No. 31 April 1993

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

Take a look inside

Mann of vision

Jonathon Mann has an awful lot of letters and accreditations after his name. Suffice it to say that he is currently the director of the International AIDS Centre of the Harvard AIDS Institute and he makes a habit of sharing his wealth of information and insight about the global HIV/AIDS situation, present and future. Mann was recently in Australia as the guest of Doctors Against War, and spoke to a small gathering of HIV/AIDS workers, bureaucrats and hangers on. Talkabout publishes here an edited (sorry Jonathon) transcript of this inspiring speech.

THIS IS A CRITICAL TIME IN THE history of our global confrontation with AIDS. Today, faced with an expanding pandemic, we can see, more clearly than ever before, the limits of our current national and global response. The course of the pandemic within and through global society is not yet being influenced, in any substantial manner, by the efforts against it. We now recognise the painful reality that existing approaches to prevention, as remarkable as some of these efforts have been, will not, by themselves, be sufficient to stem the global epidemic. The gap between the intensifying pace of the pandemic and the lagging national and global response is widening, rapidly and dangerously — and global vulnerability to AIDS is increasing today, not decreasing.

In order to move ahead against AIDS with strength and confidence in the future, we must literally transform our understanding and approach to AIDS. But first, let us be clear: to recognise, with realism and honesty, the limits of our work thusfar, and the dangers ahead, is not to yield to despair. Because we know — intellectually and in our hearts — that we can control AIDS and that we can care well for all those who are affected by the pandemic. This, and nothing less, must be our task and our aspiration.

The background for considering what it will take to prevent and control AIDS involves both the current status of the pandemic and the status of our global response.

In 1980, an estimated 100,000 people worldwide were HIV infected: today over 15 million people, including over 1 million children, have become HIV infected. Of the 13 million HIV infected adults, nearly 9 million are in Africa, over one million each are in North America and Latin America, from one to two million are in Asia and over 500,000 are in Europe. Over 7 million are men and 5 million are women, and the ratio of women to men has been steadily increasing. In addition to continuing spread in already affected areas, HIV is spreading — sometimes quite rapidly — to communities and countries little affected just a few years ago.

> *"more people will be developing AIDS during the current three year period than the total number during the entire history of the pandemic."*

It is in South East Asia that the volatility of the pandemic is most dramatically seen. In India, HIV seroprevalence among commercial sex workers has literally exploded; In Burma, the latest seroprevalence among injecting drug users exceeded 60 percent; and the Thai epidemic continues to expand.

Projections into the future are only estimates. The Global AIDS Policy Coalition — an independent international research group based at the Harvard School of Public Health — projects that nearly 20 million people will become HIV infected by 1995, and that by the year 2000, between 10 and 110 million adults — in addition to at least 10 million children — will have been infected worldwide.

The second major factor about the pandemic is that its major impact is yet to come. As of 1 January 1993, over 500,000 AIDS cases had been officially reported to WHO; yet a more realistic estimate is that well over 2 million adults and over 600,000 children have developed AIDS since the beginning of the pandemic.

From 1992 to 1995, we estimate that an additional 3.8 million people will develop AIDS — more people will be developing AIDS during the current three year period than the total number during the entire history of the pandemic until now.

This is the pandemic today — volatile, dynamic, unstable, increasingly complex in societal and geographical terms — and growing rapidly in scope and impact.

The first phase, from the mid-1970s until 1981, was silent: and illustrated clearly the modern world's vulnerability to global spread of infectious agents.

During the second phase, from 1981 to 1985, the response to AIDS occurred mainly within communities and was expressed through community organisations; few nations and no international organisations had responded.

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This Month's Cover

by Phillip McGrath. *Talkabout* takes a look inside NSW prisons, to find out what the story is for HIV positive prisoners.

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Mapping our enemy

APPROXIMATELY 85 PEOPLE ATTENDED Mapping Our Enemy, Australia's first treatments activism conference.

Jointly organised by ACT UP Melbourne and PLWA (Vic), this conference was intended to define the post-Baume era of treatments activism and create strategies for treatments activists.

The conference was divided into three parts. In the first, background information was provided by Tony Maynard (the Victorian AIDS Council's Treatments Officer) speaking on HIV biology and how treatments intervene, Phil Kelsey, (a natural therapist) speaking on complementary therapies, Bev (from Positive Women Victoria) speaking on treatments issues facing women and Chris Gill (VAC's Community Liaison Officer) who gave an organisational overview of community based AIDS organisations.

The second part was an analysis of current problems with treatments in Australia. Speaking were Ross Duffin, (an AFAO treatments Officer), Geoffrey Harrison (ACT UP Melbourne), Edwina Wright (a Fairfield Hospital researcher), and myself, Lyle Chan, (representing ACT UP Sydney and ACON). The speakers demonstrated how both ends of the drug development pipeline were problematic: effective drugs are not being created nor being funded by government once they are created, tested and approved. [See also page 24 for Lyle's speech].

The final session of the day was a discussion involving all participants to work out strategies for addressing these problems. Amongst the recommendations were:

That Australian researchers become more involved in basic science to work out remaining questions on HIV biology;

That a strategy be devised to perform animal and early human studies on drugs showing promise in the test tube;

That an inquiry into drug funding in Australia be conducted, along the lines of the Baume report.

Besides the think tank aspects, the conference also served as an activism 'in-servicing'. Jeff Ward of ACT UP Brisbane later commented that he thought the conference functioned as "a good teach-in for activists. Activists have to educate the larger community, but first the educators must be educated".

Conference proceedings are available from ACT UP Melbourne, GPO Box 595D, Melbourne, Vic 3000.

-- Lyle Chan

AZT & methadone

IF YOU ARE ON METHADONE OR are regularly using other opiates and want to go on AZT, tell your doctor about your opiate use. The dosage of AZT may need to be lowered to about half, for some users. This needs to be done in consultation with your doctor.

The reason is both methadone and AZT go through your liver and a heavy dose may put too much of a strain on the liver. Liver function tests may also be required to monitor this situation.

If you can't tell your doctor about your opiate use, contact NSW Users and AIDS Association, (NUAA), who will help you find a doctor you can tell.

Source: NUAA News

Positive users

HIV AWARENESS SUPPORT (HAS) IS a group of positive users who meet on a weekly basis to share a meal, an occasional social outing, offer each other support and raise issues and discussion around HIV and other infections that affect positive users.

The meeting is a focus point for people to get together around a social activity and discuss the latest information available and how it will affect our lives, whilst building informal networks of support. The gathering of positive users around enables the latest information to filter through to our community.

HAS is open to positive people, friends, lovers, partners and interested members of the community who share a desire to raise awareness about HIV within both our personal lives and our community. We meet every Wednesday evening between 7 and 9pm at St John's Church Hall, Victoria St. Darlinghurst. For further information, please feel free to call either Sandra or John at NUAA, on 369 3455.

HIV housing

THE AIDS COUNCIL OF NSW HAS announced significant progress towards improving housing options for people with HIV/AIDS. The NSW Housing Department recently met with ACON staff and is in the process of making several significant policy changes which will improve housing services provided for people with HIV/AIDS.

These changes include an expansion of the disability rental subsidy scheme which will potentially allow people with AIDS who are approved for priority housing to be supported in private accommodation.

The department is also proposing a training program for staff dealing with people with HIV/AIDS, the development of an information booklet about the department's services for PLWHAs and a streamlining of the priority housing application process.

ACON and representatives from other HIV services are also involved in negotiations with Waverley Council aimed at securing crisis and medium term housing in the Waverley area.

ACON has also been funded under the Commonwealth government Crisis Accommodation project to manage ten dwellings which will provide interim accommodation for people awaiting priority housing.

ACON's initiatives in this area, developed in co-operation with PLWHA Inc (NSW), BGF and other community groups, form part of a broader strategy aimed at increasing housing options for people with HIV/AIDS.

BGF bonanza

THE BOBBY GOLDSMITH FOUNDATION raised $175,000 in February, a record month of fundraising for the AIDS charity, according to David Austin, BGF President. Fundraising events included an Armistead Maupin benefit dinner, the Red Ribbon ride, the inaugural Shop Yourself Stupid and Slam Dance, the Julian Clary and Circus Oz benefits, a sports fashion benefit at the Midnight Shift, and the Mardi Gras cash collection.

BGF thanks everyone involved in these events for their support.

Red ribbons also fluttered for the first time at the annual Logie Awards Gala on March 19. People attending the awards were asked to wear red ribbons to show their support for AIDS awareness.

Proceeds from BGF fundraising events are dedicated to helping people with advanced HIV and AIDS maintain their quality of life.

Latin AIDS

THE LATIN AIDS PROJECT IS A NEW organisation which aims to meet the needs of HIV positive people in the Spanish speaking community.

The Project's main aim is to provide the community with Spanish language information about treatment and trials; HIV education and prevention; and existing services. It also aims to develop and provide counselling and support services for those affected by HIV/AIDS.

One of the Project's aims for later this year is to organise a Multicultural AIDS Day to promote awareness of HIV/AIDS in the ethnic communities.

Interested persons can contact the director, Nelson Galli, on 315 7589, or write to PO Box 120, Kings Cross, 2010.

Quilts & candles

INSPIRED BY THE AUSTRALIAN participation at the International Quilt display in Washington last year by the Names Project, the Quilt project has invited representatives of the many international projects to join us for our Candlelight displays in May this year.

Although it was an overwhelming experience, we felt reinforced and empowered by a tremendous sense of unity at the Washington display, and the recognition that we were a part of a global response to engender action and understanding amongst the uncommitted.

At an international conference held after the event it was a pleasure to meet many of the international representatives and learn of the circumstances in each of their countries. Many still face difficulties and obstacles we have long solved here and through sharing our knowledge we can help these countries meet the challenges they face.

To date eight countries have expressed a desire to participate in the Candlelight display: Brazil, Ireland, Trinidad/Tobago, Switzerland, Denmark, Uganda and the United States. We expect that New Zealand and Thailand will also respond. As most operate on limited funding, as we do, we are hoping to attract sponsors to assist us in bringing these representatives to Australia. The visitors will also have the opportunity to meet and network with many AIDS organisations, which will prove invaluable.

The Melbourne Entire Quilt Display and Candlelight Rally will take place on the weekend May 15th and 16th. The following weekend, the 22nd and 23rd, the Quilt will return to Sydney. Although no plans have been finalised, we are working on the idea of a one day outdoor display, (perhaps in the Domain) on the 22nd. This display may begin with a silent unfolding at 11am, but please check the press for further details. The Sydney Candlelight AIDS Memorial Rally will be held on Sunday 23rd. (Watch out for more details in the next *Talkabout*).

The Quilt is also now running regular panel making workshops in Sydney on Saturdays. The upcoming dates are April 24th, May 1st, and June 5th & 19th. Please join us if you need help to create your panel or access to space, materials or sewing machines. Or simply drop by to say hello — this space is here for you.

-- Terry Thorley

Mexico meeting

INTERNATIONAL CONFERENCES SPECIFICALLY for people with HIV are few and far between — the last was in Madrid in 1990. Finally, another PLWHA conference is scheduled for September 1993. The Conference, which will be held in Acapulco, Mexico, will have the theme of Solidarity and Communication.

PLWHA (NSW) hope to have more information on this conference as it comes to hand, but if you want application forms you can write direct to the Asia/Pacific representative of the Global Network of PLWHIV/AIDS, Jack Jagjit Singh, 19 Lorong 1, Taman Kajang Raya, Kajang 43000, Selangor, Malaysia.

Berlin

POTENTIAL PARTICIPANTS IN THE IXTH international Conference on HIV/AIDS in Berlin in June have expressed concern about their safety in view of recent outbreaks of racist violence in Germany.

Conference organisers have issued a statement which addressed this concern. Chairman of the Conference, Prof. Karl Otto Habermehl, said: "We deeply regret

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DEADLINE FOR THE NEXT ISSUE

April 19

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

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

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and condemn the racist conflicts in Germany in the past few months. However... we would like to point out that the events have been caused by a few racist extremists. The cosmopolitan open-mindedness and great tradition of tolerance which are so characteristic of Berlin have not been affected."

Conference organisers are making a determined effort to ensure the safety of conference participants. Discussions have taken place with representatives of the scientific community, non-governmental and self help organisations, the business community and representatives of the congress centre. Security issues have also been discussed with the police.

PLWHA News

Welcome to

ROSS DUFFIN, WHO HAS RECENTLY been appointed to the PLWHA Committee. Ross is currently on the executive of NAPWA, is in ANCA, and has served on the PLWHA Committee in the past. Over the years, Ross has been a regular — and often controversial — contributor to *Talkabout*. Ross works at the AFAO Treatments Project.

Also welcome to Adrian Ogier, who is acting in the position of Administrative Support Officer at the PLWHA office. This position (21 hours per week) will soon be advertised. Keep an eye out for ads in the *Sydney Morning Herald* and the gay press.

Committee meetings are held the first and third Tuesdays in the month at 6.30pm. All welcome.

Talkabout

PERCEPTIVE READERS WILL NOTICE A change in *Talkabout*. Some will say it's long overdue that we've started printing on recycled paper. There was a call for this in the 1991 readers survey, and the reason we have not acted on it before was the high cost of recycled paper. The price has recently dropped low enough for us to afford it, so from now on, *Talkabout* is a green publication (except for the cover).

Talkabout now has an editorial policy document. This policy, which has been developed by the Newsletter Editorial Group, was ratified by the PLWHA Committee in late February. The policy includes sections on contributor's rights, advertising and copyright. If you would like a copy, call Jill on 361 6750.

The next newsletter editorial group meetings will be held at 1pm. on Thursdays April 8 and 22, and May 6. Meet at our office for lunch.

Apologies

TO THOSE *TALKABOUT* READERS WHO filled in a copy of our mini-survey at Positive Living last November. Somewhere between the conference venue and the PLWHA office, the completed survey forms went missing, so unless they miraculously reappear, we can't give the promised feedback to those of you who filled one in — sorry.

REQUESTS

I AM RESEARCHING A FILM DOCumentary about HIV and disclosure and would be very interested in talking to other HIV positive people about their experiences. The project, provisionally called "Fear and Disclosure", aims to examine some of the issues and problems associated with disclosure of a positive HIV status, when to come out and how, issues of discrimination and strategies for dealing with the responses of others. Other films I have made include *Resonance*, which was screened with the American feature *Poison* last year.

I can be contacted at work on 339 9537.

— Stephen Cummins.

Talkback

That campaign

"AFTER THE CAMPAIGN" (*TALKABOUT* March issue) provides some very interesting comments on the National HIV/AIDS Anti-Discrimination Campaign. As a participant of a rather different kind — member of the Reference Group for the 15 months it took to get the campaign out — I'd like to offer a few comments of my own.

Using the published views of participants as a starting point, there seem to be three issues: 1. generally positive feedback expressed personally to the participants, with seemingly beneficial side effect for at least some; 2. infrequency of TV ads; 3. weakness of TV ads (Paul Bannister calling them "a bit soppy") to the point of avoiding the real issue, said to be homophobia as the "major cause of discrimination in this country" (Bruce Brown).

(1) If the positive feedback reported by the campaign participants is reflected in the results of the evaluation exercise currently being carried out by the Health Department into the effectiveness of the campaign, then the campaign's purpose will have been achieved. If no such change in attitudes is found, then the campaign has been a failure — very expensive in terms of taxpayer's money and the unpaid Reference Group members' time and efforts over a long period. No matter how beneficial personally to the participants appearing in the ads, the campaign could not possibly be justified on those grounds.

(2) The ostensible reason for the TV ads appearing no more than sporadically was lack of funds for more air time. The issue of funding for the whole campaign, and the budgeting for specific aspects of the campaign, needs to be addressed by AFAO. The Reference Group was largely kept in the dark about financial details, and in fact fed changing numbers over the course of the 15 months it functioned. As a result of all ads, TV and print, appearing infrequently we did not get a public response to the ads — what we got was a response by the media, both TV and print eg. Hinch and pieces by Stone and Santamaria in *The Australian*, to name some of the reactionary commentators, with Hinch being rather positive on this one and the others about as negative as you could get. Contrast this with the Grim Reaper and needle bed ads in the past, which did have people talking.

(3) The TV ads certainly were soft and they were intended to be in order to get people on side — obviously the very opposite to being confrontational. There is no argument that this soft/ soppy/ cowardly approach (call it what you will) is not politically satisfying to a lot of people, myself included. But there are several points that need to be considered when arguing this issue:

(a) Which approach is likely to deliver the desired outcome, namely a change in attitude to PLWHAs, and a consequent lessening of discrimination? There's a lot of evidence that confrontation doesn't work, and in fact may lead to more discrimination. Going for the most confrontational issue, namely homophobia as the underlying cause of HIV/AIDS discrimination (Bruce Brown's view), I would like to argue that reducing HIV/AIDS discrimination, which this campaign may or may not have achieved, will also do something to reduce homophobia.

I have therefore argued consistently that the campaign is worth having even without explicitly addressing homophobia. I might be wrong, if the evaluation shows that the campaign has not changed people's discriminatory attitudes, but even if I am, that's still not evidence that it is possible to reduce homophobia by a mass media campaign and through a flow-on effect reduce HIV/AIDS discrimination.

In fact, the view that the discrimination against PLWHAs is caused by homophobia seems to imply that one cannot reduce HIV/AIDS discrimination except by reducing homophobia, something I certainly do not accept at all. (My own view is that homophobia and HIV/AIDS disrimination overlap, to a great extent, without being synonymous.)

(b) Would a confrontational approach be accepted by the politicians who ultimately had to approve the campaign at the point when it was actually ready to go? Irrespective of the issue chosen on which to confront the public, my view is that politicians at a time of an impending election, which was in people's minds all of last year, would not approve a campaign that introduced an issue on which no politician can win a popular vote in this country, recent experiences in the US presidential election not withstanding.

(c) Assuming that the politicians might approve a confrontational approach (which they obviously did in the case of the Grim Reaper and needle bed ads), what would be the issue on which the general public were to be confronted, and would the pollies approve the use of the issue in the campaign?

If the issue of confrontation were

HIV/AIDS without somehow bringing in homosexuality and homophobia, then my guess is "maybe". If the issue was to encompass homosexuality more explicitly than was done in the ads (and I grant you it wasn't very explicit), then my guess is "unlikely". If you made homophobia part of it, my guess is "absolutely not". We might find this disgustingly weak of politicians but if you think I'm simply wrong in my assessment, then I suggest you reflect on the election campaign just won by Labor against all odds — striking fear into the hearts of voters over the radicalism of the Coalition's plans. The Coalition would have had its own fear campaign handed on a platter, running with a variant of the old "reds under the beds", such as "poofters in your beds — by order of a Labor government". We got what was politically achievable in the circumstances.

(d) There is one last point, not obvious from what did or did not go to air and not generally known other than to the people involved with the actual content of the campaign. This is that the Health Department originally wanted a campaign that dealt with issues of transmission as well as discrimination, possibly even foregrounding transmission issues.

The fight against this proposed travesty of an anti-discrimination campaign started the moment the Reference Group was sent the first draft of the Department's brief for the campaign and did not end until 12 months later when ANCA, at a combined meeting of all players, made it clear to the Department that it wouldn't wear such a twin focus. It is against this background of a potentially quite different campaign that we ended up with a non-confrontational one that at least focussed on discrimination — exclusively if softly.

Ultimately the success or failure of this campaign must be judged on the basis of the findings of the evaluation exercise, which seeks to tap the views of the people the campaign sought to reach — especially males and those over 55, both male and female.

I suspect that most of our friends and acquaintances in those categories are not all that representative of the discriminators, and we should perhaps withhold passing judgment on the effectiveness of the campaign until the numbers are in.

-- Guenter Plum

Well done!

AS A MEMBER OF THE NATIONAL Reference Committee for the HIV & AIDS related Discrimination Campaign, I was moved by your article on the participants' feelings about the campaign.

My fear with this type of campaign had always been that it may be counter-productive and have particularly negative results to those who appeared in it, and others who are infected or imputed to be infected.

I am heartened by the comments made by those people who invested their lives in this campaign. I am thankful that, as I read your article, the campaign, once it hit the screens and newspapers, was a relatively positive experience for them. I hope that when we see the results of the campaign through the evaluation that this experience will be mirrored by those PLWHA not in the campaign and subject to day-to-day discrimination. Surely that's the real test of success. Pending the evaluation results, however, your article has left me in good spirits.

Few things in life are perfect and all those associated with this campaign know that it was far from a perfect process. But it is a world first, it has been shown and I hope it will be repeated. While there is always room for movement toward perfection, there is also a need in this situation to say "Well done!" Your article achieved that balance. Congratulations to those who participated and developed the campaign and well done to those brave people who appeared in it and are still prepared to talk about it.

Grahame Collier
Manager (Education), AIDS Bureau

For Tallulah

I HAVE ENCLOSED A POEM I WROTE about John (Tallulah) Nixon, who died recently. John and I were fairly close over last few years and had been friends since his early days when he performed at Balmain Town Hall Hotel. I love him dearly and greatly miss his presence in my life. You may wish to put this poem in *Talkabout*.

John

With arms held wide
You reached out to hold me
Tried to be my guide
Your experiences of a lifetime
The real world and the glam
Most storms you could over ride

I tried to hide
The fact that you were dying
With each day's passing tide
Slowly drifting out to ocean
With its ebb, with its flow
Told myself all's well, I guess I lied

The time you cried
Telling me that you were hurting
Pain, you couldn't abide
Your hopes had all been shattered
A lonely boy, a busy world
I said I'd always be by your side

The night you died
All the feelings that were hiding
Came outward from inside
The heavens they rained down
A thousand dreams
Because you were no longer around.

— Shane Wells

Tanzania talk

THANKS SO MUCH FOR YOUR LETTERS, notes, photographs and publications. Your article on us was excellent. [*Talkabout*, November 1993]. Congratulations. *Talkabout*

is well written, informative, and good to have around the office. Please keep it coming.

We've been busier than ever, hence our lack of a snappy response to your letters. While continuing with our present treatment we are looking for more arrows to put in our quiver by identifying new efficacious plants with traditional healers. We just sent 42 new and promising plants to California to be assayed and screened for anti fungal and viral activity. Our Tanga AIDS Working Group is doing fine. We recently acquired a room in the hospital and are still working closely together with traditional healers and physicians.

My Norwegian colleague Ruth is having good success treating 12 Norwegian patients with our traditional treatment. She is also collaborating with a hospital and the results have begun to convince what were once very sceptical doctors. She's coming down here in two weeks with all the details. Since western immune systems aren't as battered as African ones they may respond better to our treatment. At least that seems to be the case now. Plus the Africans have a tendency to interrupt or stop treatment once immediate relief is achieved.

Take good care of yourself, keep producing your zippy magazine, and let's hope we meet again soon.

David Scheinman
Tanga AIDS Working Group
Tanzania

Woof boy

I met him.
I love him.
I'm HIV Positive.
I could die.
I'd leave him.
He'd be a wreck.
He could leave me.
I'd be a wreck.
He's HIV negative.
I love him.
Woof boy.

— Michael Quail

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

Participating in Clinical Trials

BOOKLET NOW AVAILABLE

The AFAO National Treatments Project is pleased to announce the launch of the booklet ***A Guide To Participating in Clinical Trials.*** It is designed as a comprehensive guide for a person with HIV/AIDS who is thinking of, or is already taking part in a clinical trial.

The information is presented simply, so that readers can understand the complex workings of a clinical trial. We hope that this will demystify the terms and procedures that a person may encounter when becoming involved in a clinical study. We also encourage people to ask questions of the trialists, particularly before making the decision to participate.

We try to address most of the key issues involved, for example:

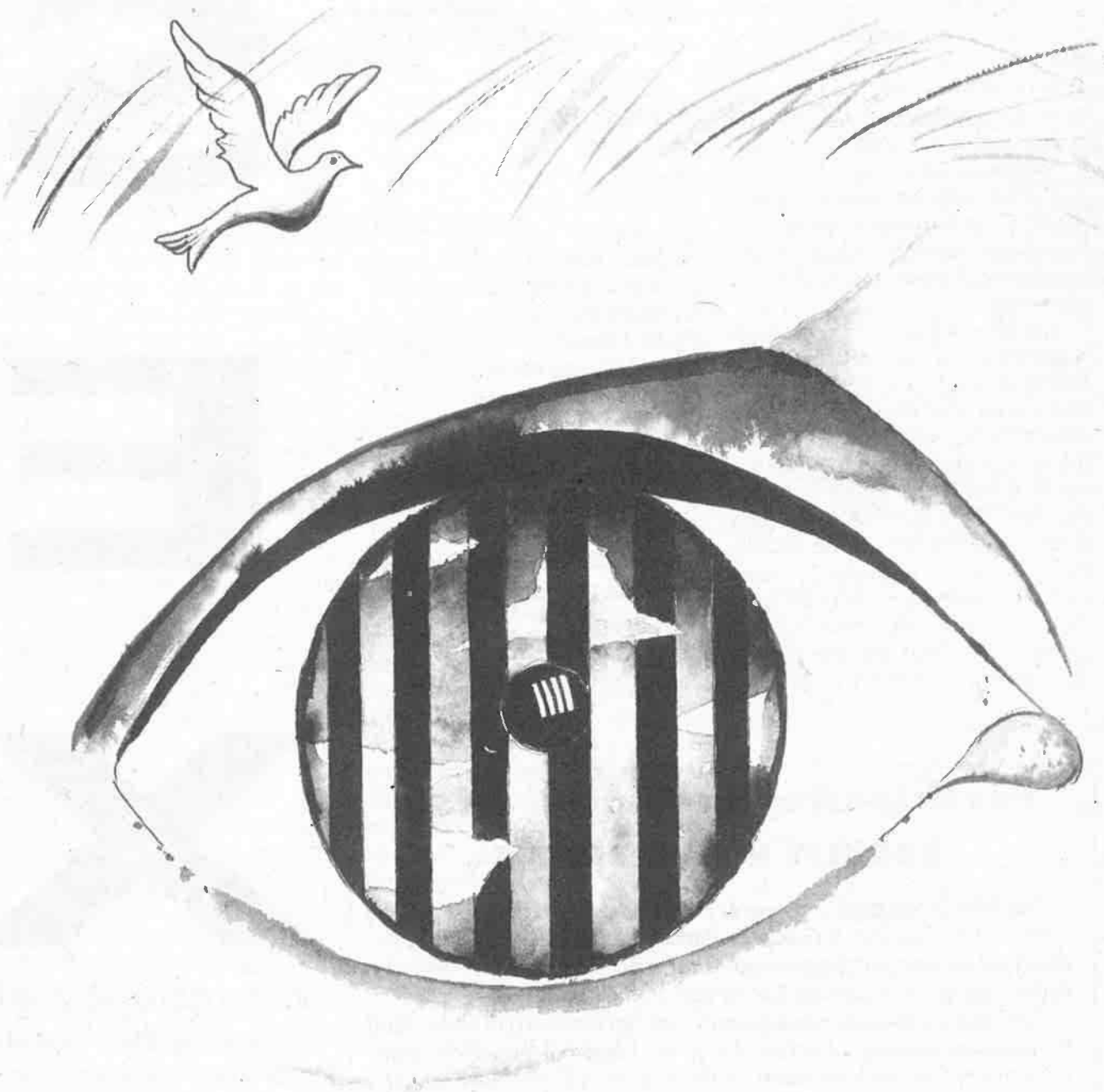
- The responsibilities of the participant and the researchers; The risks and benefits of being involved; The mechanisms of protecting the participant; The types of trials that are conducted; Resources for further information.

If you would like a copy of the booklet, please call us at the National Treatments Project and we will forward one to you at no charge. Our phone numbers are (02) 206 2050 and 206 2051.

MORE SEX

Sex and relationships will be the theme of the May edition of *Talkabout*. If you have something to say about this topic (and who doesn't?), put pen to paper now and write it down for *Talkabout*.
Send contributions to Talkabout, PO Box 1359 Darlinghurst, 2010, before Tuesday, April 20.

Take a look inside



HIV and prisons — it's an unhappy combination. Jill Sergeant found some inside views on this controversial issue.

JUST WHAT IS HAPPENING IN NSW prisons? You hear occasional rumours, horror stories. Most of us probably have very little idea of what it's like to be a prisoner who is HIV positive or has AIDS. Maybe some of us would prefer not to know.

Prisoners are among the forgotten people in our society — once locked away and out of sight, they are, for most people, well and truly out of mind. The concerns about HIV in prisons that are voiced in public are usually that prisoners (like injecting drug users), may be 'a reservoir of infection', from which HIV will spread to the 'general community'. The well being of the prisoners who have HIV or AIDS is not often the focus of such concern.

To find out a bit about what's going on, I started checking out the prison scene. To start off with a few facts and figures, I spoke to Gino Vumbacca, from the Department of Corrective Services Prison AIDS Project, and Sue Jefferies at the Prison Medical Service (PMS).

The prison population of NSW is about 6,000 inmates at any one time. The vast majority of them are men, with about 240 women and an unrecorded number of transsexuals. There is a high turnover of inmates as many people go to prison for only short periods of time. In this population, there will be, at any one time, 25 - 40 people who are known to be HIV positive. Over the past ten years, that adds up to a total of perhaps 120 individuals. Again, most of these are men. In the past eight years there have been about eight HIV positive women through the prison system, most of them for very short periods of time — usually less than six months; and a little over double that number of transsexuals. Since July 1991, there have been three positive women and five positive transsexuals.

In a study carried out by Sue Jefferies in 1992 of 62 positive prisoners, the majority had contracted HIV through injecting drug use; the second highest category were those who contracted HIV through homosexual sex work (which sustained their IVDU); and the smallest group were those who have contracted HIV through homosexual sex. This reflects the likelihood of imprisonment for drug related 'offences'.

Since November 1990, it has been compulsory to HIV test anyone going into prison for more than three months, and most people are tested again when they leave prison. This system, which has been heavily criticised, is under review to see how useful it actually is. One thing it has shown, however, is that to date NSW prisons probably do not have a high HIV population, unlike prisons in the United States and Great Britain. There are not a lot of HIV positive prisoners coming into the prisons, and since exit testing was introduced about eight months ago, there have been no positive tests recorded for people leaving who were HIV negative on entering prison (about 4,500 - 5,000 tests have been done).

Prisoners may ask for an HIV test. There is pre and post test counselling, although Gino Vumbacca acknowledges this is not universal. "There are problems with the volume of testing and lack of staff", he said, "but we aim to improve it. Also, when inmates are first coming in they often find it difficult to take in the information at the counselling session, because there's so much going on for them".

Once a prisoner does test positive, they are counselled and referred to the Prison Medical Service. Most HIV positive prisoners, according to Vumbacca, are kept in gaols close to Sydney so that they have access to medical care. They have access to the same treatments as people outside. The PMS aims to try and provide the same level of care that is available outside, within the limitations of a prison environment. Positive women are referred to Westmead Hospital for care.

A recent innovation is the Lifestyles Unit at Long Bay, part of the Special Care Correctional Centre, (until recently, this was known as the Special Care Unit). The Lifestyles Unit is a unit specifically for people with HIV or AIDS. It runs a three month program which prisoners can apply to enter. There is accommodation for up to eight men. Workers from ACON's HIV Support and Treatments Projects, a nutritionist from the Albion Street Centre, masseurs from Hands On, and a range of other services visit the Lifestyles Unit to give counselling, information and support. The idea is that the Unit provide a supportive environment for positive prisoners, and it is especially useful for people due to be released, as information is provided on what services are available outside.

At Long Bay Gaol there is a small building in the grounds called the Family and Friends Centre. The centre is operated by the Civil Rehabilitation Committee's Family Support AIDS Project (CRC). It's open daily 10am - 4pm for partners and families of inmates. The centre offers support (and cups of tea), on an individual basis and in informal support groups; referrals; and information on HIV and AIDS related issues. There is a children's room and occasional childcare is available if partners wish to visit without the kids. There's also a place for country visitors to rest if they need to.

The AIDS worker, Pam Simpson, will negotiate with the Department of Corrective Services and other government departments on behalf of prisoners, partners and family if they have any concerns, for example about visiting access. Many gay partners use the service. Staff and volunteers from the centre also visit prisoners in the Lifestyles Unit, and will advocate on their behalf.

If you have any inquiries, call Pam Simpson on 289 2670. The CRC offers a wide range of support services for families and friends of prisoners and ex prisoners. Call (02) 564 2722 or (049) 51 7667 (Newcastle).

In this special feature two HIV positive people talk about their experiences in gaol. Talkabout had hoped to interview someone who is currently inside, but this proved to be difficult. Confidentiality, always an important issue for people with HIV or AIDS, becomes a minefield for prisoners. Because the numbers of positive prisoners are small, it can be easy to identify even an anonymous contributor and this can make life difficult both for them and for their friends inside —Talkabout is widely distributed in gaols and all incoming mail is opened. We don't want to cause problems for anyone inside; they have enough already.

Arthur Eves

I FOUND OUT THAT I WAS HIV IN February 1989. When I found out about it I was spinning out. About nine months after that I ended up in gaol for three years. That made me spin out too. I was going to different gaols all the time.

I used to get tested about every six months and I never really expected it to come back HIV positive. When it did, it was out of the blue. That first day I found out, I went and started using again. That's why I ended up back in gaol.

When you first found out, did you try and get any support, or use any of the services?

No, not really. I went to ACON or Albion St, they had meetings there. But when I really started getting it together was after I went to gaol. In a way, for me, going to gaol was lucky. I was pretty much in a mess before I went to gaol, and I probably wouldn't be alive today. They didn't have to give me three years! One year would have been enough, just to get it together.

Did the prison staff know you're HIV positive?

No, just the nurses. When I got there I told them at the clinic and they did the tests. I was hoping it would come back negative, but it didn't.

Why did you tell them?

So they could do something about it. But I never got any treatment for about the first eighteen months anyway. What used to be a worry for me was that I always used to think I was going to get sick before I got out. That used to prey on my mind heaps.

I was going around from gaol to gaol, and I got to Lithgow. I hadn't had a T-cell count for nearly a year, and the head nurse insisted that I have one. So I went to see a specialist, and they put me on AZT — it made me sick.

I just went back on it the other day. I don't know if it's going to make any difference. My doctor wants me to go on AZT and ddC together. But I think all those tablets make you worse.

In Goulburn, I was in segregation for three months. After about a month I went to the doctor, said I needed to get back to Sydney, to do another blood test. In a way it was an excuse to get out of Goulburn and back to Sydney, but it wasn't just an excuse. I said to the doctor, "I want to get my T-cell count done", and he said, "what do you want to get one of them done for?" And I said, "because I'm HIV". But they didn't do anything about it, they just left me in Goulburn for another four, five months.

Did you feel like you got plenty of emotional support while you were in prison?

In a way. I had some pretty good mates in there, and there was a couple of really good nurses, some of them are still there. Yeah, I reckon they were good.

Did you tell other prisoners about having HIV?

Not for the first two years. In the end I did, and most people pretty well accepted it. I didn't really decide to tell anyone. I went into the Special Care Unit, where it's very open and honest and they have group sessions and talk and all that kind of stuff. It was even better after I told everybody.

Did you meet other people who were HIV positive?

Not in the Special Care Unit. But I've met other people around the gaol, that are HIV, mainly because you go to the same doctors, so it's easy to know. Most of the other prisoners don't know, it's pretty good like that. Sometimes a prisoner will ask the nurses if they can meet another person who's HIV. You've got to ask them though, and maybe not many people want to meet each other. I remember one day, this guy, him and me got called over to go to the specialist. And when we got there, he gave some dodgy excuse about why he was there, so I gave him some dodgy excuse about what I was there for. Then when he came out, he just started talking about it. That blew me out. But he was getting out in three days, so I didn't get to know him very well.

It sounds like before you went into gaol you really didn't want to know about being HIV positive.

No, there was lots of things that were going through my mind, crazy stuff, gloom and doom you know. I tried to kill myself a couple of times, overdosed a couple of times, slashed up and everything.

Why did that change in prison?

I was on methadone when I went to gaol. I just stopped methadone one day. I think it was the nurses in there, talking to them about HIV and the rest of it, they told me there's more to keep going for, even if you're HIV you can do things.

Why was it different? Wouldn't you have gone to a clinic outside?

Well, probably not. It gave me a chance to be straight again. That's the main thing, to start thinking properly.

But isn't there a lot of using in gaol?

Yeah, there is, I could have used — not as much as I wanted, but I could have used once a week. But I never did. I had maybe one shot while I was in gaol, that was after about six months. I just didn't want to do it anymore anyway. I just made that decision. I stopped methadone, everything. Plus, I just can't be bothered, in a way, doing all the running around that you have to do to keep using all the time. It's a hard job, to supply a habit like that. I've got better things to do, it's just a waste of time.

Is it easy to keep up that attitude, now you're out?

Yeah, it's like — it's how it's meant to be.

What about sexuality in gaol, do you want to talk about that?

Well, when I was in gaol, I never got off with anybody for three years. Because I was HIV I didn't want to put anyone at risk, that's the main reason.

What are the prisoners' attitudes to HIV?

When I first went to gaol, sometimes I'd overhear people talking about HIV in the remand yard, and they'd be talking really dirty about it. Towards the end of me lagging, it was different, attitudes were changing.

I'd say that most people think there's nothing to worry about. There's some people carry on a bit, but they do that about anything, doesn't have to be HIV. I don't think it's that big a thing, like it used to be. As time goes on, I think more people in gaol would be more accepting of it than people on the outside.

Why is that?

Well, probably because more people in gaol know more people with HIV than people on the outside. It's one of those places where you've got to be careful too. Everyone knows it's lurking around, it can happen to anybody.

"As time goes on, I think more people in gaol would be more accepting of HIV than people on the outside."

When I got out to the Training Centre, everyone knew I was HIV, and no-one really said boo about it. I went out there after I came out of the Special Care Unit, and once I was in the Special Care Unit and started talking about it, well everyone knew. When I came out to the training centre — you come out in groups, about eight of us — this guy came up to me and said, "one of the people who came out today is HIV, do you know anything about it?" And I said "yeah, there is on". He sort of looked at me and said "it's you, ay?" And I said "yeah"! (laughs). Then we just talked a bit about it, and he wanted to ask some questions about it.

I found most people that said anything to me wanted to know something about it. A lot of people have got girlfriends, a lot of people are using, into drugs; it's always at the back of their minds. They go and get tests all the time, when they think they might have got it. Some people don't go and get tested at all.

When I was in the Special Care Unit, after they found out I had it, for about the next two weeks, everyone wanted to get their blood done, and then they got right into it, were testing for everything else, like hepatitis, you know, one thing lead to another. There was a new one getting around called Hepatitis C and everyone wanted to know if they had that.

What sort of things did people want to talk about?

They mainly wanted to know — oh, if you're ever going to have sex again, stuff like that. I'd say, well, I have, you don't have to worry too much about that. They ask you about dying, what you think about that. That doesn't really worry me much, because everyone's going to die anyway.

How about the screws' attitude to people with HIV?

Some of them were pretty good, especially in the Special Care Unit, mainly the screws in there are screws that want to go there. You get a lot of gay and lesbian screws going there too. Some of them are good. They're better people to be around. The redneck ones, the storm troopers, they carry on like nazis.

Once a month they shut the whole gaol down, they come around one by one and search the cell. I used to get a week's supply of AZT, about 45 pills in a plastic bag. And they'd come in and say, "what's this for, how come you've got so many?" And I'd say, "the clinic knows I've got it". They'd say, "what's it for?", and you don't want to tell them what it's for. If you say something like, it's personal, they get really dirty about it, like you're being smart. Then they take the medication off you, and bring it back about four hours later. They ring up the clinic, and usually the clinic gets up them about it.

It's their power to keep everyone under their control.

I've been in gaol three times, I'm retiring now. I'll find something else to do.

Pat

I KNEW I WAS POSITIVE WHEN I went into gaol at the beginning of 1990. My initial sentence was six months, but I escaped after withdrawing off the methadone and I ended up doing a fourteen month sentence. When the police handed me over to the screws at reception, one of them said, "this one's got AIDS". So there was no hiding it from the start. But they wasn't allowed access to my medical papers because I refused to sign them.

They put me in the dry cells in the psychiatric unit. I'd never been into gaol before, so I had no idea what was going on, everything was totally new. I just thought it was normal, the way they were treating me. The pyschologist came and visited me and asked what I was doing in gaol. I didn't realise that she was actually asking me why I was in the psychiatric unit. She said, "there's rumours that you've got AIDS." And I said, "well I have, but I'm not going to declare it". I told her my beliefs about how they was going to treat me, if they found out. She said, "well they're already treating you like that, that's obvious."

They kept me in there for three weeks. A dry cell is a cell with just a mattress on the floor, a toilet that doesn't flush, no sink. They used to let me out half an hour a day to have a shower, and half an hour in a little cage when everyone else was locked in their wings, for exercise. So I never really got to see any of the other inmates. Every day, when they let me out, there was one screw there who used to shout out, "you can go and let out that diseased slut for a shower now".

I actually kept quite calm, I never let anything get to me. I just thought, well that's what I'm here for, I'll just get on with it. When they let me out into Catchpole—which they've since closed down — I found out that before I went in they'd asked the other inmates if they minded having me in the wing, because I had the virus.

"I'd stopped being a person, I was just "that girl with the virus". As much as I could laugh about it at the time, things like that do hurt. You just put up more and more barricades towards people."

I found the inmates alright. I had some run ins with them. There were lots of little incidents that were really uncomfortable. Being the active person that I am, I like to keep busy. When I got into Conlon we had a thing called wing management where we cooked for ourselves. I used to help chop vegetables and the woman that did it was quite glad of the help. She called me into her cell one day and said "look, I hate to tell you this but some people don't want you touching the food. I don't mind you touching it, but I think I've got to tell you because people are saying things behind your back." We called a wing meeting and then I found out that it was actually my cell mate who was instigating this. I was outraged that someone could be that ignorant.

The medical staff within the gaol system really suck. They'd play games like not hand out Milton tablets for bleach. I worked on the AIDS Committee and I made it known to everyone that I had Milton tablets in my cell, and if they wanted one, that was what I was there for. Instead of just being a lipservice, I decided I was going to do something positive, like collecting Milton tablets. Then I found that staff would give us them, and screws would confiscate them. It's a really bizarre, stupid system. I approached the superintendent on it, and she made a rule that Milton tablets were not to be removed. But screws would still do it, or chuck them in the bin or tread on them — they were just basically arseholes, power crazy.

I suppose the incident that affected me the most was when that officer got stabbed out at Long Bay. We were locked in our cells for a week. That was one of the most scary times for me. I felt so intimidated, I didn't know what was going to happen, what they was going to do to me. I had visions of them coming and beating me up, stuff like that. It really was frightening. Within a week of letting us out, they segregated me for things like wearing my jumper inside out. I ended up doing four months of segregation.

There was one officer who just had it in for me. Every time they let me out of Conlon I'd be back in segregation, didn't matter what I did. It got to the point that I knew they was coming for me, and I'd always have a bag packed, with a book in it, a packet of cigarettes. extra underwear... I got used to the system.

I got quite close, in this time, to a psychologist, who was really helpful. The last time they let me out from segregation into Stage Two of the gaol, and she made me her clerk. As well as being able to talk to her about the stress I was going through, it kept me away from the screws. The psychologist would work back late, so I was taken back to my cell at 6.00 at night when there were no screws about, so I couldn't get picked on for things I

hadn't done.

They brought in the compulsory testing within the gaol system — there was no pre or post test counselling whatsoever. It became common knowledge in the gaol system that they didn't call you out to get your results, if they called you out then you knew you'd got the virus. I don't know if it's changed now, I believe it has, because they've got a really good STD nurse. But the Sisters at the time I was there, they was just shit.

I know that the system has changed, but from what I hear, stuff still does happen. Sometimes people may not get a test until they're getting out because they've just slipped through the system. There's so many women coming in and they just haven't got the time. I think Corrective Services is quite scared that they're going to get sued for someone catching the virus within the system. I think that one day someone is going to sue them, because they haven't got access to free syringes . . . Even though they may lose their case, it's going to look pretty dirty in court if someone catches the virus in gaol.

One girl was pregnant, they took her for a test, and before the psychologist told her her results, there was four screws that knew, the Superintendent knew, all the nurses knew, and the psychologist knew that she was positive. Then they did another test and found out that she was negative. An inmate, who was a sweeper, overheard one of the nurses telling a screw that they were bringing a girl over, who'd got the virus, and because they said she was pregnant, the sweeper knew who she was. There is no confidentiality, it just does not exist within the gaol system. The nurses are that pally pally with the screws, they tell them everything.

When I got out of gaol, I tried desperately not to get involved with AIDS — I've since found out it's impossible — basically because of what gaol had done to me. It was constantly thrown up in my face, I'd stopped being a person, I was just "that girl with the virus". As much as I could laugh about it at the time, things like that do hurt. You just put up more and more barricades towards people. You don't have any trust. I think to this day the only person I trust is the psychologist at Mulawa gaol. I still see her.

I know things have changed within the gaol system. I keep in contact. If there is a woman that's positive that's getting released, they ring me and tell me what sort of problems she has, to find out the best places they can go. There's more information for positive women in gaol now. Positive women that I know, who go in, I tell them who to go and see for support, if they need it. One woman I know, she said the Annexe was absolutely wonderful, the nurses treated her really good, the old attitude has totally changed now.

Women in the gaol just put on a concert and they raised $500 for Positive Women. It was a friend of mine who organised it, who was on the AIDS committee.

How was your health while you were in gaol?

I had warts come up on my feet and by the time I went to get them treated they'd gone. I'm forever getting thrush. I was getting thrush creams brought in, or I'd have to wait two months for the doctor. You put your name down to see a doctor and you have to wait for a week, then you'd go and sit in a cage and wait for him and if your time ran out before you saw him, you'd go onto next week's list, and next week's list . . .

A lot of it I felt was because I wasn't going to play ball with them. I didn't think I had to. It's my life. From the time you go in, they take all your clothes, they take all your jewellery, they take your identity away, but they can't take your pride and they can't take the person you are inside away. They fucking try hard! I just wasn't giving them the satisfaction.

Have you been in prison?

Perhaps you can help with a new research study by the National Drug and Alcohol Research Centre. The study aims to: monitor the prevalence of risk behaviours and HIV infection among a group of ex-prisoners; to determine the characteristics that put some inmates at more risk of infection than others; and to examine the level of contact ex-prisoners have had with a range of HIV prevention services.

We need to interview and test 180 people between April and October 1993 who: are male, have injected drugs in the last two years and have been imprisoned in NSW for at least one month in the last twelve.

The interview and test results will be confidential. Names will not be recorded. Test results will not be available to respondents. The study has the approval of the Research Ethics Committee of St Vincent's Hospital.

If you would like to participate in this research, please contact Kate Dolan at NDARC ph: 398 9333.

Long Bay

Well!
For my next trick ..... I wonder?
Fucking brick walls have got me at last, terrible place to wake up.
Just fucking terrible!
It all started when ..... Yes.
So hi from the "Temple of Expensive Experience" xxx
.... where 700 stand in line at 7 every morning
and I'm not sure yet but I think one of them is me.
and my new thrill, is sugar in tea, every second time.

Have you been to a place where your smile can't reach
and your thoughts can't help you home
you know who you were
now you're in what you are
alone
searching for a memory from when it was a game
you wish it could be just sad
But no disguise ...
this time it's bad
And you'd never had a god but who did you turn to ...
PLEASE help me home!

It's quite strange. They seem to have got quite a crop of us, all at once. The place is full of us. Guys who have never eaten meat and always paid for their haircuts, walk the yards together and talk how the "Devil made them do it", and at night we take turns to sleep.

Please pray for me as I do it.
xxx

— John Bear

The vitamin vendors

I'D LIKE TO INTRODUCE YOU TO ACON's vitamin service. For those of you who don't know we exist, we are located at reception of the first floor of 188 Goulburn St. We sell vitamins and weight gain supplements to PLWHAs at wholesale prices. We are open from 9.30 to 5.30, Monday to Friday.

People can access our service by bringing in a script from a doctor or complementary therapist. Although we have our own script pads any script will do. The script is necessary because of the Therapeutic Goods Act under which we operate. Scripts are valid for six months.

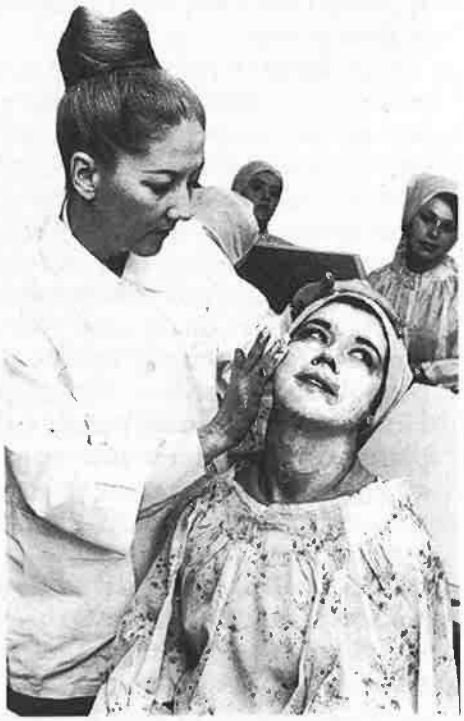
We are run by a group of supervising practitioners who decide what we sell and from which company. These practitioners are unpaid volunteers who do not profit from our service. We are presently considering expanding our product range so look out for more about this in coming months.

BGF subsidise one of our products. The AC-powder is $26 for 500 grams normally but with a BGF subsidy is only $3. To get this saving bring in your pension or sickness benefits card and we will organise it for you.

This all sounds terribly stern and formal but we are much more friendly that! Come up and see us and get your fits, condoms and lube at the same time. For more information call Storm or Anthony on 206 2000 or (TTY) 206 2066.

Some samples from our list:
Barley grass powder(256g) $22.00
Control Acidophilus Plus (100caps), $6.00
Entrodophilus (90 caps) , $13.00
Fortified vitamins and minerals (60 tabs), $5.00
Kelp-T (100 caps), $9.00
Polycose (350g), $5.00
Tea tree oil (25 ml), $5.00
Balanced B complex (75 tabs), $5.00
Calmacin (100 caps), $8.00
Evening primrose oil (Vitaglow, 550mg) 120 caps - $28.00
60 caps - $15.00
Lipisorb (16 ounces), $15.00
Vital (6 satchels/pack), $22.00
Vitamin A & C powder
500g $26.00 or 200g $12.00.

Do something with yourself



Find out about CSN

NOT ALL FLOATS AT THIS YEAR'S Mardi Gras needed outrageous costumes or hilarious concepts to have the crowds screaming. Some of the loudest cheers went to organisations that offer support to people with HIV or AIDS—groups like Community Support Network (CSN).

Now close to ten years old, CSN has a particularly high profile, especially through a lot of recent publicity in the straight press. But it seems the message is not getting across to our most important audience — those experiencing illness or physical complications from HIV.

Many PLWAs may already have great support on hand from significant others, but even if this is the case with you there may still be room for CSN. Carers can offer your partner/family/friends a break they often don't realise they need. Even a short break can give them new strength to continue caring for you.

You need not be bedridden and alone to have to call on CSN. You may still be holding down a job but feel too tired to cook some nights.

We are not nurses or counsellors but our skills fall somewhere in between. We can cook and clean for you, make your bed without waking, give sensational massages, shop for you and pay your bills, take you out for the night or take the dog for a walk, hold lengthy conversations on everything from world politics to the disgusting taste of morphine, or we can shut up on request.

I have cared for people who have felt almost guilty for calling in CSN — not knowing what we can offer, or more often, not believing they need our type of support.

One of my cares, on our first meeting, was determined to convince me that CSN was not for him. He was still able to prepare his own meals and my pitiful attempt at boiling eggs (a first for a non-egg eater) did not endear him to the idea of CSN cooking for him. The spotless state of his home did not leave room for our dusters and he was well covered for emotional support from his family and counsellors. But a quick leg massage won him over and CSN was soon filling shifts for him.

There is always something CSN can offer, whether it is physical care or simply having someone else at your side to share your ups and downs.

You're not expected to hit it off with every carer you're matched up with, just as we are not expected to care for people in a situation we may find uncomfortable. All you have to do is let CSN know that you'd prefer someone else in your home and we will try you out with a different person. And if you do find someone you feel comfortable with you don't have to become instant buddies. Volunteers with CSN can choose not to become involved with their cares and the reverse is also true. If you just prefer to have someone come into your home, prepare a meal and tidy up, that's fine, you don't have to have a coffee and share your life story.

Many of the relationships I have had with my cares have begun as something akin to a business relationship, but over time we became very close. I became a friend they could share problems with — someone who was not too close to home to talk with.

CSN's 24 hour service gives you the alternative of being cared for in the comfort of your own home where you make the rules and decide when visiting time is over or it's 'lights out'.

If you think CSN has something to offer you, call us at ACON on 206 2000.

— Cindy Jones

Mann of vision

Continued from page 2.

Then, from 1986-90, we witnessed an extraordinary period of global mobilisation. A global AIDS strategy was developed, the UN system and official development assistance agencies were activated, virtually every country in the world created its own national AIDS program, and community and non-governmental organisations became ever more active and numerous.

Thus, during this extraordinary period of global mobilisation, the gap between the expanding pandemic and efforts against it were starting to narrow. During this period, at the community level, remarkable successes were achieved in HIV prevention.

Yet, since 1990, the world has entered a new phase in the confrontation against AIDS: a period in which the national and global response has stalled and is falling dangerously behind the pace of the pandemic.

Global mobilisation is being replaced by complacency and a lack of co-ordinated and strategic leadership. As a result, there is a widespread and growing sense of concern about how best to proceed, the gap between the rich and the poor is widening and a global ethic of caring has not been developed. We see increasing evidence of satisfaction with bureaucratic achievements — like producing a report on time — regardless of the relevance of these achievements to prevention and control work.

No national leader — and no country — has yet made of AIDS a true priority for national response — and we are sometimes tempted to doubt if we really can control the pandemic and care for all those who need care.

"we must confront the many forms of discrimination which make societies vulnerable to further spread of the pandemic."

Let us consider some of the evidence of this "levelling off" — and some of the fundamental problems within the global response.

- During the 7-year period 1985-91, the industrialised nations provided a global total of about $850 million for HIV/AIDS prevention and care in the developing world. This 7-year total is less than the total spent in New York on AIDS last year.
- In 1991, for the first time, resources available to the WHO for global work declined. The resources for AIDS are levelling off and even declining in most if not all countries.
- About 90 percent of the world's spending was used for the approximately 25 percent of the world's people with AIDS in North America, Europe or Australia.
- Major international organisations — with mandates and responsibility for global action — are having difficulty reaching agreement on allocation of responsibilities and co-ordination of their efforts.
- A large number of 'pilot projects' have been tested and many are successful — yet curiously, they have not been amplified and applied in large-scale prevention programs.

So now it is time to ask: what is wrong here? Why, despite the courage, passion and commitment of many individuals and communities, is the societal response — the political response — faltering? How can we explain the paradox of plateuing resources and commitment at a time when the pandemic is expanding and intensifying worldwide?

AIDS will require that we deal with what we have not thusfar been willing to address: the key, underlying pre-existing issues — deeply embedded in the status quo of societies worldwide — which fuel the spread of HIV.

An analysis of AIDS epidemiology and the epidemiology of the global response shows that the pandemic flourishes by exploiting societal weaknesses, and the major societal weakness it exploits is inequality and injustice — that is, discrimination — not in the abstract, but in its specific and concrete manifestations. A decade of work against AIDS has shown us that the central societal lesion which underlies AIDS and ill health worldwide is discrimination.

An obvious example: the role and status of women worldwide is fundamental to HIV prevention. Women cannot say "no" to unwanted or unprotected sexual

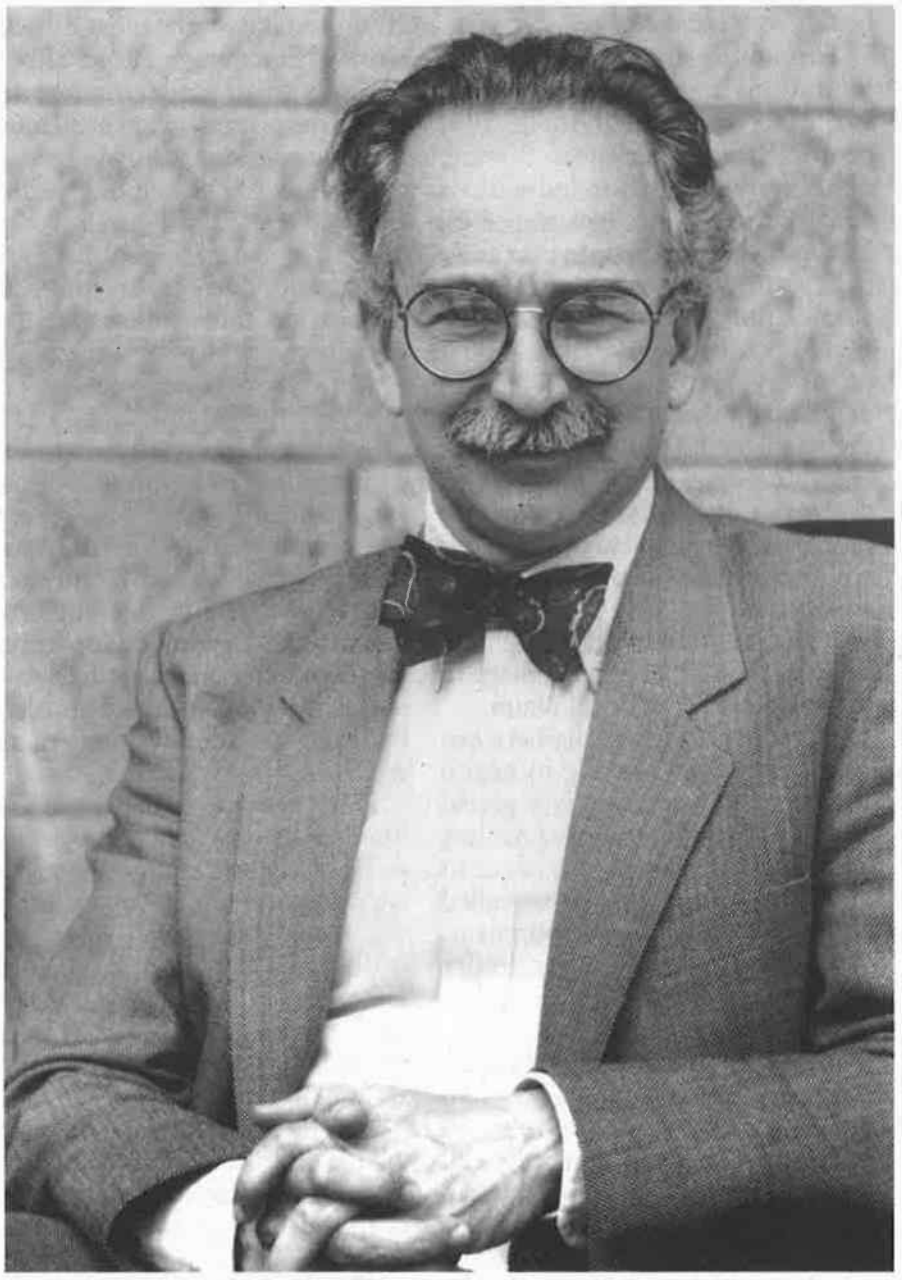
intercourse unless they have the economic and social power to mean "no".

Similarly, belonging to any marginalised or stigmatised social group results in an increased risk of HIV infection. In sum, those in full possession of their human rights and dignity are best equipped to contribute to HIV prevention.

We can also see that individual, national and global vulnerability to further HIV spread is really a microcosm of vulnerability to ill health, disability and premature death. For analysis of other global health issues — maternal mortality, street children, sexually transmitted diseases, cancers, injuries — shows that like HIV/AIDS, they are inextricably linked with marginalisation and other expressions of societal discrimination, in other words with neglect of basic human rights.

What then is to be done? The old vision of AIDS as a separate, unique and isolated health problem has now become a straight jacket. Today, recognising, with realism and honesty, the limits of our current approach, we can start to define a new approach. We must launch a forthright assault on the basic problems — the underlying societal conditions — which create and magnify our vulnerability to AIDS. This means that we must confront the many forms of discrimination which make societies vulnerable to further spread of the pandemic. This is not only the basis of a strategy for AIDS — it is a strategy for health — community, national and global.

In speaking to different people around the world over the last six months, I have been struck by three common reactions to these ideas. First, there is universal agreement that our current work on AIDS is necessary but sufficient. Second, there is widespread agreement that respect for human rights — and related societal change — will be needed for control of the pandemic. Yet often there is also a sense of hopelessness, of being overwhelmed by the scope of the problem — even to the point of paralysis.



Professor Jonathon Mann.

Here we confront a fundamental paradox. People in all countries are deeply concerned about their health, the health of their families and children — this is obvious but it needs to be restated. Yet if health is really a central concern of all peoples, why is it that health has not become a central, defining principle of local community, national and global purpose? Why do governments tremble when the inflation rate or the price of gasoline rises, yet no governments fall over the infant mortality rate, low immunisation levels, or violent deaths among adolescents?

Paradoxically, we health workers have contributed to this problem. For we have generally been silent, or at least very well-behaved. We have not spoken out boldly about the central importance of health; we have not spoken with confidence as representatives of the deepest desires and aspirations of people. Thus, we have accustomed ourselves to playing a secondary, reactive and minor role in community, national and global life. We have trained ourselves to expect and to accept second-class political attention for

health concerns.

The political impotence of health aspirations may also be due in part to the fact that throughout history, people have experienced disease, disability and death as individuals confronted by personal tragedies. Yet today, when people lose their jobs, they can recognise the connection with national policies, the national economy and the global economy. However, in health, people are only slowly realising that the same connections apply: that individual tragedies of preventable disease or disability, or premature death, are also linked to community, national and global policies, action and inaction. Only when the personal is linked with the global can health take its proper place in the societal and political realm.

The enormous disparity between what people are seeking in health and what they receive is a global phenomenon. This is not a problem we can simply allow ourselves to blame on others, on the so-called decision-makers or on politicians, We must now take responsibility to help give voice to the basic desires of people for better health.

It has become increasingly clear that to work against AIDS is to become, to some extent, a revolutionary, or, if you prefer, an activist. A revolutionary because in order to achieve the goals of our work — whether to make a vaccine which could be accessible to the entire world's population in need, or to ensure care for all those who need care, or to prevent infection through education of young people about sexuality — in all these ways, our goals will require change in the status quo of our societies.

Thus, our new global AIDS strategy is more than about AIDS — it is part of a deeper, more fundamental struggle: whether health will or will not become a central, defining principle guiding national and global purpose. This is not a modest aspiration — but why should we be modest?

Around the world, AIDS has drawn forth people who are not afraid to take on the most difficult work. The courage and creativity of individuals and communities which has already given us so much gives us confidence now.

Against AIDS and for health, leadership — at all levels — has never been so necessary. In every community and country there is a need to do three things. First, to continue working within the system — to strengthen and extend programs of education, support and care. Second, we need to mobilise community and public opinion around health issues which are easy and already clear. But third, we must help give voice to the universal, deeper and deeply felt but often inarticulate aspirations for health. Just imagine what real global health leadership could mean for problems like drug use, the environment and AIDS.

Here we are dozens, perhaps hundreds — at the International AIDS Conference in Amsterdam we were thousands — and together we represent millions: our individual and local actions, informed by a global vision, can start an unstoppable movement towards the global health revolution so long in coming.

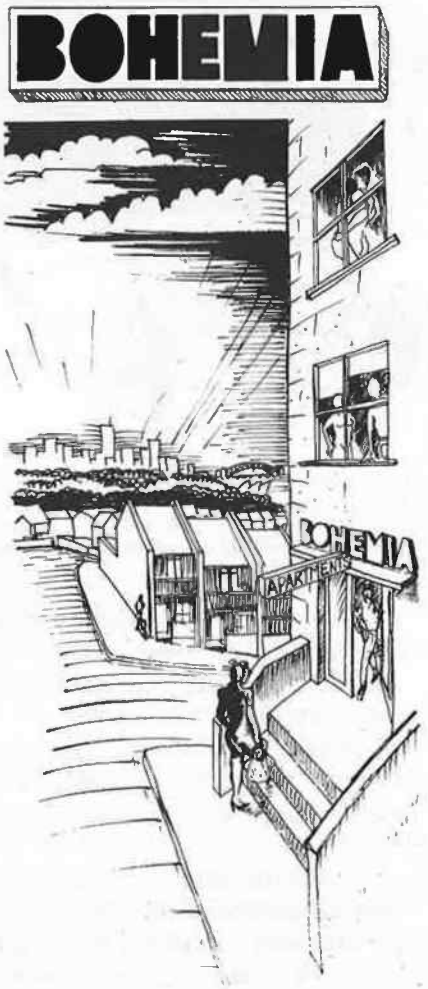
Thus, despite the danger, which we have the courage and integrity to recognise, we do not despair. We can send forth a message of hope and life.

This is in our power, for it has been given to us, at this turning point in the history of AIDS, to create, out of our knowledge and our realism, our experience, our unstinting honesty and our dreams, a new understanding of AIDS as part of a new global vision of health. When the history of AIDS is finally written, this may yet be the most precious contribution we could have made — a vision of health, solidarity, rights, and peace. Now we must work, each of us and together, to ensure that it becomes an active vision and a reality — strong enough, wise enough and humane enough to protect and ensure our global future.

CHAPTER 18

by Ms. Ada O.

Anguish in BOHEMIA



Post Mardi Gras, Robbie and Wayne took refuge on the reef; Leonard sought solace with his baby grand, while Nigel agonised over his party excesses. Meanwhile, Beryl succeeded in luring Brad to 'the home'. Will Robbie and Wayne return to a smooth life in Sydney? Do Nigel and Leonard have their first true 'domestic'??? Did Brad convince the nurses that Beryl was really a he????? For the answers to some of these questions, read on . . .

Ghosts of the past

WAYNE AND ROBBIE ARRIVED BACK from their Queensland holiday to find Wayne's flat invaded by ACT UPers. Apparently, the ACT UP office was being monitored by ASIO and they needed another hideout to plan their next Zap. Wayne took it all with his usual good spirit. Robbie was less gracious. Before their bags had time to hit the floor, they were off again to the sanctity of Bohemia and Nancy's old apartment.

After the will reading, Robbie had spent most of his time at Wayne's place. He didn't feel comfortable staying in an apartment now owned by a "brotherhood". He didn't know much about the Little Brothers of Positive Joy apart from the fact that Nancy had left her apartment to them. His big sister had been a little brother. Life in the 90s was so full of contradictions.

Robbie turned the key in the lock of the old apartment he had known so well and they both entered. The place was much as she'd left it. Nancy's hope chest lay open, spewing woven shawls, 70s chunky jewellery and Tupperware onto the lounge-room floor. A cocktail shaker sat on the bar next to three glasses waiting for the fateful bourbon which, following the piano incident, had never arrived.

The place smelt musty. But Robbie sensed something else was awry.

"Something's not quite right", he said to Wayne, putting his bag gently down on the rug. "I feel like we're not alone."

At that moment, from the kitchen, they heard a terrible sound. It echoed through the apartment and sent a shiver through them both. It was the sound of a loud voice. A loud *American* woman's voice.

"WHAT DARRRRLING TIIILES", swooned the voice from the kitchen. "AND LOOK, ROGER. A SINGLE SINK. ISN'T THAT CUTE!"

The door swung open and the source of the voice, wearing a pink track suit with shoulder bag, now entered the room and, on seeing the two boys, let out a single ear-piercing scream. Robbie and Wayne jumped metres. The pink track suit was followed by a very short man in bermuda shorts, carrying, of all things, a camera. Robbie recognised the third person to enter as the doddery old solicitor from Nancy's will-reading.

The five people stared at each other for some time before the old solicitor cleared his throat.

"Aren't you young Robert Kelly, brother of the deceas- er . . . um, past owner?" he croaked.

"Yes", Robbie managed.

"I'm showing these prospective tenants through. The new owners are thinking of renting it out."

"Watch out for that rotting board just by your left foot", Robbie suggested to the bermuda shorts. "And I hope you don't mind pets", he turned to the pink track suit. "Because the place comes with rats!"

"Rats?", the pink track suit let out another single ear-piercing scream.

"Rotting floorboards?" said her husband, equally unimpressed. "Sir, we are not interested in your single-sink, rat infested, rotting dump."

And with that, they left.

Robbie and Wayne placated the old solicitor by agreeing to move into the apartment right away. Wayne figured ACTUP could stay in his flat and besides, they owed it to the other Bohemians to keep straight, white trash out.

Beryl goes bonkers

THE COUNTRYSIDE REVERBERATED with wild screeches as three burly young men in white coats wrestled with Beryl, an honorary lifetime member of the Brewarrina branch of the Country Women's Association.

Bringing up the rear was Brad, the son of the soon-to-be-admitted patient, who had hurriedly changed into an old cocktail frock he had conveniently been carrying in his bag. With the frock, combined with pillbox hat and Avon make-over, it was difficult to tell Brad from Beryl.

"Oh Bradley," he cried desperately to his mother, "*please* let these gentleman help you." Looking around sheepishly he added, "*Everyone* is staring at us."

"How can you do this to your mother?" Beryl screamed, her anguished tears producing rivers of mascara down her bright red face.

"I can see what you mean when you said that your son is somewhat *disturbed*, Mrs Lewis", said the doctor to Brad.

"Yes, Doctor Shepterd. All he needs is some nice fresh country air. I don't want to get my hopes up too high, but tell me ..." wept Brad, adjusting the creeping hem of his cocktail frock, "do you think there is any chance you will be able to stop him from wearing women's attire?"

The doctor assured "Mrs Lewis" that his electro-shock therapy had proved very successful and that he had sent many of "those sorts of cases" back into society functioning as totally normal human beings. Brad smiled, his obvious relief showing.

By this time the nurses had managed to drag the kicking Beryl into the house and to a small room.

"Now young man," the doctor said resuming his booming voice. "Let's get you out of that frock and into something sensible."

"*No! No!*" Beryl squawked helplessly, "there has been a terrible mistake!"

Brad leaned over to Dr Shepterd and whispered that "Bradley" was always saying that. The doctor nodded his acknowledgment as he attempted to prise Beryl's tweed checked skirt over her ample thighs. When he succeeded both he and Brad gasped in disbelief.

"*Bradley!*" Brad screeched in a suitably shocked tone, "*You've gone all the way! And you didn't even tell your own mother!*"

"Hmmm," Dr Shepterd mumbled in a very concerned way. "This is even more serious than I first suspected."

"Oh doctor. This is too much for a mother to bear," wailed Brad. "My nerves are just ruined. I think I'll have to leave now."

"Certainly, Mrs Lewis, replied the doctor. "I understand completely."

After asking where the nearest cocktail bar might be found, Brad turned to leave. At the doorway he stopped and turned once more to look upon his mother, who was now dead to the world thanks to a shot from one of the nurses.

"Oh Bradley," he wailed convincingly. "What *did* I do to deserve this?"

TO BE CONTINUED

Fair Treatment

Women's business

This month we publish Part Two of Jill Sergeant's interview with Virginia Furner, a doctor at the Albion Street Centre.

How should women be monitoring their health?

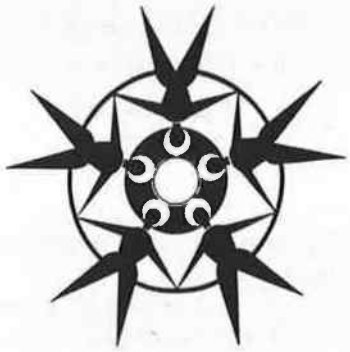
We recommend to all patients with HIV that they should monitor their health regularly, because not only does it gives them access to early treatment and prevention, it also gives them more control in a situation that could become very overwhelming.

It is sometimes difficult for women to have access to care and medical monitoring because of difficulties accessing transport and childcare. It is not easy for women to attend for monitoring when they are caring for children, or an infected partner. Looking after their own health may be difficult. World wide, it is a major issue, and I think it's an issue for some women in Australia, in that it has prevented them from attending clinics, or support groups — particularly support groups. So they are disadvantaged by being women.

What sort of symptoms or conditions should a positive woman be looking out for?

If she has vaginal thrush, her doctor should treat it thoroughly and make sure it's not a recurrent problem. Mizoral or fluconazole is available if it is an ongoing problem.

As with all people with HIV, women will get skin conditions. All of these conditions can be, if not cured, at least suppressed and treated. So don't let skin conditions



get too overwhelming. There is a range of skin problems that women may experience, everything from dry skin to fungal rashes and folliculitis.

Good dental care is also very important, as it is for men.

If a HIV positive woman has a sexual relationship and is of child bearing age, ideally, she should consider additional means of contraception, as well as condom use for barrier protection.

If a woman is having menstrual problems on AZT or ddI, then she should let her doctor know. Women should always feel that they have the freedom to raise women specific issues with their medical practitioner.

Women have menstrual problems, with or without HIV infection. However, it's important that these problems aren't just dismissed by their doctor and that the doctor is aware of what the woman is experiencing. If a woman is experiencing severe PMT, or if she's having very erratic or heavy periods on AZT, then that has to be addressed.

If she's having heavy periods and it's not due to AZT then it should be considered seriously and appropriate assessment and treatment carried out. Normally, in a situation like that, I would refer the woman to a gynaecologist whose opinion I value and who is sympathetic to HIV positive women.

What about Pelvic Inflammatory Disease (PID) and chlamydia? Should a women consider testing for those when she's first diagnosed, because they can go undetected?

People can acquire more than one sexually transmissible infection and certainly they can go undetected, and ideally she should at least have a test for exclusion of chlamydia and gonorrhoea when first diagnosed HIV positive. Many women I see have been diagnosed years ago, or at other clinics, and these tests may not have been done. I don't hesitate to test if anyone has a past history of PID, or presents with any symptoms or has clinical signs of cervical infection.

It's important to monitor people who've previously had PID. If a woman has had a number of partners and unprotected intercourse, she should be assessed. But if she was infected four or five years ago and is in good health, I don't suggest that she should have a chlamydia test as a regular routine follow up.

Whenever I do a pap smear, I also check to see if there are any clinical signs of infection. I recommend that a pap smear and pelvic examination be carried out on any woman who is HIV positive every six months.

Mapping Our Progress

This is an edited transcript of Lyle Chan's speech at Mapping Our Enemy (see page 4).

I often get asked by to describe the present state of treatments activism. Until now, I haven't been brave enough to say what I really think: I think AIDS treatments activism is *in remission* . . . The dominant emotion in AIDS treatments activism is *malaise*. After the release of the Baume Report, treatments activism became erratic, ad-hoc. I don't mean to say that treatments activism became unsuccessful, because it *has* been sucessful — witness acyclovir and ddC and G-CSF. But is it the kind of success that we want — getting access to yet another mediocre drug which ultimately won't save any lives?

Let's place the much-lauded Baume Report in the context of the entire drug development process. I want to do this because for a long time we thought that the Baume Report would completely solve problems of treatments access. This hasn't proven to be true — there is still no cure. There isn't even a treatment that we can honestly call effective. Why?

The drug development process

1. *Screening*; where a new compound is examined in test-tubes for therapeutic effects.

2. *Testing*; where an anti-HIV compound is tested in animals then humans to determine effectiveness and side effects.

3. *Evaluation*; where a country's drug regulatory system assesses the data from the screening and testing stages in order to grant permission for the drug to be marketed.

4. *Remuneration*; where the government decides if and how it will pay for the drug on behalf of its citizens.

Why don't better drugs exist? Is it because our current knowledge of HIV basic science is insufficient?

I trust you won't be surprised when I tell you that there are problems at each of these stages. The Baume Report only examined stages 2 and 3. When fully implemented, the Baume Report will solve all immediate problems with stage 3 (i.e. the drug approval system) and some of the problems with stage 2 (clinical trials). That leaves stages 1 and 4 completely untackled, and part of stage 2 still to be addressed.

Let me put it another way. We're used to calling the drug development process 'the pipeline.' We always refer to drugs being 'in the pipeline.' Originally, in the pre-Baume report days, we thought that the pipeline was choked with drugs, and that bureaucratic beast called the Therapeutic Goods Administration was stopping those drugs from getting to us.

But we've defeated the bureaucratic beast, and yet we don't have many more drugs than we began with. Something else is wrong. Something we didn't count on. We didn't count on the pipeline being empty. You see, you can't approve drugs that don't exist. We thought the problem was drugs not being approved fast enough, but it's also drugs not being *created* fast enough.

Why don't better drugs exist? Is it because our current knowledge of HIV basic science is insufficient? People like Mark Harrington (a PWA formerly of ACT UP New York, now with Treatment Action Group) think so. At last year's International AIDS Conference in Amsterdam, Mark gave a speech about how there are tremendous gaps in our knowledge of how HIV causes immune system damage, and how these gaps are causing the current stalemate in finding effective treatment.

To an extent, I agree. I agree that our knowledge of HIV basic science is horribly lacking, much more so than is acceptable now that we're twelve years into the epidemic. If we find better treatment at all it will be for no other reason than good old fashioned luck.

However, missing knowledge is not our only problem. I believe that our present dilemma is caused not only by bad scientific resources, but also by bad management of scientific resources. I said that better drugs don't yet exist. But don't misunderstand — there is no shortage of *potential* drugs. There are stacks of compounds in universities, government institutions and drug companies which have demonstrated anti-HIV activity in the test-tube. But that's as far as most compounds get. Very few compounds go beyond the test-tube and get tested in animals and humans. Compounds aren't drugs until they reach *in vivo* testing.

This bottleneck is occuring because there is no concerted, organised effort on the part of government or pharmaceutical/biotechnology industry to test new compounds.

Suppose a university researcher has identified six anti-HIV compounds. The university only has money to study one, and so it

chooses the most promising one and puts the other five 'on the back-burner'. That's the end of the line for five potential drugs.

Suppose we're lucky, and a drug company hears about these compounds and is interested enough to buy them, then sinks in tens of thousands of dollars to bring the drug into *in vivo* testing. Until Phase I trials are over, no-one knows if the drug is for real or if it's a dud. More often than not it's a dud, because not that many things which work in the test-tube hold up to animal/human testing.

There's a high failure rate in early drug development, making it even more expensive. That's why pharmaceutical companies approach new 'promising' compounds with such caution. Testing new compounds is an occupational hazard that eats into their bottom line. So drug companies take a long time to carefully choose their next drug. That's why drugs which enter large-scale clinical trials are few and far between.

At least two things must be done.

1. A Testing Bureau must be set up. This Testing Bureau would take promising *in vitro* compounds, and give them their first animal and human tests. This must be coupled with a mechanism for getting promising compounds to the Testing Bureau.

2. The *in vivo* trials, which are the crucial trials which show whether it's worth going any further, must be drastically redesigned to cut both cost and time.

It sounds simple, but how feasible is this? Realistically, the Testing Bureau will have to be located in the USA. The Testing Bureau has to be centralised and unbiased, and therefore funded by government rather than industry. There is simply no way that the Australian government will even contemplate spending $1 billion on an AIDS Drug Testing Bureau. If a Testing Bureau is set up in the US, then the Australian government should arrange to have Australian drugs sent there.

Redesigning animal/human trials is a more complicated. We must make sure the first animal and human studies are designed and carried out efficiently.

The redesign of early *in vivo* studies must involve both the Therapeutic Goods Administration and the Australian Pharmaceutical Manufacturers Association. The former is necessary because TGA is the final arbiter of these trials when marketing approval is sought, and the latter because drug companies will still be the ones conducting trials.

Even if we need to chain ourselves to the laboratory benches of scientists to make sure they're working, let's do it.

Now let's stop for a reality check. All of the above was predicated on the assumption that amongst the hundreds of potential drugs I mentioned is an effective treatment. There's no guarantee that this is the case. What will we do if we finish testing all of them, and none of them works? We'll be in the same situation that we're in now, juggling AZT, ddI and ddC. Except we'll be maybe fifteen years into the epidemic.

That's why we need to simultaneously work towards a comprehensive understanding of HIV disease, so that we can *design*, not just discover, drugs which stand a better chance against this virus.

One of Bill Clinton's election promises was to construct a research project where the best minds in AIDS research would be brought together to work on:

(a) elucidating *exactly* the processes of HIV disease;

(b) using this knowledge to design a therapy that could stop HIV disease.

This is popularly known as the AIDS Manhattan Project, nicknamed after the original Manhattan Project that created the atomic bomb.

One concrete thing that Australian activists could do right now is to get involved in the AIDS Manhattan Project. First of all, I don't think Bill Clinton knew what he was getting himself into when he agreed to an AIDS Manhattan Project. It's now dawning on him that he's committed to a multimillion dollar task that will be a royal pain to push through the Congress appropriations committees . He'll need, literally, all the support in the world.

I suggest that right after this Conference we call ACT UP New York, John James, Treatment Action Group and anyone else that might be involved in the architecture of the AIDS Manhattan Project. If we need to second the best Australian scientists to work on the Manhattan Project, let's do it. If we need to make the Australian government contribute some money towards the Manhattan Project, let's do it. Even if we need to chain ourselves to the laboratory benches of scientists to make sure they're working, let's do it.

I started my talk by saying that treatment activism is permeated with *malaise*. I didn't mean that maliciously. After a success as spectacular as the Baume Report, it was only natural that we pause and reflect on our progress. Activism will always cycle between two states: the state of intense hands on work, and the state of intense pensiveness. This pensiveness is where we define our objectives, where we learn to articulate our beliefs into action. We've been in this pensiveness since July 1991. I think we're ready to enter into our next period of hard core, finger pointing, direct action activism.

What's Goin' On

Str' acting white female, with keyboard, seeks intimate disclosures, hot gossip, genuine opinions and controversial comments **with a view to publication**. (A.L.A.)
If you would like to contribute to Talkabout, call Jill on (02)361 6750 or post your work to PO Box 1359 Darlinghurst 2010. (Make sure you keep a copy).

DOES THIS SOUND FAMILIAR?

THERE IS A NEW PROJECT AT THE AIDS COUNCIL OF NSW:

THE WOMEN PARTNERS OF BISEXUAL MEN PROJECT

THIS PROJECT SUPPORTS WOMEN WHO KNOW OR THINK THAT THEIR PARTNER IS BISEXUAL.

PEER SUPPORT GROUPS MEET ONCE A MONTH. THE GROUP AIMS TO PROVIDE SUPPORT IN A SAFE AND CARING ATMOSPHERE.

IF YOU ARE INTERESTED IN ATTENDING A GROUP OR WOULD LIKE TO TALK ONE TO ONE WITH THE PROJECT OFFICER CALL (02) 206 2000

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

PET PANIC

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.

Western Sydney Positive People's Education Program

Venue: Westmead Hospital,
Classroom behind Clinic B

Time: 1pm - 2pm

April 6: Planning Ahead

Treatment decisions, power of attorney, wills & funerals — making sure what *you* want happens.

April 13: Therapy Update Part 1

Loking after yourself on anti-virals and Gancyclovir.

April 20: Therapy Update Part 2

DDI.

April 27: Therapy Update Part3

AZT/Zidovudine — Tony Flint (Wellcome).

May 4: Dentistry

Looking after my dental health. Where can I go for dentistry? What can I afford?

Open to all positive people, carers and friends.
For more information call Judy 843 3127.

ACON Western Sydney Education Office

ACON has a new education and outreach office in the western suburbs of Sydney for gay men, other men who have sex with men and people living with HIV and AIDS.
The service provides information and support, social activities, HIV/AIDS education, and referral advice.

Come to the Thursday morning drop-in
Every Thursday 10am - 12 noon
at 21 Kildare Road, Blacktown
Call 831 1899 and ask for Robin or Mark.
The service is open 9.30 - 5.00, Mon to Thurs
Ph (02) 831 1899, Fax (02) 813 7168

HANDS ON

- Massage and Reiki for PLWHAs
- Training of volunteer masseurs

Call Richard 660 6392

HUNTER AREA
HIV Support/Action group

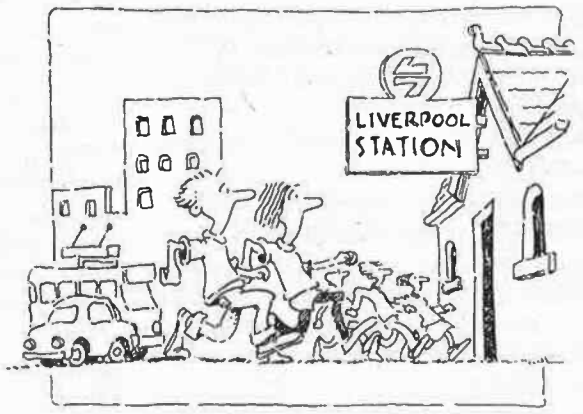
6.30pm on the 4th Wednesday
of every month at:

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



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 Provides info on HIV health services, gay networks/ advocacy and encourages the adoption & maintenance of safe sex practices in the country.
Call Nik or Nigel 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

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

ACT PLWHA 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.

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

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.

Innerskill Needle & syringe exchange, information & referral, also a range of free services for unemployed people. 754 Darling St Rozelle. Call 810 1122.

Latin AIDS Project Support, counselling and information for the Spanish speaking community. PO Box 120, Kings Cross, 2010. 315 7589.

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.

Positive Users HIV Awareness and Support is a group for HIV + users, their efriends, partners etc. Meets every Wednesday7 - 9pm At St John's Church Hall, Victoria St Darlinghurst.
Call Sandra or John, 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. Also acts as a lobby group for people affected by HIV/AIDS. Contact the secretary, Stuart Pullen, C/- Royal Prince Alfred Hospital, 516 6111 or the chairperson, Stewart Clarke, C/- the Ankali Project, 332 1090.

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.

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, 20 William lane Woolloomooloo. Inquiries Gary 3692731.

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.

Tiffy'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

lisitings for branches.
Rural Gay Men HIV Peer Education training Workshop held in Sydney every four months. Become an HIV Peer Educator in your local rural area by contacting Nik or Nigel at ACON's Rural Project. 008 80 2612 (free call). PO Box 350 Darlinghurst 2010. TTY (02)283 2088 (Deaf only).
Community Support Network (CSN) Trained volunteers providing practical home/personal care for people with AIDS. See regional lisitings for branches.

Hawkesbury / Blue Mountains

Blue Mountains PLWA Support Centre Wednesdays 11am - 3pm (lunch). Fridays 6.30 - 10.30pm (dinner). For further information call the Centre on (047) 82 2119 or Dennis (047)88 1110.
Blue Mountains HIV/AIDS Clinic 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.
HIV/AIDS Project, Central Western Dept. of Health.
Call Peter or Martha, (063) 32 8500.
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.

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

Information Seminars

HIV living

April 1993

HIV Infection & The Immune System

Wednesday 14- 6:30 pm to 8:30 pm

- How does HIV work in the body?
- What is likely to happen once infected.
- The immune system and how it responds to HIV infection.

Monitoring & Prophylaxis

Wednesday 21- 6:30 pm to 8:30 pm

- The importance of monitoring your health.
- How to go about it effectively.
- Prophylaxis - the prevention of illnesses.

Drug Trials & Treatments

Wednesday 28 - 6:30 pm to 8:30 pm

- The latest on treatments.
- How specific treatments work.
- What's being trialled and how drug trials work.

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

ACON
AIDS Council of New South Wales Inc.