smile."

Kliphe is certainly remembered in that way here at *Talkabout*.

An Introduction to Meditation and Buddhist approaches to living and dying for People living with AIDS and their carers

Maitreyabandhu, an Englishman and an ordained Buddhist, with much experience in leading workshops for gay men and HIV positive people, and their close companions, will lead a weekend workshop to explore the practice of meditation, relaxation, and ways of increasing emotional positivity.

Dates: Sat & Sun 27-28 March 1993

Times: 11am - 5pm

Place: The Sydney Buddhist Centre (up 2 flights of stairs no lift).
806 George St, City (near Central Railway)

Tea and coffee and a vegetarian lunch will be provided.

No charge, but a donation to cover costs would be appreciated. For more details ring Chittaprabha 958 4705 or Caroline 810 6042 (h) or 805 9931 (w).

Talkback



Youth talk

I RECENTLY ATTENDED A MEETING at ACON to raise the issues concerning AIDS awareness amongst youth. Although the meeting seemed to go well and various positive points were raised, it left me feeling somewhat frustrated that more wasn't being done as far as the needs of youth were concerned.

It would seem that although AIDS has hit both the gay and straight communities, youth as a whole have been neglected in as far as it's priority has never been very high amongst AIDS based establishments. No one in these so called establishments seems to be doing what is required for either negative or positive youth.

As far as I know there has never been a song written about HIV positive youth although some musicians have touched on the subject. This inspired my feelings and frustrated emotions about youth's priority which in turn has led to this song.

Jason Nolan

Large reward

TO ANYONE WHO CAN PERSUADE Matt Bradshaw to stay on this side of the Nullabor plain. Matt has moved to Perth, where he will be producing the WA PLWHA newsletter. He can be contacted c/o the SIDA Centre, 257 Walcott St North Perth. So long Matt, and thanks for all your work for *Talkabout*. Don't forget us!

We welcome your letters.
Send them to:
**Talkabout, PO Box 1359
Darlinghurst, NSW, 2010**

Help is vital

*Swear the sky turned grey
The day that message came my way
When I found out I'd never see my parents die
Swear I didn't know just how much
Further I could go
I'm just a young boy and I made my mother cry
And I didn't know just what was there for me
And it felt like the whole world deserting me*

*I said I'm here don't forget me
I said I'm here and I'm not going away*

*Watched my family flee and watched
My lover desert me
And just because I wasn't perfect anymore
Saw them disappear without
A sympathetic tear
They thought they'd beaten me but I had so much more
When it came down to the choices of my life
All I knew right then was that I would survive*

*What made it harder was my age
What made it so hard to take
Was the fact that life was still a mystery to me
All the older boys had everlasting memories
And I wondered who the hell would now miss me*

*What is it they say you choose your
Friends around your age
But not your family well that's all right with me
But friends they come and go and some will
Beat you to the throw
And you'll remember them by letting others see
That the lives of youth are hanging in the hands
Of the Jaded aged who look down from where they stand*

*I said I'm here don't forget me
I said I'm here and I'm not going away
I said I'm here and will make you notice
And here I'll stay till nature has it's way*

Words and music: Jason Nolan

Womantalk



To mark International Women's Day on March 8 Talkabout publishes this herstory of Sydney Positive Women. Jill Sergeant talked to Vivienne and Annie, two founding members of the group, about how Positive Women started, its role, and whether or not women living with HIV are beginning to come out of the closet.

Jill: How did Positive Women start?

Annie: It was about May 1989 that we met through Pamela Blacker, who was working at ACON.

Vivienne: Part of her job description was to get positive women together, which was exactly what she did.

V: I'd met Pam a couple of years before, when she was at St Vincent's. I heard about the group on the radio, and I hadn't had any contact with anyone apart from her, ever. I'd really liked her, so I wanted to meet her again. I didn't go because I'd meet other positive women, I went because I thought I'd catch up with Pam. So I went that night. You were there that night too, you brought your sister.

A: Yeah, well it was pretty creepy you know, I'd never ever touched base with anyone at all, male, female . . . no-one that was HIV +, or in those days "had AIDS" — I don't think we were even using the right terminology back then.

My daughter was born with my antibodies to HIV, so I spent a lot of time at Prince of Wales Children's Hospital (POW). I was doing so much for my child — she was only 18 months old. It was January 1990 that it was handed down she was no longer HIV positive, but right up to when the group was happening, and for the next six months or so, we didn't know. Because I spent so much time at the hospital, the people there were saying, "well what are you doing for yourself?" As far as I was concerned, I was doing everything for myself by looking after the child. In fact it was Dr Zeigler who put me onto the group.

There were only half a dozen of us that first night. We were all from different walks of life, which was great. Some were IV users,

some were hetero, we didn't have any medically acquired initially, I don't think, but we were all very different. I don't know for you, but certainly for me, within the hour there was a unity there that . . . I'm getting goosebumps thinking about it. You can't possibly imagine, when you've been isolated for so long, and insular, what it's like then to sit in a room with half a dozen other women who are all the same as you, having the same virus. For

I remember one meeting I went to and there were a dozen women there, it was just amazing. I was looking around the room and I couldn't believe all these faces there.

me it was like . . . I don't know, I don't have the words for it . . . a whole new world opening up again.

V: After going to the group, because I hadn't talked to women or brought up issues about what was happening with me, quite often I'd have anxiety attacks, like I'd never had before. I remember really starting to look at these issues and freaking out and spending sleepless nights, whereas before I hadn't even dealt with all of that stuff. So once I did that I started gathering strength and seeing other people gather the strength to be able to tell their family. There was one woman who hadn't had her children tested, and she got the strength to go and do that.

A: The strength that was derived from each other was just amazing. And the nice part about all that is that those ladies, of the ones who are still alive, we still have that strength with each other. It's very ongoing, it really is a bonding.

V: We had quite a lot of people coming and talking to us, we got

doctors and lawyers, Petrea King came in. We'd been sitting around for ages wanting all this information, and then we said right, we want this, this and this, let's go for it. And it was great. We met at the Bobby Goldsmith office then and when they moved, we started meeting at Maitraya and we stopped having Pam and Kathy Casey facilitating. That's when we decided to be autonomous, we opened the bank account, and we got the logo happening.

J: How did it grow from there?

A: It really fluctuates. I remember one meeting I went to and there were a dozen women there, it was just amazing. I was looking around the room and I couldn't believe all these faces there. Our group remained about the same six or seven people for some time. And by

the time the new women were starting to come on the scene, I was a bit exhausted, from having done the group for some three months on end, constantly.

V: Some of us did the facilitator training, and I was facilitating a group, and then there was something else I was doing one night a week, and from having done nothing, I ended up doing too much and I had to back off, and I stopped going to the group. I think other women did that too.

A: There was a bit of dissension in the camp. Different people have different ideas on how they want things run, and that's fine, but you have to find what does work, and it's hard work. And we worked on the Positive Women video last year, we had someone working at ACON, we had someone else working at Badlands, and the interaction of working and trying to derive the support is difficult, because where do your allegiances lie? When do you stop being a worker for the cause, and become the cause? It's very difficult.

I know for me, with the video, it drained me so much that I got to the point where I never wanted to walk into another support group in my life, for the very reason that it was just too much. That's what happens if girls work too closely within the area, they burn out. At one time we started to have this bickering, and we lost a bit of that reality of what the support group really was all about, because we were bringing business into the meetings.

We also had a few problems in the group at one time because we decided that women can't come to the group drug fucked, because there's women in the group who are in AA and NA, and it's not fair. They can't come to the group and smoke, because some of us can't tolerate smoking. And that puts a lot of people off.

V: There's also one thing that is really important. At one stage I think there were about four or five dykes in the group, and about three or four heterosexuals, so there was a majority of lesbians. One of the lesbians really wanted to start a group of her own, of lesbians. All the other women felt that there were so few of us that we couldn't start separating ourselves, and that because there were other dykes there that most of the issues that would come up could still be resolved within that situation.

I felt quite hurt actually, because I could understand — and yet I couldn't understand. Then one night I had a conversation with her and the reason she wanted a lesbian group was because she felt that within her community, she could go to a dyke doctor, she worked with dykes, she reached to her community for her needs and her support, and it was the only thing that she had to reach out of her community to get. And she wanted her community to realise this and to take it on. And when I looked at it from this point

of view, I could understand completely.

Now the lesbian community has started looking at those issues. I feel really grateful to them for taking up certain things and making it easier for me. They have blazed the trail, so to speak, around things like dams. Even though now they're beginning to be looked on as 'for dykes' rather than simply for oral sex, at least they grabbed them and did something.

With the women that were there in the beginning, I think we created a bond. There were only a few of us doing advocacy work then, and when we started doing that we stopped going to the group and got our support from each other on a more individual basis.

We're not meeting now, we haven't met since Maitraya moved last year. At the moment we're at the stage where a couple of the women are committed to facilitating and setting up a new group and then let them go for it and see how we go from there. It is important to keep it going, I know how much I got out of meeting other women. You give each other that understanding that you just can't get anywhere else.

J: How many women do you think would have come in contact with the group?

V: We've got a mailing list of about 25.

A: As they come in contact with us we ask if they want to be on the mailing list. We encourage them to, because if they don't want to come to the group, or can't come for some reason, at least they're getting something.

V: We usually send a letter from the ACON Women and AIDS Project, and whoever's doing the mailout will try and write a bit about any gossip or any news that's happening. Also invitations, usually any new information that gets sent to us, brochures, media releases.

J: When did you start making con-

nections with positive women's groups around the country?

V: After the National Women's Conference in June 1991. Before then we had met a couple of women from Melbourne, but it really started happening after the conference. It was after that that we started the national newsletter. Sydney did the first one, Melbourne did the second one. I think doing the video and the booklet also brought us closer together.

The video took a lot out of the Melbourne women. I think it did us all in really. Also we've had a lot of deaths. Melbourne had their first death last year, and we've had four or five — not only of the women, but partners too.

When I started going to the group I didn't go in thinking I was going to be empowered, but I also didn't think I was going to see people I have come to know and love die. I think that was one of the hardest realisations.

A: I think with women, we have so much to do, especially if you're a mum. Before you even get out of bed every day, your day's already started. I know with just having one child it's exhausting, it really is. In the days when the group first started, I was living with my parents, and it was easy for me to leave my little one with them and go out for hours and derive the support, be with my buddies. But once I moved out, it was so difficult. It just became too much for me.

V: Also, being a parent, it's hard to find time to care for yourself. It's the last priority.

A: Well that's how I started with the group, when the doctor said, "what are you doing for you?" That's so true, what you just said.

V: I think one reason that the women, even though we're not meeting, have come out more is because we are becoming more political and seeing the bigger issues that need to be worked on

and become more visible for people to respond to them, like drug trials. I think that the fact we've got that strength and protection from each other has made it easier for us to get up on stage and 'come out'.

A: But it's very frightening for the newly diagnosed women, and it always will be. I personally don't have the strength any more for new women. I'm at a bit of a low myself. I think the support group was the best thing that ever happened to me, having been diagnosed with HIV, but unfortunately I can't put myself into a position where I can recommence that.

V: I think women who are diagnosed now have a lot more support than we did. They're put in touch with a lot wider range of supports. But when we met, we had nothing, we were desperate, and so perhaps we formed a stronger bond.

A: I agree with you totally. I strongly believe that support for women should be ongoing, but I get a bit angry that people who've been working in the field seem to think that because we've had this support that we should be giving and providing this same thing for the new women, and that's really taxing. Just this morning I was more or less cross-examined by somebody at Albion Street as to why there is no support group now and where are all the women and why aren't they being supported.

V: But a lot of places never refer women to us. Because we're not a professional organisation we're not seen as valid.

A: It's like we're just a support group, we're just a few people that kicked something off a few years ago. That's what hurt me a bit, because I thought, well what the hell are you doing, besides ripping blood out of our arms? It does go a lot further than that. If women don't get referred by their doctor,



or their counsellor, then how are they going to know what's there for women? I think if they start installing things for women like the new women's clinic at Albion Street (see page 19), then it might be possible for Positive Women to have something in conjunction with the clinic, like a lunch.

J: Is there anything more you wanted to say about why positive women are coming out more than they did a few years ago?

V: I'm still very precious about my status. I'm careful about who I tell and I only disclose my status when I feel comfortable.

A: There's very few who have come out, and there's a few who've gone back in again, because they've been overworked.

J: But what about within the HIV community? Like at the National Conference twelve women got up on stage...

A: At a national conference — no-one's going to be there who's not AIDS oriented.

V: It wasn't easy. We deliberated over that for the whole conference. There was one woman who was in tears, she really wanted to get up, but she felt worried about it getting back to her community. There's that thing of having children too, that it comes back on them. She ended up doing it, getting up there and thinking, so what, I'm going to do it.

For me, it's always been a double edged sword, I've wanted to stand up and be counted, but it's not just

me, I've got children, it affects other members of the family. I've really desperately wanted to, knowing how important it is to have that visibility, but at the same time not been able to be visible. I think being with each other, and being able to do it together, has made me much more confident.

J: Last year, there was a banner at the International Women's Day march that said "Positive Women and Friends", that's like a first step isn't it, to be there with your friends so that nobody is identifiable?

A: Oh, that was a big step out actually.

V: Also it was a safe environment. We had the banner at the Reclaim the Night march as well. There's safety in numbers.

We're trying to create a safe space for newly diagnosed women. I think it'll happen.

In the last month there's been about four women who've wanted to come to the group.

There was one woman who we met at the conference, she'd been diagnosed four or five weeks, and she'd joined the support group, gone to the conference and was up on the stage, just like that. It took me years to take those steps, and she was right in there. I think because there's the video, because there's all the information and the other supports...

A: Yes, and because there was a positive women's stand at the conference — not only was it there, but when people walked in, it was the first one they saw. And you could see people's faces when they walked in, wow, Positive Women have got a stand. Not that it was overly organised, but it was there, it was great. It's the old story, crawl before you walk, walk before you run.

Positive Women can be contacted through Vivienne Munro at the HIV Support Project or Lisa Brockwell, Women and AIDS Project, at ACON 206 2000.

After the campaign

The National HIV/AIDS Anti-Discrimination Campaign finally went to air and into print in mid January. Now that it's history, Talkabout decided to ask some of the participants how they felt about the campaign now, and what sort of feedback they've had about it. The interviews were conducted by Robert Ariss, Jill Sergeant and David Urquhart.

Rodney Junga

THE RESPONSES I'VE HAD HAVE BEEN GOOD. They're mostly from people I know. They say things like "it's a good photo of you in the ad", or "the campaign was done really well". Some people have come up to me, like at Sydney airport someone asked if I was the guy in the ad. A barman in Sydney bought me a round of drinks.

My family think it was good that I did it. They're all AIDS literate now because of my AIDS work and because of the campaign. I've also had a good response from positive Aboriginal people, like a few I know now feel more confident to access the services that they should be using.

Gabby McCarthy

I WAS HIBERNATING WHEN THE ADS were on TV, so I didn't get a lot of feedback from people who knew me. Then I bumped into a couple of people on Oxford Street and got "Oh darling you were fabulous" type comments.

The reactions I've got up here (Queensland) have been okay — like a friend of my brother said "Great, it's about time. So many people have said "it's about time" — it's good to know there are lots of people out there who think that. I was flicking through a local rag

the other day and Bruce Brown's ad was in that.

Because we spent so much time waiting for it to happen, it's almost been an anti-climax. I feel there could have been so much more happen around the campaign to make it more effective. The whole thing was marred by the bullshit we had to go through to get it on air.

Paul Bannister

FOR A CAMPAIGN THAT WAS SUPPOSED TO BE A SATURATION CAMPAIGN, the ads were on too infrequently. I work in TV, and a saturation ad is one you play from 7.00 in the morning to 9.00 at night, in every commercial break. But you were lucky if those ads were on once a day per channel.

Lots of people didn't even see them. Half the people that I know, and that's quite a number of people, haven't even seen the ads. Although, those who did were quite positive about them and it made a lot of people talk and think, which is better than nothing.

I felt they were quite good, they were effective, they set out to not categorise people, and they didn't do that. They did show people from all walks of life, and from that point of view, they were great.

I would have liked a bit more confrontation. They were a bit

soppy. But I don't know what I would have changed about them.

Tony Carden

I HAVEN'T HAD ANY NEGATIVE responses at all, neither has anyone in my family. My sister (who was in the campaign) and my mother have both received numerous telephone calls, letters and personal approaches from friends and strangers.

I received a letter from a young girl, who's studying law. She's now decided to volunteer with the ACON Legal Working Group, and get more involved.

So not only has the campaign been successful in combating discrimination and fear of discrimination, it's also been successful in inspiring people to become involved who would not necessarily be involved.

There's a certain amount of people out there who discriminate only through lack of knowledge, because they've been misled by the media or by friends. I've been told by people like that that if only they knew there was no threat to them they wouldn't have felt that way. They needed to be told the truth by someone who has AIDS. It's much stronger, coming from the mouth of someone with AIDS, than from a story in the media. That small group of people were

brought on side by the realistic and sensitive way the campaign handled the issue.

One young guy walked up to me in a restaurant and told me he was HIV positive and had left work because he was afraid of being discriminated against. I told him that such discrimination is now illegal, and that he didn't have anything to be afraid of. That was a direct result of the campaign - seeing a person he could approach on the street and talk to and confirm that there was nothing to be afraid of. If that was the only positive outcome of the campaign, that would be enough. But there are many stories like that.

Robert Walmsley

What reactions or feedback have you had?

Very positive. I actually cut the ad out and pasted it on the notice board. Also the University News is doing a story on me because I've linked the campaign into research that I'm doing with Dip. Ed and B. Ed. students to discover their knowledge of and ability to teach matters relating to HIV/AIDS. I think that that's valuable as it gives the issue a high profile within the university.

The photo of me is taken looking through a group of my students. They volunteered to be a part of the photo with the knowledge of what it was all about. Involvement in the campaign gave me an opportunity to be open about my HIV status with my students.

At the same time, I think that I'm not the best subject for an anti-discrimination campaign as I don't think I've experienced much discrimination. I say that in the ad. Sometime I think people who are hidden and closeted leave themselves open to discrimination. That may be a rough judgement.

What about your social circle?

No problems. Everyone knows I'm positive anyway. In fact, I



actually had a number of people who I hadn't seen for a while ring me up and say, "Congratulations. It's really good that you did that".

Family?

Again, no problem. Mum and Dad are in their 70s, so I don't talk to them much about being positive. Though I did tell them about the ads. They know that I'm involved in AIDS work. The rest of the family was fine.

My final comment is that I'm really pleased I did it if it helps break down discrimination.

Jacques Monroe

I'VE HAD SOME VERY POSITIVE responses in some very surprising places, for example in a shop in Buledelah in country NSW, a few people recognised me from the campaign and said positive things like, "you're very brave", "it was a good ad", "I saw you on TV".

A few negative friends thought I was a bit mad to do it. They suggested it wasn't necessary to

do the campaign and I might have been putting myself at risk of discrimination. But nothing negative has happened as a result of the campaign. I think maybe some of my negative friends don't understand the implications of discrimination. My positive friends have been more supportive.

Bruce Brown

ONE OF THE MOST NOTABLE THINGS is the very little feedback — almost non-existent — that there has been. The only feedback I've gotten has been "that was a great picture of you", other than some activists who've echoed my own sentiments about the campaign.

I think it was good that it happened, and it was a world first. The agencies were very respectful of the participants and were very thoughtful and kind to us.

But the ads, particularly the television ads, were incredibly weak. I actually got really angry at the launch, when I watched the

ads, there is nothing there! It totally ignores the major cause of discrimination in this country, which is homophobia. Most of the people in the ads were gay, but they are not identified as gay. One ad showed two men who were supposed to be in a relationship, but the moment that showed them touching was cut. The ads used types—which we had not wanted—so I was the activist type. But they cropped the photograph so that you couldn't read the name of the organisation I worked for—ACT UP.

If you're going to do a discrimination campaign and refuse to identify activists, and don't identify participants as gay men, you could say the campaign itself is discriminatory and homophobic.

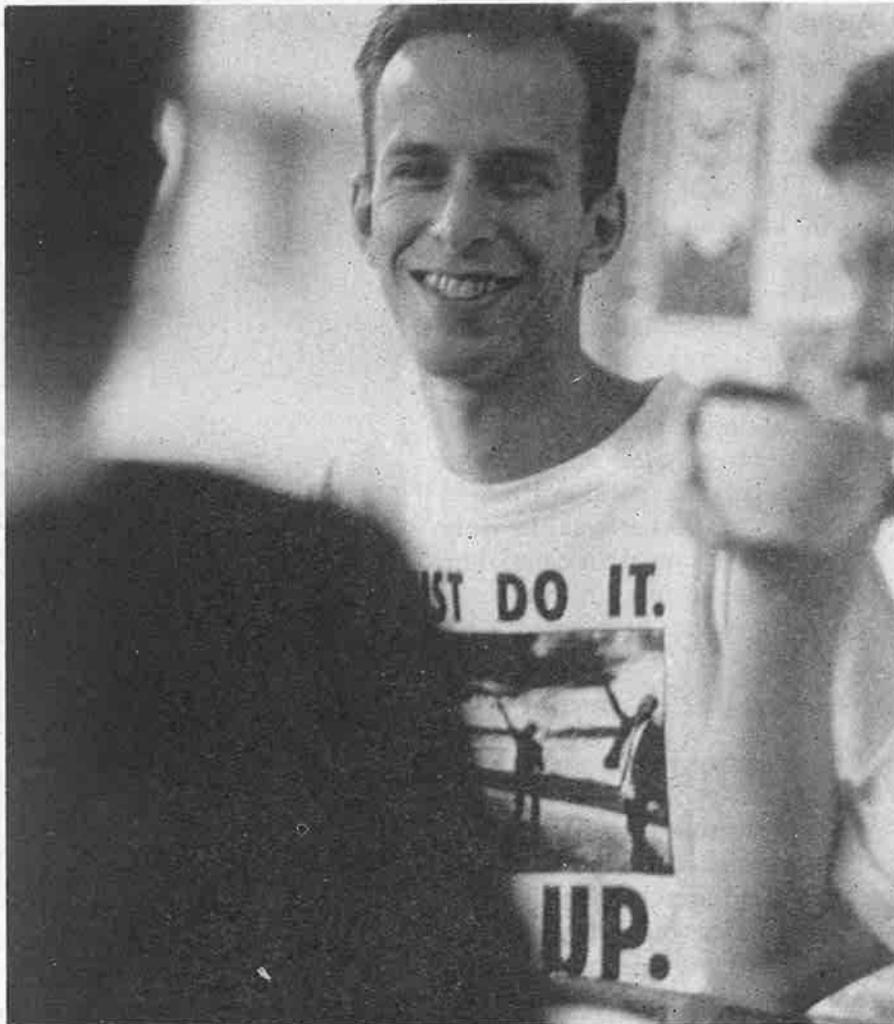
I think we should have had a lot more for two and a half years work and \$2 million. I'm sorry, but I have to be honest. We need a lot more campaigns, hot on the heels of this one, to counter its serious weaknesses. It claimed to be about fairness, but the campaign doesn't say much about anything at all. It's totally insufficient.

I was paid to appear in it, I signed a contract and I could have vetoed the final copy of my part. I didn't, but I also have a right to my personal feelings. I've tried to think about it and look at it from different points of view. But it still makes me angry.

Wayne Holt

How did you react to seeing the ads in the press?

A bit scared because I work in the deep suburbs. The staff where I work were marvellous: the Deputy Director-General told me that what I had done was courageous. The photo and story that the *Sydney Morning Herald* did on Gabby and myself had a much bigger impact. Some morally conservative people in the



building cut out the article and walked it around the entire staff. There was no real flak at work, though suddenly a lot of people were very silent.

About 80% of my friends were really good about it and the other 20% seemed to be threatened by my conscious decision to be public. I think a lot of gay men treasure that sense of privacy. A number of HIV positive friends who seem to feel that I'm wearing my HIV status on my sleeve are, I believe, of a mindset where they want to crawl back to some perceived security blanket.

I think this campaign has put a lot of positive pressure on professional associations and insurers that the government and the public are aware that there is an issue here and that they have to maintain professional standards of conduct.

Are you glad you did it?

Yes. If I had to reflect on my time one of the things I would like to have done would have been to make the situation better for myself and others. That makes me feel good about my involvement. It was one of those things about confronting fear, which was important for me.

I've had people get up and walk out of bed; I've had people walk out of bars and restaurants. Eventually you get to the point where you think, "I'm a human being. I don't have to put up with that". There should be an expectation in the community that people should be treated equally. By and large it's a human rights issue and I'm very proud to have been involved in the campaign on that level.

CHAPTER 17

by Ms. Ada O.

Divided Loyalties

WAYNE LOOKED OUT FROM GUEST house windows, over the jewelled waters of the Barrier Reef. He and Robbie had decided it was time for time out, and had found a way to go *yob*, and headed for northern Queensland. After the traumas of that gathering of the clan, Mardi Gras, it was what they both needed.

Wayne wondered how over the years Mardi Gras had turned into a weird though queer version of the heterosexual Christmas (a ghastly, social, 'family' endurance test that could not be avoided).

Poor Robbie, he recalled, had taken to heart the failure of their attempts to erect a scale model of Bohemia Apartments on the back of a truck, as had some of the other Bohemians.

Flash in the pan, really, thought Wayne. No one ever remembers much of that night.

For himself, Wayne had decided to march with ACT UP. Robbie had barely forgiven him that disloyalty, but a dose of mind-wrenching amphetamines and a long hard dance through the night had done wonders to smooth their relationship over.

Wayne couldn't help worrying about what such a marathon of indulgence did to his liver.

Flashbacks

ROBBIE HAD BEEN SITTING IN the shade of some palm trees through the heat of the afternoon. As the sun set he wandered back to Wayne and the guest house. The sound of cane toads mating hardly disturbing his reverie.

Looking through the valley mists at the golden clouds he had



almost forgotten the humiliation of Mardi Gras. The residents of the apartments had laboured for a week to construct a huge *papier maché* representation of Bohemia. But it had fallen to pieces in the galeforce winds between Elizabeth Stand and Whitlam Square, to the flash of hundreds of Japanese built and operated cameras. The Japanese tourists had no doubt thought it part of the show, and were all grim-faced in their attempts to understand the meaning of this festival, one of the world's largest, annual, outdoor events.

And that traitor, Wayne, recalled Robbie, marching with ACT UP! But Wayne was so good-natured, if a little heavily built, that Robbie

had eagerly agreed to the idea of time out. Total forgiveness was another matter.

They were staying at one of the subsidised houses occasionally available through QUAC. Their holiday was almost over, for tomorrow they returned to Sydney.

Little death of strobes

LEONARD SAT ALONE WITH HIS piano, idly tinkling. Their Mardi Gras fiasco had not deterred him from wanting to be a part of Bohemia Apartments' thriving social scene. But when Nigel didn't come home for three days after the party, and then still hadn't left his own apartment for three more days, Leonard began to fret.

Leonard didn't really approve of drug-taking. After the parade (where they had ended up each carrying a piece of their disintegrated float, though the little frocks Beryl had sewed for them, and the make-up from Rouge's sampler collection had made them feel quite the part) he had gone to the Party for an hour or two, but the flashing strobe lights had brought on on one of those minor, almost migraine headaches, which given his history of epilepsy he took quite seriously.

That night Leonard had gone home early to his bed — alone.

Wandering into the kitchen to make a cup of tea, Leonard decided it was high time he and Nigel had a talk about relationships.

Zing!

NIGEL FELT SLEAZY. NIGEL FELT guilty. Nigel felt really gooey in the stomach. Lying in bed, blinds drawn, he couldn't think why a few beers and four eckies had turned him into a slut. But it had happened.

Zing! Another terrible flashback



of that fateful Mardi Gras night came crashing in on him. *Had he really done that?* he thought.

Nigel hadn't seen Leonard in a week, and the time was coming for the serious talk about . . . zing! *Had he used condoms?* he wondered. Zing! *Who was that 6'6" African American?* Zing! *Had he really marched through the streets in a little pink frock with make-up on?*

Fitfully, he dozed off into a semi-sleep.

Hours or days later (he wasn't sure of time any more) Nigel was startled into consciousness by three thunderous raps. It had been raining constantly for as long as he remembered, and the lightning flashes competed with those he was experiencing since the party drugs.

Groaning, Nigel levered himself into an upright position, and staggered into the lounge room. Suddenly he realised the thunderbolts were not the weather, nor were they produced

by his still jangling neurons: there was someone at the door.

Mother knows best

BRAD SAT IN THE BACK SEAT OF A taxi listening to his mother chatting inanely to the driver. He was sick of the sound of her voice. He was sick of taking pills. He was sick of feeling sick. Brad was irritable.

They were heading for the 'home' she had been talking about. The 'home' they had argued about for the last two weeks. He had finally giving up resisting. He might have a stubborn streak, but it was nothing compared to his mother's. They were just coming for a look. It was entirely up to him.

"I spy with my little eye", she said over her shoulder. "Something beginning with . . . blue!"

Brad didn't respond.

"We're almost there, Bradley," she continued undeterred.

The taxi took a sharp turn off the main highway and drove down

a poplar-lined road. The sun was low in the sky and shot erratic shafts of light through the poplars into the car.

At the end of the drive the taxi pulled up in front of a large edifice. Brad looked up at it dispassionately. He recalled a scene from the film *Francis*, and, looking around, he was sure he could recognise aging movie stars in Ray Bans tucked up in old cane day beds on the lawn.

A brusque-looking man in a white coat tripped down the front steps and approached the taxi. Beryl wound down her window.

"Hello," she began.

"We've been expecting you, Brad," the man replied opening the car door for her.

Seizing his chance, Brad jumped out of the back seat.

"I'm Beryl Lewis," he chimed in his highest voice, while adjusting his pill-box hat. "Please be careful, sir. My son's not dangerous but he is just a little confused."

TO BE CONTINUED

Virginia Furner, a doctor at the Albion Street Centre, spoke to Jill Sergeant about health issues for positive women. This interview will be published in two parts.

THERE ARE TWO BASIC ISSUES to look at in relation to HIV positive women's health: the gender specific conditions; and the comparison between HIV positive men and women in terms of their disease.

Two of the main women specific issues are whether or not women with HIV get candidiasis (vaginal thrush) more severely than HIV negative women; and whether cervical dysplasia (early cancer changes on the cervix) occurs more frequently, progresses faster, and is more difficult to treat in HIV positive women.

The issue of whether AIDS defining conditions in women should be recognised as different to those in men has been very much directed by the American experience. Amendments have been made to the original Centre For Disease Control (CDC) classifications and bronchopneumonia and pelvic inflammatory disease (PID) are now AIDS defining conditions.



Equal health opportunities

A difficulty arises as to whether the American data and experience applies to Australian women. As I understand it, what is happening in the United States is a reflection of women's lack of access to good health care, for example, African American women often have very late and inadequate access to medical care and their HIV infection progresses faster.

The whole social and medical setup in the United States probably gives a different medical perspective on women's health

than what we see in Australia. Having said that, I don't have all the data on Australian women so that I can say, well this is what the Australian experience is. We need to look at our own experience and to get better data on Australian women, particularly in relation to women specific conditions, their general response to treatment, and in relation to the survival of HIV positive women.

The doctors who are seeing most of the women in the capital cities have formed a collaborative group to pool information and look at the issues. Initially we'll be collecting the epidemiological data and then later on looking at the clinical data and doing research on specific women's issues.

If you compare men and women, the question is: what conditions do women seem to get more often than men? Certainly, oesophageal thrush occurs more frequently in women, but most of the other AIDS conditions are much the same.

The other question is: do women survive less time than men, once they've been diagnosed as having AIDS? There was a paper presented at Amsterdam that

showed that women whose CD4 count is below 50, tend to survive less time. It has also been suggested that perhaps women progress to AIDS four times faster than men. I haven't seen any information in relation to that. I'd like to see the data supporting that figure.

One of the main issues today, for a woman who's HIV positive, is having access to a user friendly service, so that she feels comfortable that the service is meeting her needs as a woman. It's a matter of what's available. Obviously some women will choose to go to their general practitioner and some to HIV/AIDS clinics. Services like Family Planning provide HIV testing for women.

We see a number of women here at the Albion Street Centre and in the future, every second Tuesday morning will be totally dedicated to women's services for both testing and ongoing follow up. If we need to extend it to every week, then we will. In the past we've only had a very small part of the morning dedicated to women, because there wasn't the demand.

Women with HIV should have six monthly pap smears and those will be available at the Albion Street Centre. Colposcopy will also be available this year to those women who require it. Colposcopy gives a closer inspection of the cervix if a woman has an abnormal pap smear.

We will also be able to collect information on women who come to the clinic to evaluate the side effects of the various treatments on women and on their menstrual cycle, because they're the questions that the women ask, and we don't have all the answers.

Do you have any idea of the geographic spread of women with HIV in NSW?

If you look at the national figures, there are 715 women who have been diagnosed with HIV



For many women, the main issues are still the concern that their general health needs will be met and that they have information about the effects of the many drugs they may be taking.

infection. It is important to double check those figures and make sure some women haven't been double counted, also to check the epidemiology and modes of transmission for those women, so we are clear as to where education and services should be directed.

In NSW, one can only assume that HIV infected women are living in suburban Sydney, or are very isolated in rural NSW. Seventy percent of all HIV infected people are residing in NSW, and approximately 80% of postcodes of new diagnoses in the last twelve

months were in the Sydney area.

Since the Albion Street Centre opened, we've seen a total of 90 women and approximately 40 women currently attend on an ongoing basis.

I would like to emphasise that at Albion Street we are trying to make a user friendly service with the designation of a specific clinic for HIV positive women.

It is, however, always important for a woman to make her choice about the health services she's comfortable with. There is a small network of HIV positive women in Sydney, but it's difficult to know what's happening to women who aren't part of that network.

Like the women out there in Bourke, wondering what to do...

Well there certainly are women with HIV living in rural areas. And there are several women that I know of who are going home to die, in country areas.

Are you getting many new diagnoses among women?

It's very infrequent, fortunately. There are not very many. Last year there were 112 new diagnoses Australia wide and the majority of those were young gay men. So education strategies must be continued in that direction.

We have also seen a number of women from African countries and the South Pacific, and Australian women who have had partners from Africa.

Do you think they find it easy to access the services?

Women from Africa do not, for many cultural reasons. Some of them may have to eventually return to Africa as well, and this situation may pose difficulties for them as obviously coming from a developing country, being in a developed country for a short period of time and then having to go back is a major issue in regard

to having continuing access to treatment.

Another small group of women that I see is women who are pregnant. Women with HIV are getting pregnant and having to make decisions about it. There was a paper presented at the national conference in 1992 which suggested that there were approximately 120 women Australia wide who had an HIV diagnosis during a pregnancy. We don't know how many of those pregnancies went to full term, but it may be that a significant number of women with HIV are having children. I have also seen several women who learned of their HIV diagnosis for the first time when pregnant and this raises many issues that the woman has to address at that time.

Injecting drug use and HIV does have an impact on many women. Also, specific medical concerns need to be considered for a pregnant woman who is on methadone. If she's going to continue with the pregnancy she needs to have access to the services that will be able to manage her situation.

Also there is the problem of pain relief for a woman — or man — who's an injecting drug user. Health professionals need to be aware that someone who's injecting has different needs for pain relief. Unfortunately, injecting drug users are often undertreated for pain. We all need to have the skills to make sure that we meet these challenges.

For many of the women I've seen, the main issues are still the concern that their general health needs will be met and that they have information about the effects of the many drugs they may be taking.

Has there been any interesting news on drug interactions in the past year or so?

I'm always aware of warning

Women should always be considered differently as they have a different metabolism from men. But how do we exactly do this?

women that they may not tolerate AZT so well. I do not feel that there is a major difference between men and women, but again, it's only based on anecdotal information. However, women should always be considered differently as they have a different metabolism from men. But how do we exactly do this? The information is not yet available that says how we should modify treatments for women. We are all aware that it is important to monitor carefully for the side effects of AZT, ddC and ddI. On the other hand, I've seen a number of women who've had no problems with AZT or ddI, and so they should never be excluded from access to treatment or from drug trials.

What's the situation now with pregnancy and drug trials?

Most trials still have pregnancy at the time of enrollment as an exclusion as there is still a concern that we don't know the effects of antiviral drugs in pregnancy on the unborn child. I haven't been aware of any new trials that have

looked at the drugs in pregnancy. A previous trial looked at preventing transmission to the infant and therefore considered only the needs of the infant, rather than those of the mother. It remains a very difficult issue.

Are there many trials that are involving women at the moment, in Australia?

In the past, particularly in the United States, women were often excluded because the trial protocols specifically stated "gay or bisexual men". The situation is changing and women are certainly eligible for many of the trials in Australia. However, usually there is still a need to maintain effective contraception when enrolling in a clinical trial. Approximately 9% of PLWHAs enrolled in clinical trials in the US are women.

Have many women been interested?

At the Albion Street Centre we haven't had many women who have wished to enroll in a specific trial, but women have had access to all available treatments such as AZT and ddI. The majority of people enrolled in trials are still gay or bisexual men. This often reflects the stage of progression of HIV infection.

Next month, Virginia Furner will talk about monitoring your health.

Weight loss drug trial

The Albion Street Centre and Taylor Square Clinic are conducting a no placebo trial of the usefulness of an anabolic steroid for correcting early weight loss (3% - 10% of usual weight). The trial will run for 16 - 19 weeks.

Genuine participants will be given six months free membership at a gym as part of the trial. For details and eligibility criteria please call Chris Oliver at Albion Street (332 1090) or your doctor at either of the above clinics.

Gloria's Food



Candid about Candida

What is candida?

CANDIDA ALBICANS IS A YEAST and, along with moulds, belongs to the Fungi family. *Candida albicans* is known by more than 100 names. Perhaps the best known are *Monilia albicans*, *C. albicans* and thrush. Strictly speaking, thrush refers to candida occurring in the mouth in creamy white, curd-like patches.

Candida is one of the thousands of micro-organisms that live quite naturally on our skin and in our bodies without doing us any harm at all. Problems arise when the normal balance between the micro-organisms is disturbed. Candida growth is kept in check mainly by other micro-organisms that compete with candida for food and somewhere to live. Candida overgrowth may occur when you take antibiotics. This is because the normal bacterial flora is upset and Candida takes advantage of the extra food and living space to grow rapidly. In most cases the balance is quickly restored. Yoghurt containing *Lactobacillus Acidophilus* may help to restore the balance and is also a good source of protein, vitamins and minerals.

What is the Anti-Candida diet?

THERE IS NO ONE 'ANTI-CANDIDA' diet. They range from basically

healthy diets that are simply low in processed foods to very restrictive, nutritionally incomplete diets. Some people with over 700 T cells have lost up to 10kg on these diets, not because they are unwell, but because they just aren't eating. As weight loss can be a serious problem in HIV infection, any diet that encourages weight loss should be avoided.

The most common restrictions in an anti-candidal diet are to avoid all yeast containing foods including bread, to avoid all sugar (honey, sugar, fruit), to avoid all processed foods, to avoid all dairy products and to avoid red meat. Some possible effects of these restriction are discussed below.

Yeast

YEAST HAS BEEN USED FOR CENTURIES to make breads, alcohol and other condiments such as vinegar. Although it is a good source of B vitamins, it is not necessary to include yeast or yeast containing foods in the diet. The problem is what do you eat instead? There are good quality yeast free breads on the market but they are often difficult to obtain and are more expensive. Many people find it impossible to eat out as most sandwich bars and restaurants do not provide yeast free breads or meals. It is also difficult to eat at friends' places. For some it is easier not to eat anything when out or to only

eat when at home.

Bread is a staple food in our diet. Sandwiches for lunch and toast for breakfast are quick, easy and nutritious. Leaving bread out of your diet creates a big hole in your daily energy intake. Often the alternatives such as rice cakes and cracker biscuits are not as easy to eat as bread and so weight loss can occur through a reduced calorie intake.

Sugar

JUST LIKE US, CANDIDA USES SUGAR for energy. Yeasts, also like us, can use either simple sugars such as table sugar, honey and glucose or they can break starch down into sugar.

All breads, cereals, fruits and vegetables are eventually broken down into sugar. The most effective way to starve candida is to starve yourself. Not a very good way of staying healthy! Instead, the best idea is to maximise your immunity by eating a varied diet with enough calories, protein vitamins and minerals. Malnutrition can have devastating effects on your health and immune system.

Fruit tastes sweet and so is often banned on anti-candida diets. Most people think that watermelon has a lot more sugar than a lemon, but in fact the lemon actually has more! Another reason given for avoiding fruit is that it

puts large concentrations of sugar in the blood. In fact a lot of the research that is being done shows that potato is more likely to raise your blood sugar than bananas. Anyway, your body is very good at maintaining the sugar in your blood in a very narrow range. Fruit are a good source of vitamins and minerals. Dried fruit can be a great way to increase your calories if you are trying to gain weight.

If your weight is stable then you don't need the extra calories simple sugars provide. However, sugars are a very useful way of adding calories to the diet, especially when added to nutritious foods. If you are going to reduce your sugar intake then you need to replace those calories with more of the other foods you are eating. If you don't, you'll lose weight.

Probably the best way of "starving" candida is to have a few sips of water, rinse your mouth or brush your teeth after eating to make sure there's no food left lying around.

Processed foods

SOME PROCESSED FOODS DO CONTAIN large amounts of sugar and fat. Jam donuts would be an example. However many convenience foods are nutritious and can be very useful if you are too tired or don't have time to cook a meal. Soy milk can be very nutritious but is itself a highly processed food.

Dairy products and red meat

NOT ALL DIETS RECOMMEND AVOIDING these foods. They are very good sources of protein and vitamins and minerals that are important for a healthy immune system.

Time and Cost

A VERY STRICT ANTI-CANDIDAL DIET can take up a lot of your time. It is difficult to eat out and many meals must be made from scratch. Some of the foods required may be dif-

ficult to find in your area or may be very expensive. The idea is for your diet to help you, not to make life difficult and take all the fun out of eating.

In summary, you need to assess each diet to make sure its not going to do you more harm than good. The biggest problem with a strict anti-candida diet is that it restricts the amount you eat, resulting in weight loss. If you do decide to avoid some foods, make sure you replace them with other foods of equal energy and vitamin/mineral content.

To assess a diet:

1. It should not be harmful.
2. It should be a complement not an alternative to conventional treatment.
3. It should have enough protein, calories (energy) and variety.
4. It should not be too expensive or take up large amounts of time.

5. If you aren't sure, ask your dietitian for advice.

— *Hilda High*
Dietitian, Albion Street Centre

NUAA update

David Herkt, Project Officer for the Australian IV League, will be visiting Sydney in March. He will be giving two workshops for workers in the field.

March 9, 2-5pm Positive Using

This seminar aims to broaden our knowledge of harm reduction options and is an opportunity for workers to further develop their harm reduction strategies and approaches.

March 12, 2-4pm Hepatitis C

Update seminar on Hepatitis C covering its epidemiology, current knowledge, prevention and treatment strategies.

These workshops will be held at
NUAA, 16 Leswell St
Bondi Junction. Call 369 3455

Working up a sweat

Exercise! A lot of people dismiss this word with an emphatic "yuk". In moderation, however, it has some proven benefits. These include increased energy levels, strength and flexibility. Regular exercisers report better appetites, sleep patterns and an overall better outlook.

PLWHAs participating in exercise studies have shown good training responses and significant increases in muscle mass and flexibility.

If you want to exercise but don't know where to go, what to do, how much to do etc, then this may be the group for you!

Every Monday Wednesday and Friday from 2pm - 4pm gym classes for PLWHAs are being held at QE II (Prince Alfred Hospital) and St Vincent's Hospital.

They are run for free by physiotherapists who will individually assess you and get you started on an appropriate exercise program incorporating aerobic fitness, strengthening & flexibility. For more information or to book in please call

David Peterson — Redfern Community Health
690 1222 / 318 3000

Mark Zacka — Royal Prince Alfred Hospital 516 6488

Jeanette Atkins — St Vincent's Hospital 319 1111 (page 308)

Ros Savage — Darlinghurst Community Health Centre 360 3133

Any unused gym equipment, weights etc. would be greatly appreciated.

Peter Hornby's Talking shop

Welcome to Peter Hornby's Talking Shop, which replaces his regular column Doctor, Doctor. In Talking Shop, Peter will continue to discuss a wide range of treatment and medical issues from a consumer perspective.

ON FEBRUARY 15 I SENT THIS letter, about co-payments and ddI and AZT, to David Lowe, AIDS Bureau, on behalf of the PLWHA Committee.

Whilst recognising both that the decision to introduce co-payments for ddI and AZT was a Commonwealth decision in a time of financial constraints and that the principle appears to be an equitable impost given that the population at large is also required to pay (at least in part) towards the supply cost of prescriptions, there are some issues concerning the implementation of the system and the consequent ramifications which need to be urgently addressed.

Most, if not all, people on AZT and ddI have previously been given three months supply of these treatments (at no charge under a standard specialised access scheme). Now it happens that prescriptions for these drugs will only be given and charged for on a monthly basis at most centres. Apart from the added financial burden (and PLWHAs are paying for many scripts) PLWHAs have suddenly and without warning been placed in the position of paying twelve times per year for the major treatments to control their chronic, long term conditions.

Further, the one monthly supplies of ddI and AZT (which

are only available through hospital pharmacies) creates an intolerable difficulty for PLWHAs working full time. Obtaining access to a hospital pharmacy which is only open during business hours means they have to take time off work to get their treatments. If PLWHAs are going to have to pay like everyone else in the community then it should be expected that such drugs will be available readily through community pharmacies after hours as is every other treatment. Otherwise it appears that there is a discrimination against PLWHAs in accessing what are now suddenly deemed to be 'normal' treatments.

Additionally, it concerns a lot of PLWHAs, particularly those seeing their own GPs for treatment, that not only will they have to take time off work, but that because of the identification provisions that seem to be required by hospital pharmacies, there will be a breach of confidentiality. And, Albion Street currently, has stopped dispensing AZT and ddI, requiring its patients, for many of whom confidentiality is an issue, to go to hospital pharmacies where confidentiality and privacy cannot be guaranteed.

A further issue is that many PLWHAs are in part time/casual work because of their health, and are not on full incomes nor are they entitled to a concession card. The escalation in expenses for those people who will pay the full \$13.00 per month 12 x year deserves some consideration, perhaps under some exemption provisions for those with financial hardship.

It also seems peculiar that there is an exemption under Class-

ification #6 (see the Dept. of Health circular referred to below) for, amongst others, medications for sexually transmitted diseases which are dispensed to hospital out-patients free of charge. Why is there no fairness in regarding PLWHAs who sero-converted sexually as not being "medically acquired" and therefore not being entitled to financial compensation from the government and then on the other hand treating non-medically acquired PLWHAs as just having another disease for which they should pay like everyone else?

Most important is the issue of how the "new" system has been implemented. As far as I am aware there was a NSW Dept. of Health circular issued on the 13 January 1993 headed "Outpatient Pharmaceutical Changes and Safety Net Arrangement". This circular claims that the new arrangements are effective from 1 January 1992. I presume this is a typographical error, but maybe not. In any case, most people involved officially, i.e GPs and ACON, knew about the introduction of the system from about mid January this year, either through the above circular or else through word of mouth or just through reports in the *Sydney Star Observer* and advertisements from ACON placed after the issue of the circular.

It would appear that lack of planning and unseemly haste and/or a hope that no-one will notice were the watchwords for the introduction of co-payments. Obviously with such a government decision there must have been discussions and planning concerning the change

over quite some time given the usual slow way the systems move.

Further, no-one from the HIV/AIDS community, i.e PLWHAs, ACON, GPs or other doctors were aware of these discussions, let alone given the courtesy of being informed in advance of what was to happen. Who were the parties involved in the discussions? Why were these discussions kept from the community concerned? Most importantly, why was there no advance warning of the implementation of the change along with a sufficient period of 'grace' prior to its introduction?

There seems to have been no advance publicity concerning the introduction of co-payments. There is a suggestion that hospitals were in fact responsible for letting all those concerned, i.e PLWHAs and doctors, know of the introduction of co-payments. Whoever was responsible, they have failed.

While it is sad that whoever was responsible could not let PLWHAs know of the introduction of co-payments through ACON, PLWHA (NSW) or the gay and HIV/AIDS media, it is incomprehensible that doctors with prescribing rights to ddI and AZT were informed after the event via the aforementioned circular from the NSW Dept. of Health and moreover, left to do all the work of confronting their patients with the change.

Imagine a PLWHA turning up for a prescription for ddI or AZT and being told not only does he/she have to pay for it but that it is now only available on a one month payment basis. Apart from the shock to the PLWHAs concerned, the difficulties encountered by the prescribing doctors having to inform their patients of the changes, shows a double lack of sensitivity. Doctors in HIV/AIDS have more than enough to deal with without confronting their patients with an out-of-the-blue,

fait accompli to concern their patients.

The system of co-payments for ddI and AZT has been introduced in an unacceptable manner without prior consultation in apparent haste and with no preparation or warning to either PLWHAs or their doctors.

In summary:

1: If AZT and ddI are like any other treatment for which payment is required then there needs to be greater accessibility to the drugs, particularly after hours and in an environment in which confidentiality can be preserved if required.

2: Consideration needs to be given to granting partial or full exemption on the grounds of financial hardship to those PLWHAs with limited resources but not on concession cards given that HIV/AIDS is a chronic long-term condition.

3: The anomaly and discrimination of classification #6 needs to be resolved.

4: Most importantly, there needs to be a three month moratorium period prior to the introduction of co-payments to allow all those concerned,

including, obviously, doctors, but particularly PLWHAs to prepare themselves personally and financially for the change.

— Peter Hornby

HIGH DOSE (3200MG/DAY) acyclovir is a quiet issue at the moment. Perhaps many PLWHAs, particularly those with a CD4 count of less than 150, are hoping for a good outcome from the discussions between Wellcome and the Commonwealth State Health Departments.

There is some evidence that taking even lower doses, maybe as low as 1,000mg/day, could also have some beneficial effect on CD4 level (see HIV Herald October 1992). Such lower doses are, perhaps easier to obtain. Talk to your doctor about whether acyclovir could be useful for you. Although I'm not on acyclovir, my doctor has suggested that herpes could be a cofactor in HIV replication and that when I have a herpes attack, I should immediately go onto acyclovir to beat it.

Ciao for now
Peter Hornby

ARE YOU INTERESTED IN LEARNING HOW TO MEDITATE?

ACON MEDITATION GROUP

AIDS Council of NSW, 188 Goulburn St, Darlinghurst

Instead of meeting on a regular basis each week, we will now be holding special instruction sessions (about one to two hours), in either an evening time spot, or on a weekend.

These sessions will take place whenever there are enough people to warrant getting together.

So, if you and your friends want to give meditation a go, just ring **DAVID** on **(02) 358 1318** to register, and indicate your preference for a suitable time.

(You can leave a message on the answering machine)



What's Goin' On



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, March 18 and Thursday, April 8

Call Jill on 361 6750 for more info.

Western Sydney AIDS Prevention & Outreach 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

Information Seminars

HIV living

March 1993

ACON Services Wednesday 17- 6:30 pm to 8:30 pm

- What services does ACON offer?
- A brief introduction to the units within ACON.
- How to access these services.

Hospitalisation

- *What to Expect* Wednesday 24- 6:30 pm to 8:30 pm

- The hospital admittance procedure.
- Services available to patients within hospital.
- Hospital follow-up procedures.
- How does the outpatient system work?

Pensions & Housing Wednesday 31 - 6:30 pm to 8:30 pm

- Disability Support Pensions & other DSS assistance.
- How to apply for priority public housing.
- Bobby Goldsmith Foundation rental assistance.
- Department of Housing rental subsidy.

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

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



AIDS Council of New South Wales Inc.

P E T P A N I C

Much as you love them, pets can become a problem when you're ill or if you don't have a lot of money for pet food and vet bills.

The Animal Welfare League can help. They provide veterinary care, some assistance with food and will take your animal if you're no longer able to look after it. They give advice on economical, healthy feeding and care.

AWL also provide pets who are fully vaccinated and desexed (puppies, kittens or trained adults).

Call The Bobby Goldsmith Foundation on 360 9755 if you would like a referral to the Animal Welfare League.

UNITY
P R E S E N T S

THE INAUGURAL ILLAWARRA GAY & LESBIAN BALL

MARCH 13th

TICKETS PRE-BOOKING \$15.00
AT THE DOOR \$20.00

INFORMATION & (042) 261163
BOOKINGS RING: (042) 262757

CELEBRITIES

DUTCH AUCTION RAFFLE

FAB PRIZES TO BE WON SAVE YOUR \$2 COINS

MAGGIE KIRKPATRICK (THE 'FREAK')

PETER WHITFORD (STRICTLY BALLROOM)

ALL PROCEEDS TO ACON (ILLAWARRA) AND CSN
FOR THE ESTABLISHMENT OF
A DROP IN CENTRE FOR PEOPLE LIVING WITH HIV/AIDS

HUNTER AREA

HIV Support/Action group

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 Community Health Centre
58 Enmore Rd, Enmore
(near Newtown railway station)

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

**Western Sydney Positive People's
Education Program**

Venue: Westmead Hospital,
Classroom behind Clinic B

Time: 1pm - 2pm

March 16: Diseases of the eye
Cytomegalic virus and deteriorating vision — can
it happen to me? Early signs, getting the initial eye
examination and other related concerns.

March 30: Living with the virus
What works for you? Making the most of your life.
Open to all positive people, carers and friends.
For more information call Judy 843 3127.

HANDS ON

- Massage and Reiki for PLWHAs
- Training of volunteer masseurs

Call Richard 660 6392



**HIV Awareness
starts at home**

If your home is in South-Western Sydney, you can now receive
all HIV services, including testing, information,
treatment and counselling, close to your home.
No names, no hassles... no travel.

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

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.

ACT PLWA GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

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.

Hands on project Community based HIV/AIDS training program for youth workers. Call 267 6387.

Maitraya Day Centre Daytime recreation/relaxation centre for people with AIDS. Lunch Tues, Wed, Fri. (free or donation). Massage also available. Some group meetings. 20 William Lane Woolloomooloo. Inquiries 357 3011. Client's phone 356 4640.

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.

Multicultural HIV/AIDS Education and Support Project Workers in 15 languages who providing HIV/AIDS information and pre & post test counselling and emotional support. Also provides cultural information, training & consultancy. call Peter Todaro 516 6395

National AIDS/HIV Counsellors Association Support and Communication for HIV/AIDS counsellors. NSW contact Keith Marshall 206 2000.

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 Association of People Living With AIDS (NAPWA) GPO Box 525, Woden ACT 2606. Call Mark Boyd on (06) 285 4464.

NSW Anti-Discrimination Board Takes complaints of AIDS related discrimination. 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. Free, confidential HIV/STD 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. Call Claire 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.

Por La Vida Un servicio de información y apoyo para personas afectadas por el VIH El SIDA. Support & information for Spanish speaking people affected by HIV/AIDS. 206 2016.

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 people 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 some financial 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 11 am - 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 A range of HIV/AIDS services including testing,

treatment, monitoring, treatment and counselling/support. 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 district. 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 (047) 24 2507; Counselling and support (047) 24 2598; Education (047) 24 2231.

Central coast / Hunter region

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.

Konnexions Day Centre 11am-3.30pm Mondays for lunch & social. Info: Lesley. (043) 67 7326.

Central Coast Sexual Health Service offering HIV clinic for testing, monitoring, treatments, support.

Call Patrick (043) 20 2241.

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.

Positive Support Network Emotional/hands on support for PLWHAs on the Central Coast. (043) 20 2247.

Taree Sexual Health Service 93 High St taree, Tuesdays 2 - 6pm, Thursdays by appointment. 51 1315.

Tuncurry — The Lakes Clinic A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thursdays 10 - 2pm. Free and confidential. 55 6822.

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. Call (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 2500. (042) 26 1163.

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.

Nowra Sexual Health Clinic Confidential and free support for PLWHAs. Nowra Hospital, (044) 23 9353.

Port Kembla Sexual Health Clinic Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399

Shoalhaven HIV Support Group Meets first and third Tuesdays in the month from 6pm to 7pm. Peer support group facilitated by an HIV+ volunteer. 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.

Albury/Wodonga and Wagga HIV and sexual health service. (06)41 2677.

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.

Please let us know if you want to update your listing or add a new one.

**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**

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

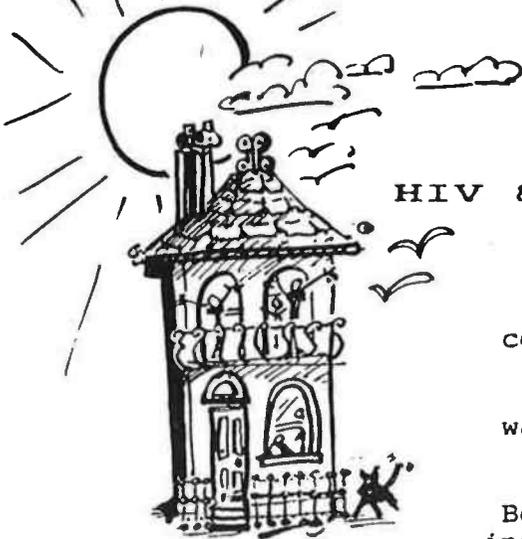
Please specify number of copies _____

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 _____

HIV Living...



HIV & LIVING IN THE ILLAWARRA

Come along for a coffee and a chat!

A few of us want to get something going down here.

Be it support groups, information nights, a safe place to meet, meditate or all and more!

We need to know what you want so we can best serve our community:

Boys and Girls - So

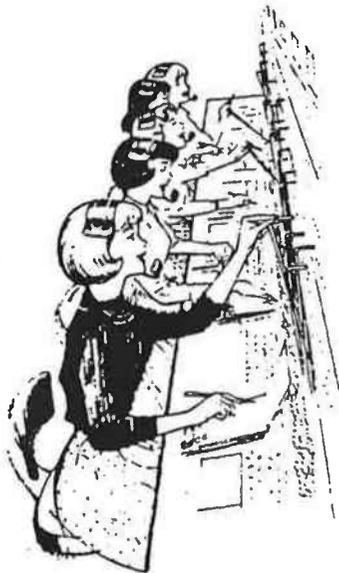
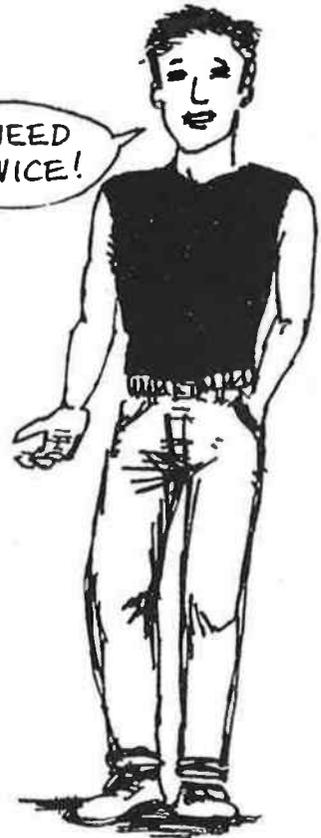
Call Ian on 261163 for more info.

Our first meeting is planned for

Wednesday 24 February

6.30pm.

I NEED ADVICE!



A C O N

AIDS Council of New South Wales Inc.

GIVE US A CALL!

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

