

No. 34 July 1993

Talkabout

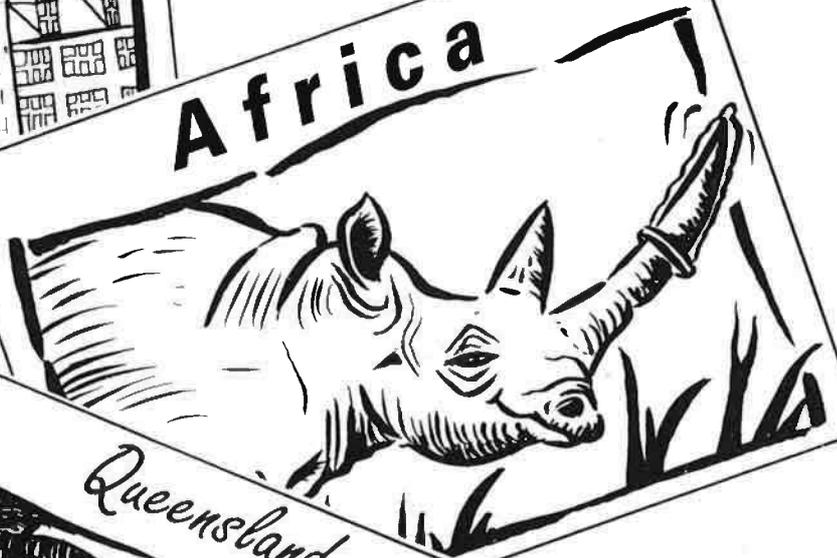
The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

Berlin



Africa



Queensland



POSTCARDS FROM THE CUTTING EDGE

HIV *living*

July 1993

Vitamins & Nutrition Wednesday 14 – 6:30 pm to 8:30 pm

- How to access ACON's vitamin service
- Do I need vitamin supplements?
- What are my specific nutritional requirements?
- What is an appropriate weight gain diet for me?

Exercise & Stress

Management Wednesday 21 – 6:30 pm to 8:30 pm

- What are some of the options for relieving stress?
- What is a suitable exercise regimen for me?
- How can I exercise when I feel unwell?
- Stress & the immune system

Sex, Sex & More Sex Wednesday 28 – 6:30 pm to 8:30 pm

- HIV Positive Sexuality
- Sexually transmitted opportunistic infections
- HIV and the re-infection theory
- HIV transmission and Viral load

a free service at

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

For further information about these seminars call

HIV Strategy and Support Unit
Ph (02)206 2000 Fax (02)206 2069
TTY (02) 283-2088



AIDS Council of New South Wales Inc.

Contents

- hypnotherapy **9**
wellness programme **10**
berlin **13** africa **15**
queensland **17**

regulars

- news **4** PLWHA news **6**
talkback **6** anguish in bohemia **19**
homefront — pensions **22**
fair treatment — berlin **24**
what's goin' on **26** contact list **28**



This Month's Cover

by Phillip McGrath. Postcards from the Cutting Edge: Robert Ariss reports on the AIDS conference in post-wall Berlin, Jill Sergeant swelters in the heat of Ghana, and W. Hokianga-Smith proves that you can holiday on a pension.

Discriminating Evidence

THIS YEAR'S NATIONAL ANTI-DISCRIMINATION campaign has been evaluated and the results look promising.

Recall of the campaign materials was high, especially the television advertisements (33% spontaneous recall, 68% prompted) and the main messages taken from the campaign were in keeping with its objectives: that discriminatory attitudes and behaviour towards plwhas is not acceptable and that HIV and AIDS can affect anyone. There was no significant negative reaction to the message of the campaign, with 90% of the sample agreeing with the messages.

The print ads had a lower recall rate (19%), but were more effective in reaching older men, a particular target group for the campaign.

The evaluation was conducted via two telephone surveys, one prior to and one after the campaign. The sample of each was around 1,040.

Comparing the two surveys, evidence suggests that there was a reduction in the perceived "need" to take precautions when in contact with plwhas in workplace or social situations, and a reduction in the propensity to treat plwhas differently. There's also been some shift in discriminatory attitudes towards those known or imputed to be HIV positive from groups of particular concern, eg. lower socio-economic groups and young and older men.

The Other, Other Epidemic

A MYSTERIOUS EPIDEMIC IS SWEEPING the smart salons of Sydney. *Drag Fever Virus* symptoms include obsessive adjustment of tight-fitting skirts despite the patient wearing trousers at the time, vague day-dreaming episodes around "what

my new frock will look like", and frenzied rumaging through bargain cosmetic bins in chemist shops.

Transmission is believed to be possible simply by sitting on the same barstool as a carrier.

Support groups have been formed where sufferers may display their new stilletoes. Swapping them, however, is seen as a medium risk activity. Swapping wigs is definitely high risk.

Drag Fever Virus can hit anyone at any time and there is only one cure. Give in to it.

More on DNCB

YEARS LATER AND POSITIVE REPORTS still trickle in about DNCB, the cheap photo chemical and alternative treatment you apply topically, particularly for KS.

In June's issue of *Vancouver PWA Newsletter* they write of one member who after sensitizing himself over a six week period, regularly applied DNCB directly to KS sites all of which improved over two months. Doctors then claimed he didn't need any other KS treatment.

It appears that those with high CD8 counts and KS benefit more from DNCB, however DNCB itself causes CD8 counts to rise. It has been surmised that what DNCB does, simply put, is to act as an agent which stimulates the body's TH1 immune response to recognise and rid the body of a great deal of HIVirus. It affects the KS lesions by switching on the body's own defense against this condition.

More information from Lyle Chan on (02) 206 2000.

Going Chopping

WHICH TYPE OF CHOPPING BOARD DO you think is more likely to host harmful bacteria: wood or plastic? Wood, right? Wrong.

When two microbiologists at the University of Wisconsin set out to

research the best way to decontaminate those disease-hosting wooden boards, they hit a snag. When they put common food poisoning agents, such as Salmonella, on wooden chopping boards, 99.9 percent of the bacteria died before the scientists had a chance to kill them. Wood, it seems, is naturally antibacterial.

When they put the same bacteria on "safe" plastic chopping boards, none died. And the bacteria lodged so firmly in the knife grooves in the plastic that even hot water and soap didn't eliminate them. The researchers also found that the bacteria later contaminated food cut on those "cleaned" boards.

Now this is just one study and it is still a potentially fatal mistake to cut cooked food on an unwashed board of any kind that you've used to cut up raw chicken, but you can feel better about using that well-washed wooden board of yours.

— *Organic Gardening May/June '93*

Yes, But Where Are We?

A TWENTY-STRONG CONTINGENT OF plwhas and supporters held a silent but potent protest at the recent launch of ACON's "Lets Face It Together" campaign. While ACON's president, Peter Grogan, spoke to the gathering, placards were revealed declaring that HIV positive people were invisible in the campaign.

The four posters in the new series each carry a different theme: grief and loss, safe sex, safe needle use and community strength.

"Yes, but where are the people who 'face it' everyday?", queries Positive Sex Exponent, Andrew Morgan. "Plwhas form an integral part of safe sex education. If we're not included in community campaigns, how can we be expected to take equal responsibility?"

These concerns didn't surface, responds Karl Dunne, campaign manager, until after spending



ACON's Annual Campaign for 1993.

months doing research with doctors, psychologists, and the community.

AIDS On Film

IT'S NOW BECOME INEVITABLE AT THE Film Festival that there will be two or three gay films shown, and inevitably they will talk at some stage about HIV/AIDS.

I don't know if it was raised in the Taiwanese gay film *The Wedding Banquet*, which I missed, but on report it was one of the best gay films in years. It is a topic of conversation in the Japanese gay film *Okoge*, but the film-maker disappoints by having a quite beautiful sex scene without the hint of a condom.

Over the last few years there have also been films with AIDS as their focus — the execrable French doco *AIDS Chronicle*, which managed to marginalise gay men, and the Oscar winning *Common Threads*.

This year there was *Silverlake Life: The View From Here*. Tom Joslin was a Los Angeles documentary film maker who died of AIDS. *Silverlake* is the video diary Joslin made of the course of his illness and that of his lover of 22 years, Mark Massi.

The film makes for some pretty tough viewing in refusing to be uncompromising in what it records.

Joslin and Massi are never less than absolutely honest about the physical impact of AIDS. Watching as Joslin grows weaker and more emaciated or as Massi's KS gradually makes a large scale pointillist painting of his back is not easy.

Nor is it easy charting the trajectory of the emotional impact of AIDS on them and their relationship. Here is Joslin filming himself ragingly angry at Massi who keeps making shopping diversions on a trip back from their herbalist, when all Joslin wants to do is get home and have his lunch. Or Massi feeling like shit because he fed Joslin something which Joslin threw up, blaming himself for making Joslin sicker.

And here, in a scene that is harder to watch than anything I have seen in a long while, is Massi filming Joslin moments after his death, singing *You Are My Sunshine*, voice heart-achingly racked with pain and loss.

But it is equally a film that is extremely watchable. Both of these men are very much "living" with AIDS. It is not a morbid film. There is much that is treated very matter-of-factly. There is a lot of camp and irony. And overwhelmingly there is love in every frame of the film. You never feel like a voyeur, you feel privileged to have been allowed to share in their lives.

I went straight from this film to one about the Nyvkh who live on Sakhalin Island. I walked in on a scene where they were exorcising their collective grief at the killing of a villager by a bear. They were brutally hacking into the bear, cutting off limbs and flinging them around saying to the bear 'there, now you know what pain feels like. Now you know what death feels like.'

I wished we could do the same to the HIVirus.

— Paul van Reyk

We Are Family

4,000 PLWHAS, GAY MEN, LESBIANS, transys, bisexuals and drag queens marched through Sydney streets on Saturday night June 26th. The event commemorated the New York Stonewall riots of 1969 which marked the birth of gay liberation.

In a list of demands, read prior to the march, seven of the fourteen points included specific reference to people with HIV/AIDS. Demands included: increased resources for HIV education, care, support and research; an end to HIV/AIDS discrimination; the right to choose treatments and the way to die; no immigration restrictions; reproductive freedom for women with HIV; explicit sex positive education programs in

schools; and an end to all violence against ... people with HIV.

The spirit of family was celebrated at a party afterwards with dignitaries such as Texas Chainsaw and Big Sisters of Universal Joy.

PLWHA News

COMMITTEE MEMBERS ALAN Brotherton and Kosta Mastoukas attended the IX International Conference on AIDS in Berlin last month. We're looking forward to their reports when they finally resurface. Check out the *Postcard from Berlin* in this issue by *Talkabout's* Dogfather, Robert Ariss.

Meantime, we're having a *Planning Day* on Saturday 17 July to map out our strategic direction for the next 12 months.

If you are a member of PLWHA, we'd like to hear your ideas. Where do you think we should concentrate our efforts? On housing issues or outreach for country NSW or information sharing or what? Your input is important.

Please note that although the cut off date for issues to be raised on the *Planning Day* will be Friday 9 July at 6pm, you may contact Annella up until the day on (02) 361 6011 weekdays between 10 am and 6 pm.

Remember that you're welcome to attend any committee meetings. They're held on the 1st and 3rd Tuesday of every month at 6pm.

Talkabout

JILL SERGEANT, ABSENTEE NEWSLETTER coordinator, writes us a *Postcard from Africa* this month. She'll be back in time for the next issue. Meantime Adrian Ogier and Jeremy Nicholas continue to fill her shoes (and that's one tight fit). The next Newsletter Working Group meets on Wednesday 7 July at 1pm. All contributors and contributions welcome.

Talkback



Candlelight

AT THIS YEAR'S CANDLELIGHT RALLY, Susan Harben spoke about the need for finding new ways to express our outrage about AIDS and our grief at the death of our friends. Yes, we certainly do! I would start by ditching the candlelight procession and reading of names. Why must I still suffer rituals which have their origins in institutions like religion which continue to repress me? Candles, processions and litanies—I've had enough. I'm sad and angry that many of my friends and acquaintances have died, but I don't want my sadness and anger constructed, by others, into "loss". I cannot lose my love for those people or my friendship with them. The love and friendship are part of me now, part of my history. This is not to say that I want to forget the friends who have died. I remember them privately all the time. I also want to remember them publicly and celebrate their extraordinary lives.

All of my friends who have died enjoyed a good time. They liked to shriek and scream their tits off (some of them all the time), party on, a few drinks — a couple of laughs. That sort of thing. It's no accident that much of the music that's played at funerals is *up*, not *down*. Come on, let's celebrate with events in which we can all truly participate rather than stand around in the middle of winter for an hour or more passively listening to a litany of names. I reckon it's time to think about memorial parties or memorial bonfires even (perhaps we could start the fire with all those

recordings of the *Out Of Africa* soundtrack).

David Urquhart

Co-payments

I AM WRITING TO OUTLINE MY OBJECTIONS to the article on co-payments in the latest issue of *Talkabout*.

The article basically consisted of personal and professional vilification of myself and significantly misrepresented the facts.

While I have no problems with policies being the subject of open public debate and public officials being properly accountable, I strongly feel that the article in no way contributed to either of these objectives.

The background to events is as follows:

As you are aware, Peter Hornby wrote to me, on behalf of PLWHA, regarding the introduction of co-payments for AZT and ddI. A copy of Peter's letter was published in *Talkabout* earlier this year. I replied to Peter's letter and expected that the reply would be published in a subsequent *Talkabout*. Although a number of issues of *Talkabout* have been produced since my reply, the letter has not been published.

So, in essence, *Talkabout* has failed to publish the letter for some months and then saw fit to publish an article that selectively quoted a few paragraphs out of context, while omitting the substantive issues raised in my letter. Not even the mainstream press would stoop to such a level of mis-representation and sloppy journalism.

It is thus worthwhile reiterating

some of the main points of the letter and correcting the misrepresentations and untruths:

1. The decision to introduce co-payments for AZT and ddI was a decision of the Commonwealth Government, imposed on all State Governments through arrangements to do with the funding of these drugs being transferred to the Highly Specialised Drugs Scheme.

2. The article suggests that anti-retroviral drugs should be placed on the Pharmaceutical Benefits Scheme (PBS) as this would allow the drugs to be available through retail chemists. I agree. The AIDS Bureau has repeatedly requested the Commonwealth Health Department, who administer the PBS, to do just this. They have refused. Nonetheless, this would not resolve the issue of co-payments as the Commonwealth requires co-payments for all drugs available under the PBS.

3. It is not correct that "every other" treatment drug is available through retail chemists in the community. There are a wide range of drugs for various diseases that are only available through hospitals. This is usually because the drug is restricted to specialists prescribing or because of the high cost of the drug.

4. Most drugs used by people living with HIV and AIDS already attracted co-payments under arrangements existing prior to the introduction of the co-payments for AZT and ddI. Under the co-payments scheme there are limits (safety nets) on the amounts individuals are required to pay for all drugs in any one year. After people reach those limits they either receive the drug free (card holders) or at substantially reduced co-payment levels (\$2.60) until a further limit is reached when all further drugs are free. As most people with HIV/AIDS already use a lot of drugs each year, they would have reached these limits prior to the introduction of the new co-payments. The introduction of co-pay-

I always wondered what motivated the Germans in 1944 to keep on fighting,
when it must have been obvious to them they couldn't win.

There are streetvenders in Berlin now, selling former East German border guard uniforms and medals. Once fear-inspiring hammer and sickle now attracts souvenir hunters to rundown shops in Berlin's side streets.

The gay community is struggling for its survival like Israel in '48.

Just conceived, out of the ashes of the camps, fighting to assert its right to be.

Gay warriors are dying in droves, killed by a virus, ignorance and hate.

There are no streetvenders in downtown San Francisco or Amsterdam, selling the remains of our struggle yet!!

There is a hillside near Verdun spiked with rows of little white crosses.

And young gay men still grow up never having seen a pink triangle. Even if they had it would not mean anything to them.

Sentenced to death, before the dawn.

Matt Bradshaw, 1992

ments for AZT and ddI means that in the short term, people's expenditure will be higher but they will reach the safety-net limits more quickly. Thus, it is correct that overall, drug expenditure for the majority of people will not be any greater than prior to the introduction of the additional co-payments. I fully appreciate the concerns of people regarding co-payments as this will increase expenditure in the short-term, although not overall. It is not my intention to defend the co-payments scheme but rather to explain its operation and actual effect. The author of the article clearly does not understand the operation of the safety net limits, although this was explained in great detail in my original letter of reply. Thus, he totally misrepresented the facts.

5. NSW was the first State to allow general practitioners with skills in HIV medicine to prescribe anti-retroviral drugs such as AZT

and ddI. These drugs could only be prescribed in hospitals prior to this reform. We now have 110 authorised GPs in all areas of the State. All other States have been slow to follow this lead and at best have a handful of community prescribers.

6. The author has misunderstood the public health reasons why some drugs are provided free to patients with STDs. The reason does not primarily relate to the sexual mode of transmission but rather to the fact that these drugs cure the disease. For example, if a person has gonorrhoea a course of antibiotics will cure the disease. Thus the free supply of these drugs has the benefit of eliminating the risk of further transmission. Unfortunately, the anti-retroviral drugs do not have these curative benefits. In regards to acyclovir this drug reduces, but does not eliminate infectivity. Unfortunately, the anti-retroviral drugs have not been shown to re-

Talkabout

ISSN 1034 0866

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

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

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

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

DEADLINE FOR THE NEXT ISSUE

July 16

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

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duce infectivity. In any case, as stated earlier, the decision to introduce the co-payments was a decision imposed by the Commonwealth so the matter of exemptions is up to them. They have not shown any willingness to review the matter as co-payments are changed for the vast majority of drugs available through hospitals and retail chemists for virtually all conditions.

7. The article raised concerns on confidentiality. While there is a legal requirement for all scripts to show the name of the person receiving the drug, all health care workers and institutions are bound by strict ethical and legal requirements to safeguard the privacy of patients. There are specific and stringent HIV and AIDS confidentiality provisions in the Public Health Act and any breaches are punishable offences and also constitute professional misconduct. If the example quoted in the article actually occurred, this would breach the law. The Complaints Unit will investigate any complaint and take action on the basis of the facts.

8. My other fundamental concern with the article is the strong homophobic undercurrent from an author I assume to be gay. The personal references to me by use of "camp" names was done in a way which I can only assume was a pathetic and unsuccessful attempt to embarrass and publicly humiliate me. I find it interesting that a gay man would use community language as a put-down. Is this an example of homosexual vilification?

I have thought carefully on whether I should even bother replying to the article given that it largely consisted of irrational diatribe and petty personal vilification. The only reasons I am replying are that I believe that the misrepresentations warrant correction and that my silence would leave the claims unchallenged.

David Lowe
Director,
AIDS Bureau

Readers are reminded that *Talkabout* is a newsletter where *plwbas* "speak for ourselves".

Opinions expressed are those of the authors, not necessarily of PLWHA Inc, NSW.

Correction

IN THE ARTICLE ON INTERNATIONAL Travel and HIV that appeared in the June 1993 issue of *Talkabout*, on page 14, the phone number of the AIDS Resource and Counselling Centre was listed as a contact in Malaysia. For your information, the Centre has ceased operations for more than two years now.

Travellers to Malaysia can contact Pink Triangle Malaysia for advice and assistance. Pink Triangle Malaysia runs a telephone counselling service (Mon to Fri, 7.30pm to 9.30pm) and a Positive Living support group program. The contact numbers are (tel) 6-03-242 5593 and (tel/fax) 6-03-242 5594. Office hours are from 10am to 6pm, Monday to Friday.

We hope you can pass the above information on to the readers of *Talkabout*.

— Yee Khim Chong
Coordinator, Pink Triangle Malaysia.

Write for us!

Your chance for fame, the excitement of seeing your words in print the glamour of the press — immortalised in the pages of *Talkabout*, admired by all your friends and relatives . . .

Well . . . okay . . . maybe it's not that exciting . . . or even glamorous. . . and you might prefer to be anonymous . . . BUT, you could still get a lot out of sharing your story — so do it!

If you would like to write, or be interviewed, call us on (02)361 6750. Or just put something in the post (with your Ph. Number so we can get back to you).

HYPNOSIS:

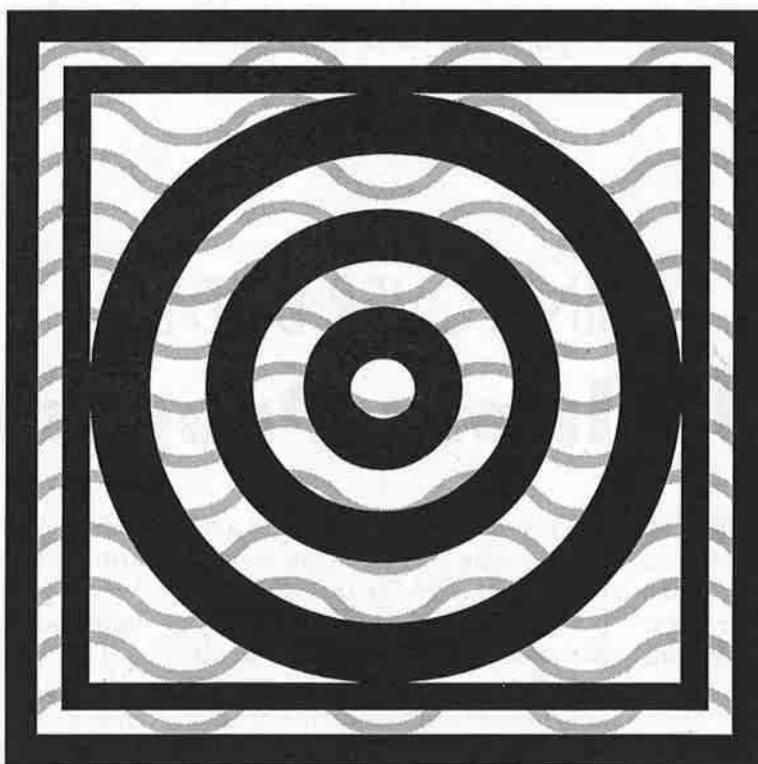
Hypnotherapy for plwhas

THE WORD ITSELF STILL CONJURES UP fantastic visions of mystery, of visionaries and voodooism, of myth and miracle. A pity it's untrue? Well, perhaps. But hypnosis in reality is worth more than all these things, because hypnosis can be each person's key to the infinite magic of himself.

Hypnosis is a natural state, a state that unbeknownst to us we use every day and rely on unawares. Have you seen a mother "kiss it better" for a child? Or have you arrived at your destination unable to recall the details of your journey? Or found that some sound or smell suddenly triggers off a lost memory? All these are evidence of the subconscious mind at work, and hypnosis is simply our ability to access and direct this subconscious activity in a positive and helpful way.

Hypnosis is a very deep state of relaxation, coupled with active compliance. First and foremost it is very, very pleasant - the sort of feeling you have when you're almost asleep and allowing the world to go by. But as with the pleasant dreaminess of almost sleep, in hypnosis you are still the person in control. You are totally aware of all that is happening and you allow it to happen in much the same way

as you allow yourself to drift in a daydream. But none-the-less you are in control and this is important. It is your choice whether you accept or reject suggestions made to you and it is your choice whether you continue in hypnosis. I can only say that most people allow themselves to continue.



How does hypnosis work? It is an old question and perhaps we shall never know the answer completely. However, unlike the days when it was likened to voodoo and mystery, we do know now that hypnotic suggestion can produce physiological changes through the ability of the nervous system to control somatic functions. It can allow the subject to reach back

mentally and emotionally to deal at source with past trauma. It can also allow us to modify our behaviour if we choose to, by reprogramming the subconscious. Perhaps you can begin to see how the carefully structured suggestions of the therapist, together with the responses of the subject, can produce many and varied effects that are very powerful indeed. Our subconscious minds are our storehouse of memory and emotion and the centre of spontaneous reaction and automatic response. When we give ourselves access to these resources, we access control of our own lives.

A general understanding of hypnotherapy, both in areas of scientific research and in terms of public awareness and acceptance, has grown rapidly in the past ten years. Perhaps as society becomes more complex, as we expose ourselves more and more to pressure and uncertainty, so we seem to look more and more to our own resources to provide answers. Age-old techniques such as meditation and yoga have once again been recognised as invaluable and here hypnosis has also come into its own.

Hypnosis can have an enormous impact on both the physical and psychological aspects of each individual. Hypnotherapy helps

people living with HIV/AIDS in both these areas by giving some control of the automatic systems of the body into conscious control and allowing this control to be exercised.

Physically, each client has their own set of symptoms: tiredness, lethargy, resignation, anger and grief. In most cases Self Hypnosis is taught to enable the client to creatively formulate their own suggestions and enhance what is already being achieved in the consultations. Psychologically, this puts the client more in control of their life because by their own efforts they effect symptoms. Their self esteem and confidence rise as

they rejoin their friends and families activities. Hypnosis and hypnotherapy may not be the panacea to all ills but they make one hell of a dent.

The role of hypnosis and hypnotherapy in the fight against HIV/AIDS has just begun and there has been no specific study in the area. Anecdotally there have been cases where improvements have been noted. The psychological wellbeing of patients recovering from surgery has been studied and observed that those patients with the best mental attitude have recovered much more quickly. Hypnosis is a method that enables

this mental construct to be even further enhanced.

— Leon Cowen

Leon Cowen is the Principal of the The Academy of Applied Hypnosis in Sydney. To further the involvement of hypnosis in the HIV/AIDS area, The Academy is offering: individual consultations for plwhas on a limited income; training courses for partners and carers of plwhas over 9 weeks (part time) or 1 week (full time); and two scholarships for people working in the HIV/AIDS fields (2-3 years part time study). You can contact the Academy on (02) 231 4877.

MIND OVER BODY: The Wellness Programme

WHEN PEOPLE ARE CONFRONTED with their HIV seropositive status, after a number of months or years, depending on the person, the question arises — which therapy for me, and will it be conventional or alternative or a combination?

University researchers can assist with the answer to this question. There is a branch of investigation that straddles psychology, psychiatry and medicine which is an umbrella term for an approach that embraces a philosophy of looking at the interrelatedness between all aspects of being — emotional, physical, spiritual, external stressors and physical illness (although spiritual has been played down in the past, because of lack of clarity about measurement).

This 'interactionist' approach is used to look at areas of interest that fall into the categories of *psychophysiology*, *psychoimmunology* and *health psychology*. These areas of research are the 'holistic' medicine areas in science. The outcomes start to provide the person requiring healing with information about their nervous and immune system reactions that they could not otherwise determine without precise measurement. The goal is to provide extra information for decisions when the person is asking "which therapy for me".

For example, we can now tell people that overtraining in exercise will create immunosuppression, while mild exercise will increase

growth hormone production now known to be needed in its natural form to enhance immunocompetency.

There are now pockets of information that relate to the way that a person lives and how that might effect the immune system.

In regard to be lonely for long periods we now know that this reduces the immune system's ability to withhold outbreaks of herpes simplex and Epstein Barr virus for people with and without HIV. Therefore so long as grief is not also happening, which is a process to be sadly lived through, embraced and expressed, the direction of what is needed for the lonely person points to social support. However, the type of social support and ability to enjoy

the company is important, as obligatory social contact can itself be a stress.

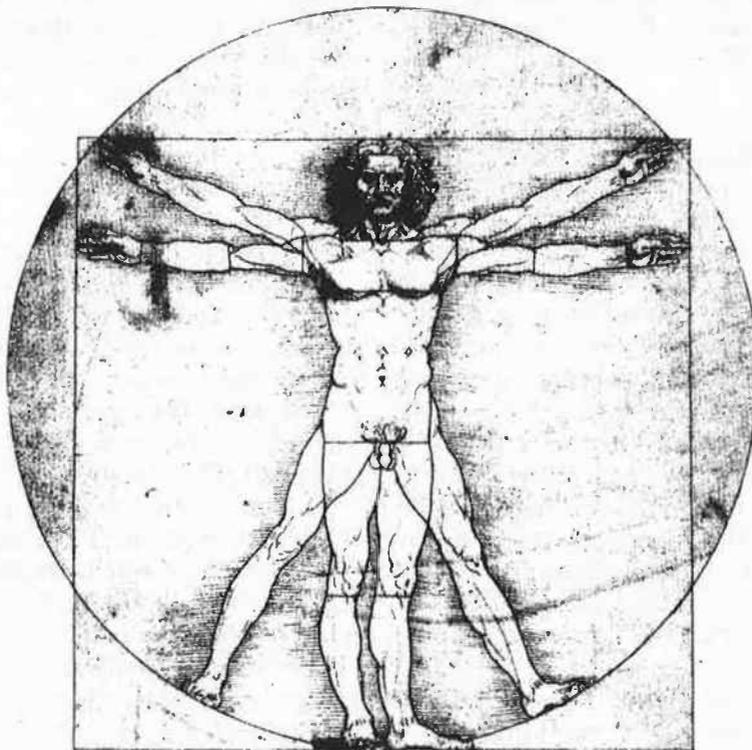
In regard to being placed in a challenging situation, we know that the NK cells, the immune system's fighters and destroyers of invaders of the body, are placed on alert. We also know that the kind of person who is characteristically on the alert while either repressing emotions or being anxious also has an immune system that mirrors in the macrocosm: the bloodhounds of the immune system, the eosinophils, are found on alert and in large numbers, heightening the person's allergic responses. Currently being explored is the effect of different emotions on the specific immune system cells.

The adoption of sedentary self help methods have been shown to have effects on the immune system. Introspective techniques include meditation/mental imagery and hypnosis. In regard to the latter, hypnosis which is often taught as self-hypnosis through the initial use of meditation has been found useful to

relieve cancer treatment nausea and to enhance killer cell activity. Both are mental image laden and require a focus of consciousness. The cancer research has shown the beneficial effect of hypnosis on sense of well-being and on the immune system.

In regard to transcendental meditation, a research study has shown that those who have persisted with it have been found to have

proportionally lower hospitalisation rates and medication requirements and have also lowered their pre-meditation levels of alcohol and cigarette intake. Unfortunately, there is no information regarding the reasons for dropping out of the study by those who chose not to continue and who consequently maintained a high need for medical services. However, reports for other studies indicate that when people adopt meditation as a coping strategy, they report the benefit of increased sense



of self control. There are many forms of meditation, which might include affirmations, creative imagination, and breath control, and these are mentioned in an easily obtainable book by Joan Borysenko called *Minding the Body, Mending the Mind*.

In regard to massage, one Florida research team is investigating the value of massage on the immune

system and some results to date have indicated that changes do occur in the immune system after a massage.

Never far from the psychosomatic researcher's mind is the fact the individuals are all very different and different combinations of individual characteristics and environments result in different effects.

That is why these scientists are meticulously attempting to build a jigsaw puzzle piece by piece that will reflect what is happening in nature and describe and explain which personality characteristic occurring at which phase of one's life will match to which therapy in the next possible way.

What is now needed, is an investigation into the effects of these interventions on people living with HIV/AIDS and more particularly the effects upon people with different characteristics and at different phases of their life. This requires research that is both broad in scope so that all factors can be considered, and rigorous in

methodology.

Massage, meditation and exercises are about to be investigated as one of the studies within the *Wellness Programme* at the National Centre for HIV Social Research, while an ongoing longitudinal study is investigating the importance of social support including pets, alternative medicine and emotional well-being in

continuing wellness in people living with HIV/AIDS.

For those wanting to know what to do in the meantime, maybe three pieces of advice will be useful. First listen to your body, learn to understand your emotional responses and ask lots of questions

about the therapies, alternative or conventional, that are available. Second, protect yourself from well-meaning friends who tell you that for your own good you have to get rid of a certain personality trait or emotion. Your emotional response might be serving a purpose and you

might need to get more information about why you act in a certain way before attempting to deprive yourself of your natural response. Third, take care of your own inner child and be easy on yourself.

— *Dr Dawn Rayner-Brosnan*
(*National AIDS Bulletin June 1993*)

Dr Dawn Rayner-Brosnan is the Principal Investigator and Project Leader of the Wellness Programme at the National Centre for HIV Social Research.

OF SPECIFIC RELEVANCE TO SYDNEY READERS, is the opportunity to participate in the longitudinal project within the Wellness Programme. The basis of this project was the psychosocial factors already recognised as influencing the immune system and perceived wellness (social support, mood, coping) but which were not specific enough to be usefully passed onto others. The goal is to understand those factors and individual differences so that individual needs can be better matched to useful interventions.

The project is quite different to others because the research has been designed at the outset so the participant is not passively observed but enables interaction and counselling and resource recommendations by the interviewer, while maintaining scientific validity.

Participation in the project involves being seen twice a year (and we hope for funding in future years) and completing

the same questionnaire as used in America and England. Our interview then goes deeper into these issues, as well as looking at how you have found alternative therapies. A booklet on Personality Types can then be taken home and kept. If we can help with addresses and contacts of resource people, then there is time at the end of the interview to discuss that too.

Do you want to be a participant in the Wellness Programme? If you are unsure, maybe you would like to talk to groups who already have participated. We have just completed interviews in Cairns and Townsville through QUAC and Cairns Hospital.

Our interviewer Sonya Faint will be in Sydney from the 19 to the 31 July and interviews can be arranged through Annella Wheatley at PLWHA on 361 6011. Ask her about our confidentiality procedures. We need 200 participants living with HIV by the end of August, so that initial results can be reported by December 1993 to agencies and government to be used in recommendations for related services.

POSTCARD FROM



BERLIN'S Checkpoint Charley is now a museum piece. With the removal of the wall dividing east from west, people, money and ideas are beginning to flow across this post-war divide. As is HIV.

To the casual observer, the division between east and west in many ways remain. The cityscape transforms itself in an instant. As the West's orderly elegance gives way to the bleak austerity of the East. There are also two HIV epidemics here. West Germany's epidemic is similar to Australia's - imparting mostly on its homosexually active men, and addressed through a collaboration between state and non-government organisations. The great majority of HIV positive people live in the West, about 25 000, with Berlin as the most affected city. By contrast, only a few hundred positive people have been reported in the East. With the removal of the social barriers created by the wall, East Germany and East Europe generally is poised for a surge of HIV infections if

community and government responses are not quickly put in place. This new epidemiology presented by a re-unified Germany reminds is of the very social nature of AIDS - political, cultural and social forces share the epidemic, the distribution of HIV positive people and the nature of our responses.

This is the context in which 14,000 people from around the world met, earlier this month for the ninth International Conference on AIDS in Berlin.

From a technical point of view, the conference was smooth and seamless, a fine case of prussian precision in terms of quality and hopefulness of the information presented, the meeting was less than encouraging for people with HIV and AIDS.

In the wake of their early announcement in the *Lancet* the French Concorde Trial

investigators held their ground against criticism, re-affirming that this 3 year study of the early use of AZT showed no evidence of significant benefit when taken in asymptomatic stages of HIV infection. The trial also raised serious doubts about the reliability of CD4 cell counts as a measure of therapeutic effect, given observed increased CD4 counts did not translate into clinical benefit for trial participants.

By contrast, U.S. researcher Volberding reported his study demonstrates early use of AZT delays progression to AIDS but does not keep people alive longer. It only delays onset of illness.

Some serious questions now need to be addressed by researchers, educators, and activists. The strategy of early intervention with AZT needs reconsideration. Should our organisations continue to aggressively support and promote this kind of management of HIV infection? If so, when is the best moment to begin treatment? What

kind of reasonable expectations can we have of AZT, or indeed of anti-viral therapy generally?

To compound the uncertainty, discouraging results are now available from the Euro/Australian alpha trial. Reports claim no significant difference in the rate of progression to AIDS or survival time between those on high or low dose ddI. Low dose would appear sufficient then. However, trial investigators are reluctant to make any claims. Nor is the solution necessarily in the much lauded shift to combination therapies. FISCHL presented data on a AZT/ddI/ddC combination trial and claimed no difference in outcome between the 3 arms of the study, except, perhaps. For those at earlier stages of infection. Once again, clinical therapy appears to be failing those who need it most, and seems to be effective for a period only for those strong and healthy enough to withstand these intrusive chemotherapies.

We will increasingly hear, from clinical researchers, a call to return to pre-activist, placebo controlled studies in order to avoid these kinds of ambiguous results. Activist and AIDS organisations now need to carefully consider their optimism on the usefulness of the experimental-treatment-as-therapy approach to HIV management. Considering the side-effects, inconvenience and sometimes psychological trauma that accompanies participation in experimental treatment trials, perhaps it is time to explore beyond the narrow options presented by scientific medicine.

Indeed, for the first time at these conferences, sessions were devoted to issues such as alternative and complimentary therapies and nutrition, workshops which have been granted a place in the official program only after plwha's have advocated for some years for them. This broadening of the conference

agenda represents an acknowledgment of the wider interests and health practices of infected people and their health care providers. Further expansion should be anticipated for future meetings.

Long term survival is another issue attracting greater and more serious attention. Some are considering the immune responses of long term survivors as a possible key to therapies and vaccines. Ron Stall's extension of Lew Katoff's study of Long Term Survivors (see *Talkabout* issue late 1990) confirmed that key role of the doctor/patient relationship in surviving HIV infection. We must question, however, whether Stall's privileged, white gay male cohort indicate strategies applicable to other classes, ethnicities and identities.

Plwha Aldyn McKean claimed long term survival is a product of more than the effective use of clinical options, but includes strategies of lifestyle adaptation, supportive social relationships and an active sex life. The distribution of the "Sex" issue of *Talkabout* at the conference reinforced this last point. Many plwhas will recognise these claims, and to hear them at an international forum signals that our voices are finally penetrating these once narrowly defined debates.

Thus, several plwhas were given key speaking positions at the conference, often delivering moving, poignant speeches. Haydee Pellegrini spoke at the opening session, on behalf of the newly formed "Global Network of People Living with HIV/AIDS" (GPA+). John Mordaunt of U.K. *Frontliners* put the case for the rights of intravenous drug users at the final plenary and in the same session, WHO's Merik Horton came out gay and HIV+, arguing urgently against the global de-homosexualizing of the AIDS response, and calling for the

"recognition, dignity and respect" of gay people and gay communities in their response to AIDS.

These moments of speech are politically essential and a welcome relief from the endless tirade of statistical and descriptive scientific presentations. But they are not themselves unproblematic. All plwhas should be mindful of ***** speak for who and about what issues. It is not simply a situation of "telling it like it is". Different people have different perspectives, interpretations and agendas. More than ever we need sound and reliable democratic structures in our organisations by which to order our representation. Our representatives and our organisations must be accountable to the constituencies of all infected people.

Finally, a word about the future of these international forums. As both the pace of and expectations loaded onto scientific research wanes, international AIDS conferences becoming less frequent. Next year the global AIDS industry meets in Yokohama, Japan, then in Vancouver, Canada in 1996. As these meetings become bi-annual, we will need to be vigilant, keep up pressure through other forums, and plan our role in the AIDS response with a longer-term viewpoint. Already doubts are being expressed about a potentially high-tech Yokohama conference which will fail to adequately embrace non-technical (i.e. social, psychological, political and cultural) issues.

It would be an irony if, at a time when technology appears to be failing us, we move to an even greater reliance and expectation on high-tech magic bullets. The AIDS epidemic is a social one, as the Berlin wall has demonstrated. The solutions, I believe, will also be of a social nature.

— Robert Ariss.

POSTCARD FROM



SITTING IN A backyard kitchen in Ghana, with hens pecking around my feet, goats occasionally meandering through and High Life music pouring from neighbourhood windows, Darlinghurst seems like another planet, but it's almost equally difficult to recall a conference I attended in Windhoek, Namibia, barely three weeks ago, even though it was on the same continent.

This meeting was the third conference of SANASO, the Southern African Network of AIDS Service Organisations, one of the regional groups of the global network ICASO, the International Council of AIDS Service Organisations. I attended as an observer and also distributed *Talkabout* and other literature from Australian organisations.

Perhaps the reason it's now difficult to recall the event is because Africa is a continent of extreme contrasts and contradictions — wealth and poverty, modernity and tradition. In the four weeks I've

been here, these contrasts have been overwhelming. I've stayed in a poor, remote village and experienced the kind of conditions which challenge the HIV/AIDS workers who met in air-conditioned comfort at an upmarket hotel in Windhoek. Perhaps you have to do this to truly appreciate how big the challenges are.

Community development was the theme of the conference and I was fascinated to observe what different meanings this has in Southern Africa. While the format and presentations were fairly conventional, plenary discussions brought up a host of contentious issues such as: the meaning of community and the tension between traditional and modern beliefs and lifestyles; whether or not educated health/social workers could really represent and "empower" a poorly educated and traditionalist clientele,

or marginalised groups such as sex workers or men who have sex with men — and if they didn't, how to cross the barriers; the role of traditional healers; the relationship with donor agencies; how AIDS is culturally constructed — for example, as a manifestation of witchcraft — and how to treat such beliefs respectfully and at the same time prevention and care goals; the value of confidentiality — some felt it actually contributed to stigmatisation; and the need to "normalise" AIDS, especially since there is such a prevalence in some of the countries region.

There were also two major issues bubbling away under the surface, both very controversial, to which little or no time had been officially allocated: sex and the role of people with HIV/AIDS.

A polarisation around sex was evident from the beginning of Day One: at one end of the foyer displays was a pile of the "Sex" edition of *Talkabout* and a scattering of

sexually explicit picture cards on safe sex from a South African gay group. At the other end, an enormous range of literature, badges and T-shirts exhorting people to "say no" to sex.

One workshop I attended left me fuming with anger, as a presenter suggested the need for a leadership in moral values which will encourage HIV+ people to abstain from sex. His point was that if you have a loaded gun in your pocket you have a moral responsibility not to take it out and shoot someone. I found this analogy both self-righteous and simplistic. It's true that in Africa, where condoms are not always available let alone affordable, abstinence may have to be an important strategy in preventing the spread of HIV. But I heard no one asking "how can we fit abstinence into a range of strategies?", only "how can we get people to abstain from sex?" There was no discussion of, for example, alternative sexual practices, or how HIV positive people might cope with being permanently celibate (except for fear of God), or the impact of such a strategy on people's desire for children (a very important issue here).

It was this lack of discussion that I found most disturbing. I was not the only one to feel this way. An increasing frustration with the lack of frank discussion about sex, the focus on abstinence for everyone except the HIV- monogamously married, and the invisibility of gay issues, led to a spontaneous workshop on the last day.

The workshop was initiated and facilitated by David Marinus, from a Cape Town gay group. It generated the most excitement I'd seen at the conference. People were eager to talk about sex and seemed fairly comfortable doing so. Only a small number attended — perhaps because it was so last minute, but it scratched the surface of some pretty important issues; such as what

people actually do sexually, traditional sexual practices, and how people feel about sex. Several participants commented on the need for further discussion at future conferences. I hope they talk about it before then. I suppose to many Africans, western HIV/AIDS workers such as myself, must seem obsessed with bringing sex out into the open. It's because we've seen the benefits of doing so, both for infected and uninfected people. I realise our cultures are very different, but I think one of the universal challenges of HIV is that to fight it, you have to talk about sex.

Plwha's views on the subject were certainly overlooked at the conference, but this was not all that surprising. Out of 200 people, only two were openly HIV+, and one of those was Canadian Cindy Robbins, a guest speaker and President of the Global Network of People With AIDS. I know other positive people were present. I even speculated privately, as to whether they would feel encouraged or empowered to come out, as has happened on historic occasions in Australian conferences. Nobody did, but whether that was from lack of feeling safe or from differing philosophies about disclosure, I don't know.

The lone "out" African plwha was Wingstone Zulu, a Zambian who gave a talk on the PLWHA group he'd been involved in establishing in Lusaka. As with sex, there was a push to have more time made available for plwha issues, and Wingstone gave a brief address to the final plenary on the rights and roles of HIV+ people.

Although from my perspective, as a veteran of hearing many speeches and discussions on this topic, Wingstone was quite fair, even gentle, his words clearly upset many people and caused a great deal of discomfort. I felt sympathy for them. They may be at the

beginning of that long haul of negotiating the working and political relationships between HIV+ and HIV-, which has often been so painful, but also so productive in Australia over the past few years.

Some believe that the knowledge of sero-status is irrelevant, as many people working in the area are likely to be HIV+ anyway, but don't know because they haven't tested. Also, because of the scale of the epidemic, just about everyone is personally affected. Some HIV+ people, I was told, will not come out publicly as they think it unnecessary and divisive. However, if plwhas in southern Africa are speaking out, then it's time for their colleagues to listen and to talk with them. They may well come to very different conclusions on the subject, to Australians, but it seemed obvious to me that the debate had gone beyond disaffected muttering during the coffee breaks.

In this report I've concentrated largely on political/ideological issues which may not, to many conference delegates, have the importance I've placed on them. At a conference you always find your own little group to hang out with, and mine was composed of people with a similar perspective to my own — both Africans and Westerners, however, from the ripples caused by talking sex and by Wingstone, I don't think I've misjudged the major issues too much.

But a few days ago, sitting in a Ghanaian village that has no piped water, pit toilets that breed flies, no shop at which to buy condoms even if you were persuaded you should use them, and constantly surrounded by children — the ideological arguments all seemed very remote.

Signing off in equatorial heat that makes me think with affection of the Sydney winter.

— Jill Sergeant.

POSTCARD FROM



WHEN YOU'RE living on a \$150 a week pension, you may not be able to fly across the world, but you can see Australia. I decided to play it like a backpacker and gave myself four months to see the east coast of

Australia. I went from here to Bangalow, then Byron Bay, and up through the Daintree Forest where I lived for about a month. I visited all these little places on the way, like Harvey Bay and Airlie Beach, and when I reached the top, I went 4-wheel driving up to Cape York. By the time I'd got that far, my confidence had built. It was like I didn't even have AIDS.

Travelling took me away from my perceived problems. We get to Oxford Street and think this is the world. I know people who take two or three holidays a year. They hop a jumbo, fly to 'Frisco and spend two weeks on their 'gay street'. They never get out of the gay world.

It's good to go away and just be a person. I dealt with it by playing the game. There's no point in trying to be straight, but you don't have to

go around being a raging queen either. The game is to get on with enjoying yourself. Forget about your sexuality for a few months. Forget about your HIV. And just be.

I went away with 40 T-cells, came back with 100. I'd been climbing mountains, diving, doing the Barrier Reef, Croc spotting, bungy jumping, etc, etc. That takes up a lot of energy but I found that I had more energy than I imagined I had. Doctors say "take it easy, go to bed, take a pill, don't exert yourself" but I found that by exerting myself I got really healthy.

I was on the beaches all the time, in the sunshine, living in backpacker joints with people from all over the world (Sweden, America, Germany) and they were all doing it on about \$10-\$20 a day, which was about as much as I had to play with.

I used an *Aussie Pass*, and bussed

from A to B. The *Backpacker* booklet tells you every bit of information you need: where to stay, where you can go for a cheap good meal, the free shuttle services. They give you the information knowing you're on a budget. You don't have to book.

AIDS doesn't mean you have to sit at home and say "well, this is it". It can be quite different if you want. Some people don't want to get too far away from their doctor or carer. But I believe that you can and you don't have to be afraid.

I'm talking about independence and quality of life and living. I hear people say "P.L.W.A. PEOPLE LIVING WITH AIDS". They can say it but they're not doing it. They're not 'living' with it. They're sort of existing around the joint. Turn it all round and actually LIVE with it.

There are people all over the country, cities and towns, who'll help if you need it. There are AIDS Council branches everywhere if necessary. And the people are most

helpful. For example, an ear infection I acquired in Byron Bay meant spending a couple of days in hospital. People from the AIDS Council visited me and made me feel secure even though I was away from my own doctor.

Sure, things can happen when you're away. I got bashed while I was away, but you can get bashed in your own home. I received cuts and bruising, so I told them about my HIV. This caused no problem whatsoever. I thought that Queensland police would be very negative about people with AIDS, but they weren't. They went out of their way to help me and find the people who bashed me. This was the only time in four months that I felt I had to disclose my HIV status.

I learned a heap about what's going on with people and how they think in this country. There were areas I went that were really outback. Had I said that I was HIV+ and or gay, I would have been driven out of town with a double-barrelled

shotgun. I also realised that the young backpackers had absolutely no idea what my sexuality was. It appeared that everyone thought that everyone was heterosexual. They have no understanding of homosexuality. It's a big joke. They don't get AIDS. We're inclined to think with all the information we give out everyone is understanding us. But they're not listening. It's mainly just gay people talking about ourselves to ourselves. We don't really cross over to the heterosexual world as much as we think we do.

When I was in the Daintree forest, the tour guide pointed out a tree and said "this is the tree they got AZT from. The tablet for people with AIDS". And everyone just stared at it as if it was a martian. Then he moved on to the next one.

After four months of being away, my return to Sydney was greeted with "Hi! Did you know A,B,C and D have died? It's been one helluva week." They told me all about death and yet I hadn't thought

about it for 4 months.

True, I needed a bit of a rest, a decent bed and a place of my own. But I'm now well rested and preparing a backpacking trip across the Nullaboor plane to Perth and up to Broome.

Check List

1. See your doctor for a check-up before you go. Take a letter or list with you which says what your condition is and what treatments you're on, in case you need it.
2. Get a friend you trust to stay in your flat.
3. For \$150 a week, allocate \$50-\$60 a week for shelter. Hiring a tent and camping spot can cost only \$8 a week.
4. Keep in touch with people back home. Tell them where you're going. Postcards are cheap.
5. Enjoy yourself.

— W. Hokianga/Smith.

DEAR HOLIDAY-MAKER,

PLWHA is looking at organising a Holiday House Swap register for plwhas in Sydney and other areas. If you're interested or know of any good, cheap holiday places, let us know. Meanwhile, here's one that's just come in...

Call Annela on 361 6011 or Annie on 361 6023 for details.



Share Townhouse Suffolk Park Byron Bay

Close to pub/shops/gay beach/walks etc.

Bedroom available for 1-2 months at a time.

Approximately \$80 per week. Gay/HIV+ people welcome.

THE OTHER TENANT IS A CHEF AND CAN ARRANGE MEALS.

Anguish in

CHAPTER 21

by Ms. Eda O.

Last episode, Brad met the Countess de Ravenspur and caught Drag Fever Virus; Robbie and Wayne's new flatmate, Carin, attempted to counsel an inebriated Nigel at the Stuff Club; while Beryl and Linda Sticklip planned their escape from the Loonibinni Gender Re-assignment Home. Is the Countess the friend that Brad needs? Will Nigel and Leonard make up? Can Carin cope with all this? Read on...

Menage et trois

LEONARD STALKED THE EERIE CORRIDORS of Queen's Spume, a popular sauna for men in eastern Sydney. Double vision, combined with his naturally poor eyesight, made him regret the amount of alcohol he had consumed in the Stuff Club earlier in the evening. But more he regretted his vanity in not wearing his glasses through this labyrinth: stumbling down stairs, turning corners to be confronted with spectres of oozing frottage, and once bumping into a mirror he had mistaken for a prospective partner.

Feeling a little squiffy and more than a little weary from his endless wanderings, Leonard peered through the sepulchral gloom. He found his attention arrested by the beckonings of a lithe youth, who was looking out seductively from behind the half-closed door of a nearby cubicle. Grateful for the opportunity of a good lie down, Leonard pushed passed the beckoning youth and collapsed on

BOHEMIA



to the tacky, vinyl-covered bench only to be surprised by the presence of another body lying in the semi-shadows.

Slightly shocked, and a little annoyed at being unable to rest his Creme de Menthe-soaked head, Leonard turned to leave the cubicle. Barring his exit, the youth locked the door and immediately dropped to his knees. Leonard had heard tales of weird, group sex going on in these places, but in his drunken haze,

he could not for the life of him think of the French phrase for it.

The kneeling youth, the *Trois* of the *menage* - a bouncy, SMART, young thing - leapt into action, grabbing Leonard's threadbare towel.

"Mmm. Mmmmm," *Trois* mumbled with delight, unable to articulate more.

Leonard became aware of the previously prone body behind him. It stirred, and a warm hand slid gently over Leonard's tense back muscles. The fingers traced the line of his spine delicately. Leonard felt a faint sense that these hands had massaged him before. *What was the French for that?* he wondered for the second time in as many minutes.

Giving up on the thought, Leonard turned instinctively to embrace the giver of such strangely familiar affection. Suddenly, his lips froze in their pucker, and his eyes widened only inches from a face mirroring his own surprise.

"Nigel!" Leonard finally rasped.

"Leonard?" Nigel replied peering through the dim light of the cubicle.

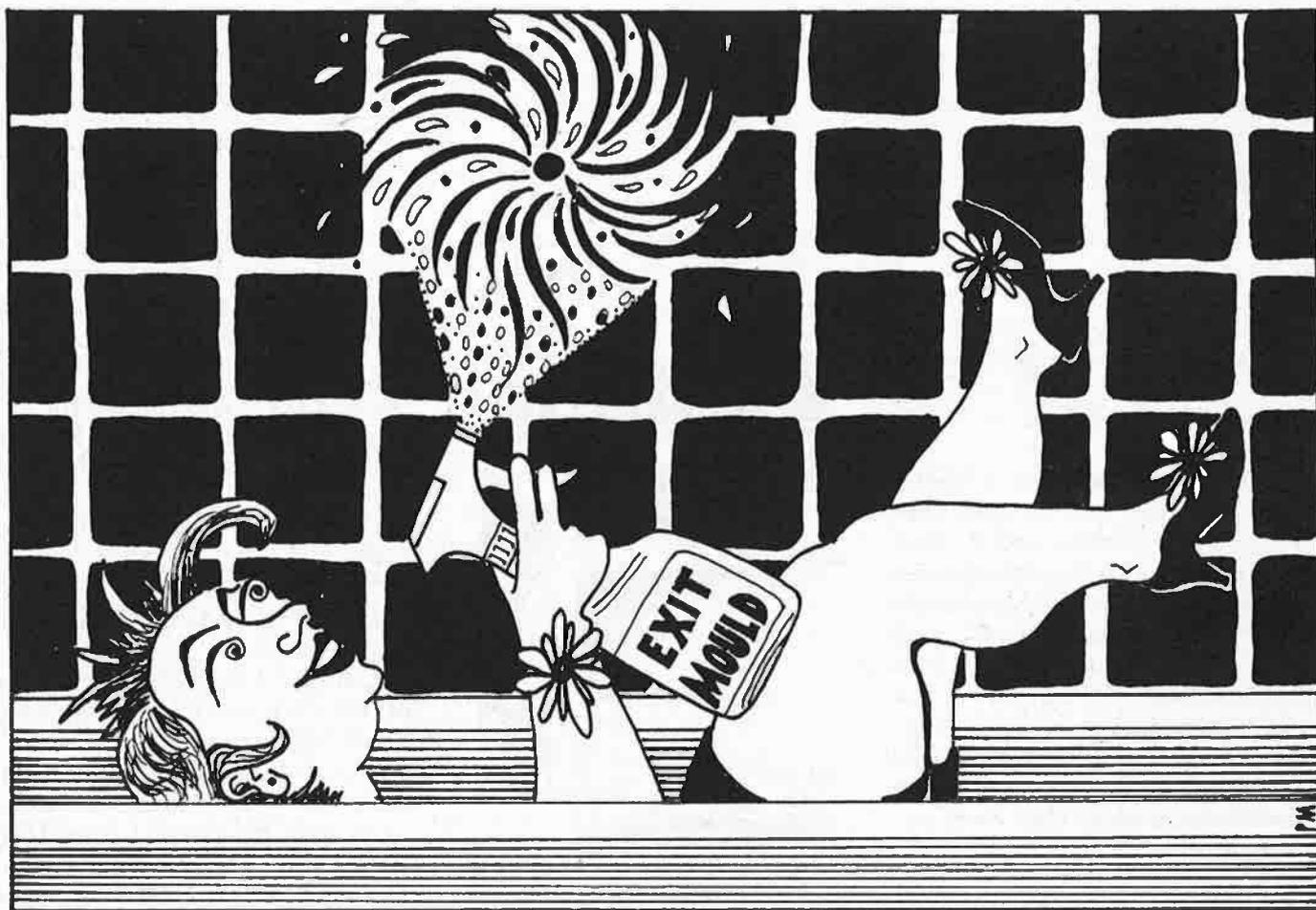
Spitting the dummy, so to speak, *Trois* looked up disconsolately.

"Oh, shit!" he exclaimed shrilly. "Not another open relationship! Why can't you girls be 'open' about when and which sauna you're going to?" *Trois* drawled sarcastically.

"I'm out of here," he said, gathering his towel from the floor. "Have fun."

Carin's Cleaning Frenzy

CARIN SPRAYED EXIT MOULD LIBERALLY across the shower wall. The



flower pattern on the tiles danced before her eyes. Freed from their cover of bathroom plaque, the buds began to blossom and change colours from mauve pink to mint green to lemon yellow.

Why have I never noticed the great beauty of these tiles? she wondered. And why do I feel like cleaning this bathroom with such gusto at 5.30am?

Carin mused at the pathos evoked by the echoing drip of the leaking faucet, dripping, dripping, into the basin. And caught by the significance of the plug dangling from its fine chain, she momentarily recalled the 'vitamin' pill given her earlier by Brad's new friend, the Countess. But that was hours ago.

Carin felt fantastic.

How Lovely, she thought. That nice Countess moving in with wonderful Brad - and letting me help carry up her bags.

These thoughts were almost instantly replaced by an urgent desire to try on all her shoes or have a glass of water - she couldn't decide which.

"The windows! That's it: I'll clean the windows!" exclaimed Carin. "But we haven't got any Windex..."

Grabbing her coat and bag, Carin headed for the apartment's front door - on an urgent and spontaneous shopping mission to the local Q-Store.

Before opening the front door Carin was startled by noises coming from outside in the corridor. In a quick burst of paranoid curiosity she pressed her eye to the spy-hole. The spy-hole's weird, fish-eye lens corrected her ecstatic vision, and for once the blurred images on the other side of the door were clear.

Leaving Brad's apartment across the landing, Carin recognised Dr Paul Crowe, a well-known

Darlinghurst HIV specialist GP.

"Brad!" Carin gasped. "Maybe he's got some Windex!"

The Crack of Dawn

"THANK DINGO SHE'S FINALLY GONE out," grumped Robbie into his pillow, the sounds of Carin disappearing down the stairs of Bohemia Apartments. "I hope she doesn't make queer bathroom noises every morning."

Wayne shivered as he snuggled down deeper into the doona.

"At least now we can get some sleep," sighed Robbie as he muzzled into Wayne's warm armpit.

"Sorry hon," groaned Wayne and rolled over towards the alarm clock. "I've got a doctor's appointment at 9.30am."

"Nine-thirty?" whined Robbie.

"You know you don't have to come, babe."

"No, no. It's all right," whimpered Robbie pathetically. "I love all those old *Architectural Digests* in McGillicuddie's waiting room."

"McGillicuddie and his *Digests* are still in Berlin at the conference, sweetheart. I'm seeing Paul Crowe."

"Ooh, he's a dish!" enthused Robbie, "for someone over thirty."

Wayne tickled Robbie playfully, and asked: "You wanna play doctors now?"

Robbie writhed hysterically. Twisting around he grabbed Wayne by the wrists pinning him to the bed. Leaning forward, he planted his mouth firmly over Wayne's. After several minutes examination of the inside of Wayne's mouth with his tongue, Robbie sat back.

"I'm going to look for a job, today", he announced suddenly. "I'm sick of us always being broke."

"We do all right, hon", Wayne replied, sitting up also and plumping the pillows behind him. "Nobody we know has a job."

"What about Carin", queried Robbie. Wayne wrinkled his nose.

"Carin's a social worker. That's not a job, that's a mission."

Robbie, meanwhile was searching under the bed. In amongst the shoes, an empty tube of KY covered in lint and several copies of *Thrust* magazine, he found what he was looking for: the last copy of the *Sydney Stud Abuser*. Turning to the classifieds at the back, he skimmed past the "straight-acting top seeking bottom into FF, WS, SM, BD for romance and outings" and "the 50 years young good-looking slave seeking young cruel master for fun times" until he found the work offered section.

"Here it is", Robbie read aloud. "Model-stroke-masseur needed. No experience necessary. Hours flexible. Apply Len's Lads."

Psycho Revisited

CARIN SLIPPED THE KEY INTO BRAD'S apartment door. He had given her a spare for emergencies and Carin

convinced herself that Windex was important and there was another reason - what was it? - oh, yes, seeing Dr Paul Crowe leaving Brad's apartment.

"Yoo hoo", she sang as she opened the door and peered into the gloom. "Are you all right?" Carin tip-toed to his room and tapped on his door. "Brad?" she whispered into the upheaval that was his bedroom.

A groan from the bed prompted her to investigate further. Creeping to the comatose figure under the pink doona, she drew back the curtains. A blast of early morning light illuminated the face on the pillow. Carin screamed. The face on the pillow screamed.

"Your face!" she wailed. "What's happened to your face?"

"Carin!" Brad grunted. "I didn't have the energy to wash off my make-up. What do you want?"

Carin explained seeing the doctor leaving his apartment earlier and the Windex and her confused state. Brad wiped the mascara streaks and rouge from his face with his pillowcase, noting the impression

he had already left on it resembled *The Shroud of Turin*.

"Maybe he came to see the Countess", he offered finally.

Carin had forgotten about the Countess moving into his spare room - Beryl's old room - and slipping into social work mode, decided to check that she was all right, too.

Brad and Carin tapped on the Countess' door and, getting no reply, opened it. The bed was neatly made. In the corner of the room a large wing-backed chair faced the window away from them. They could just make out the Countess' huge blonde bee-hive above the top of the chair.

"Countess?" Carin walked to the chair. "Are you..." she touched the chair, spinning it around. The beehive rolled to the floor. Both Carin and Brad screamed again. The chair was empty.

"But where is she?" pondered Brad.

"And how come", pondered Carin, "Dr Crowe was leaving the apartment alone?"

TO BE CONTINUED

WIN A TRIP FOR TWO in the inaugural ANGUISH IN BOHEMIA quiz

Answer these five simple questions and you could be a winner!

1. Where did Brad's pillbox hat come from?
 2. Why did Rod, the truckie, tell Nigel to get his pants off?
 3. Where is Nancy now?
 4. What does Leonard Klutsinger do for a living?
 5. Which character in Anguish in Bohemia do you relate to?
- And why?

Neatness and originality count. Entries close July 30th 1993.
Send your entry into: ANGUISH COMPETITION, PO Box 1359,
Darlinghurst NSW 2010. Judges decision is final and no correspond-
ence will be entered into.

Homefront



Evian Tastes On A Tap Water Budget

You've just bought a \$70 shirt and the phone bill arrives. Eeek. Living on a reduced income doesn't necessarily mean you have to cut out all the luxuries of life, but it's a good idea to plan ahead. This month, Mark Tietjen offers a few corner-cuts and suggests the best people to contact when times get tough.

WHEN YOU'VE USED UP ALL YOUR sick leave or you're just unable to work full-time anymore, paying regular bills (rent, food, the government charge for your AZT) becomes a major problem. We all complain about how hard it is to make ends meet, but when the Department of Social Security becomes your paymaster then at best, the basic pension of \$312.10 per fortnight is all there is. What to do?

The first step is to realise that if you are unable to work and have no indulgent rich aunt, then these Social Security payments will be your only income. Sadly, the Department of Social Security does not provide pay rises or bonuses. Living with HIV illness and a very low income usually means a major change in lifestyle. It's important to stay optimistic, but unfortunately only a very few people win a lottery or find a sugar daddy.

The secret is to learn how to cut spending, which does mean some sacrifice. Planning is one of the most important aspects of surviving on a low income. We all know the difficulties on an average income

when, come payday, you pay the rent and a few outstanding bills, do some shopping and have a drink, then — hey? no money until next payday and no food in the house.

LIST all your usual expenses. This should include all the regular bills such as rent, phone, electricity and the weekly call boy; plus all regular expenses such as food, vitamins and coffee at 191. Most people get paid every two weeks, including DSS beneficiaries, so work out what your costs are for a fortnight. Bills such as electricity and phone usually arrive every 3 months, so work out what you should put aside every fortnight.

TALK to people and ask them how they manage. Let people know your situation. You don't have to mention your HIV status. Family and friends are often very understanding and may surprise you. Talk to the support organisations (see list). Many are constantly receiving donations of all kinds to pass onto plwhas. Go to the *Maitraya Day Centre* and meet others in similar situations and enjoy a free meal. *Metropolitan Community Church* do lunch on Sundays for plwhas at *Heffron Hall*.

FOOD. With ill health, nutrition is important. Some organisations are there to help provide good food at low cost. Learn to shop around for bargains and specials. Read those leaflets in the letterbox. Large supermarkets are significantly cheaper than your local corner shop.

If you don't drive, find a friend with a car and combine your shops. Convenience foods are more expensive and less nutritious than preparing the same thing yourself.

If you have no energy to prepare meals, don't order pizza, organise *Meals on Wheels* or make a couple of extra meals when you're feeling okay and freeze them.

RENT. Apply to the *Department of Social Security* and to the *Bobby Goldsmith Foundation* for rental assistance. Check out your eligibility for subsidised *Priority Housing* and the *Disability Rental Subsidy* from the *Department of Housing*. Apart from food, rent should be your highest priority. The simple fact is that if you don't pay your rent, you get evicted. If your rent is way behind, most organisations will find it difficult to help because of the considerable cost.

BILLS. Think about ways to save on electricity, gas and phone bills. Making three phone calls a day adds up to a \$110 phone bill, not including STD or IDD. Extra services such as a silent number or the trendy *Easycall* services cost more. No organisation will provide assistance for the cost of calls — they're your responsibility. Heating is usually the biggest electricity expense. You can save here by only heating the room you're in and not the whole house.

If a bill arrives you can't pay, communicate with the service

provider as soon as possible. You might be surprised what arrangements can be made. Explain that you have no resources and are on a benefit. Mentioning the pension helps as most services have pensioner discounts. If they know your situation they will usually try to help, but you must show some commitment to try and pay. If you leave it too long the service will simply be disconnected. You can make part payments and most service providers will send monthly bills of have *budget cards*.

DEBTS. Credit cards and loans. Again, communication is important. If you've got a large credit card debt, the interest charges can be more than your repayments. If they know your situation, credit card companies will usually stop charging interest and re-negotiate for you to pay it off at a rate you can afford. But you'll probably have to give up the card. Which may not be a bad thing.

It's important to seek help as soon as your income stops. If you keep running up debts or eating into your savings in the hope that things improve, you'll end up with debts no welfare organisations can

cope with.

Make the most of your situation. If you are not already on a pension, but would qualify, consider it. DSS have made it much easier for people with HIV. A pension pays more money than any other benefit and you get pensioner rates on many goods and services. You can also work part time and earn over \$700 per fortnight for twelve weeks before you lose your pension and benefits. If you earn more or go back to work full time, the pension can easily be stopped and restarted again at a later date without much hassle.

Don't leave it too late to ask for help. There are a number of different services for people on low incomes and plwhas. Don't be afraid to use them. That's what they're here for.

Mark Teitjen writes from his experiences working with and talking to plwhas at BGF, a background in commerce, and from periods in his own life when he found it difficult to make ends meet. He says "I am also very much aware that a lot of this advice is easier said than done". We look forward to your feedback.

Bondi Olympic Gym

presents

Posithiv Pump

For HIV+ people and their partners **ONLY**.

The gym is closed to all other customers.

Advice and Assistance

We'll help you with a new training program, plus give advice and personalised training.

Free

This is a free service. There is no obligation to join the gym.

No hidden charges.

Call Tim or Sarah on 365 7001

**Saturday Nights
from 8.00pm till late**

Bondi Olympic Gym
284 Bondi Road, Bondi

- **Bobby Goldsmith Foundation** — a charity providing mainly financial assistance for people with category III and IV HIV infection. Rent, electricity, gas and phone bill assistance and loans of appliances. (02) 360 9755.
- **Care Force** — financial assistance, food, accommodation, clothing. (02) 895 8051/331 3482.
- **Credit Line** — run by Life Line to provide financial counselling. (02) 264 5644.
- **Food Distribution Network** — fresh fruit, vegetables and meat delivered at low cost. (02) 699 1614.
- **Maitraya Day Centre** — a friendly place to drop in and meet other plwhas. Free lunch served Tuesdays and Fridays. (02) 357 3011. 20 William Lane, Woolloomooloo.
- **Metropolitan Community Church (MCC)** — gay non-denominational church based at Heffron Hall, Darlinghurst. Provides some basic welfare and support. Lunch for plwhas at Heffron Hall, Sundays. (02) 332 2457.
- **Salvation Army** — emergency accommodation, counselling, food, clothing. (02) 331 6000 or toll free 008 251 008 (24 hours).
- **Smith Family** — financial and material help and advice on welfare and accommodation. (02) 550 4422.
- **St Vincent de Paul Society** — financial assistance, food, clothing, bedding, furniture, accommodation. (02) 560 8666.

Also remember you can talk to a social worker at the DSS or your hospital.

Fair Treatment



A Berlin Diary

Sunday June 6

PLANE LANDED AT 2:30 PM. THERE'S an ACT UP demonstration at 4:00. Remind me never to do this again. "Global Action on AIDS" called for coordinated international action. ACT UP marched from Nollendorfplatz in lesbian and gay district to Ernst Reuter Platz near city centre, where a mock cemetery was constructed. 5500 wooden crosses were stabbed into the garden that makes up the Platz, turning the usually serene stretch of grass and flowers into a sombre graveyard. There were a few Stars of David too, a statement on Germany's history and the resurgent neo-Nazi movement. ACT UP Berlin gave a touching speech about how the ills of AIDS would not be adequately solved until the ills of humanity were, how the German government's inability to act on AIDS was a continuation of holocaust history.

Monday June 7

CONFERENCE BEGAN 10:00 THIS morning, introductions from the scientific chairperson and president of Germany. Totally predictable and agonisingly boring. Then addresses were made by heads of various AIDS organisations internationally: predictable, boring but not so agonising after all. Maybe I've developed a tolerance to opening ceremonies. But just before the audience was lulled into a catatonic state, an additional speaker was announced: ACT UP had negotiated

a speaker: one of those "you let us speak and we don't trash your coiffured ceremony" deals. Aldyn McKean was, no doubt, the ceremony's most exciting speaker.

Aldyn used the theme of an earlier ACT UP demo: *Tear Down The Walls Around AIDS*, making reference to the erstwhile Berlin Wall. Then he slammed several drug companies for their several and collective vices: Daiichi, Gilead, Syntex, Bristol Myers Squibb, Wellcome, Astra, Roche. Way to go, Aldyn!

Anthony Fauci (US National Institutes of Health) gave his standard pathogenesis talk: during the clinical latency where we find very little HIV in the peripheral blood, the virus is actually in the lymph nodes. Big deal. But this year Fauci had harder data: he showed that as disease progresses, the microstructure of the lymph node changes such that they get less effective at trapping virus, and cells in lymph nodes themselves get infected. This lends substance to the theory that in the so-called latent period, the immune system is actually doing a good job of containing the virus. Later on the virus gets out of hand, because the lymph nodes can no longer trap virus.

Fauci expanded his pathogenesis theory to include things like immune activation, cytokine regulation, programmed cell death: meaning that Fauci thinks HIV pathogenesis is *multifactorial*—lots of things make up the disease and it's not as simple as "HIV infects

CD4 cells, CD4 cells die and hence immune suppression". Calling HIV disease an immunodeficiency is not accurate—some parts of the immune system are suppressed, but other parts are chronically activated. So adequate treatment may involve some immunosuppressive therapy—cyclosporin A, perhaps with AZT.

Tuesday June 8

ROBERT GALLO PROPOSED TWO novel approaches to therapy.

(a) Target cellular, not viral, enzymes. Remember that viruses are actually derived from cells and are classical parasites: they cannot replicate without hijacking the host cell's resources. Cell enzymes do not mutate at nearly the rate that viral enzymes do, so any such anti-enzyme drug would not build up resistance as quickly, if at all. The enzyme Gallo wants to target is ribonucleotide reductase. This enzyme helps generate nucleotides, the building blocks of DNA. Ribonucleotide reductase can be inhibited *in vitro* by the compound hydroxyurea. The punchline: hydroxyurea is already on the market for a type of leukemia.

(b) Gallo's lab has recently discovered a new virus, HHV-7. This is a widely occurring virus that is, as far as Gallo can tell, nonpathogenic. The punchline: HHV-7's receptor is CD4, the same as HIV's. By infecting people with HHV-7, the CD4 receptor on the surface of cells would be "occupied" and therefore HIV would not be

able to dock and enter the cell. Gallo refers to this as "innocuous" virus protection.

Remember that Gallo thinks he is a persecuted man. His reputation has been severely damaged when an investigation last year found him negligent in allowing his lab staff to falsify data on the discovery of HIV. This is a man with a reputation to repair. I fully expected that his appearance at this conference would be a self-made spectacular one. And so it was. Gallo is a very, very seductive speaker. He's able to give you the impression that you've been let into a big secret and that he's bestowing a privilege by allowing you to listen to him. It was very hard to see through all that into the objective facts of his ideas. And, by the way, they were only that—ideas. Gallo had no data to present. So there's no call for champagne.

Got that off my chest. Now, how feasible are his ideas? The cellular enzyme targeted must be one that the cell can do with less of. Remember, these are enzymes that are in use by the cell for normal functioning. Sure, depleting the body of that enzyme would make it impossible for HIV to replicate, but it would also make it impossible for human cells, infected or not, to function. I don't know what the case is with ribonucleotide reductase. However, since hydroxyurea is already on the market, it's a simple task to look up hydroxyurea in MIMS; find out who makes it; ask for a trial for PWAs to be designed in cooperation with either NCHECR or CHATN.

As for the innocuous virus: if HHV-7 is so widely distributed, how come it hasn't already outcompeted HIV, which is not so widely distributed. Someone also needs to verify that HHV-7 is indeed nonpathogenic. And CD4 is not the only receptor molecule for HIV (at last count there were four). But CD4 is the major one, and knocking it out might go a long way towards preventing infection of new cells.

Wednesday June 9

JAY LEVY (UNIVERSITY OF CALIFORNIA) is one of the few researchers looking at long term survivors, a "what makes them tick" curiosity. Like John Dwyer, he believes that CD8 cells have an antiviral effect that gets progressively damaged in the course of illness. His theory is that in early stage disease, there are more cytokines of the TH-1 variety (like IL-2 and IFN-alpha) than the TH-2 variety (like IL-10 and TNF). As disease progresses, a switch occurs and so in late stage disease there is more TH-2 than TH-1. The dominance of TH-2 is detrimental to CD8s, probably by causing CD8 cells to "suicide" by a process called apoptosis. This is more proof that early and late disease are very different biological phenomena. Different treatments are needed for different stages of illness. So who's developing these treatments?

Roche came in for one big hammering. The giant, lush Roche stand was wrecked by 60 ACT UPers plastering stickers over it and standing on it. Posters said things like "THANKS TO ROCHE A LOT OF PEOPLE WITH AIDS DON'T HAVE IT ANYMORE" coupled with a picture of bodies in a morgue. Among the demands: full disclosure of data on and increased access to the two drugs tat inhibitor and protease inhibitor. ACT UP New York also asked for post-marketing ddC trials. Hmm Australia's doing one, even if the Americans aren't.

Thursday June 10

LONG-AWAITED RESULTS FROM A trial comparing AZT to ddC to the two drugs in combination were presented by Margaret Fischl. Participants had substantial previous AZT use (average 17 months). In people

with higher CD4 counts (greater than 150), the combination was equivalent to ddC alone, and both were better than AZT alone. But for lower CD4 counts (less than 50), ddC was equivalent to AZT, and both were better than the combination. For people with intermediate CD4 counts, there was no difference between using combination or single drug therapy. These results may seem confusing, but they make sense. Healthier people are more able to take advantage of both drugs. In later stage illness there is decreased ability to handle side effects, and so a person dealing with additive side effects of two drugs won't do as well as a person coping only with toxicity from a single drug. At best, combination was equivalent to ddC because people with substantial exposure to AZT have exhausted AZT's benefit and can only derive benefit from a new drug, like ddC.

Friday June 11

NO MORE TALKING. WE WANT A CURE! was ACT UP's disruptive battlecry at the closing ceremony. Another repetitive event. But particularly moving was Oselia from Zimbabwe, whose sex work was her way of feeding her children. "This man offers me more money if I don't use a condom. I have to choose between infecting this man and watching my children starve. Tell me how to choose," she asked the audience. Conference chair Professor Habermehl lost his wits by close of the week-long conference — when asked why there were no designated non-smoking areas, Habermehl exploded about how "bloody silly details" were being brought up by "strange people". The 1994 conference will be in Yokohama, and chairperson Yuichi Shiokawa promised to continue involving the community and assisting delegates from developing countries.

—Lyle Chan

What's Goin' On



NUAA — WHAT'S ON **HAS — HIV AWARENESS SUPPORT**

A support group for positive users

HAS — Food
HAS — People
HAS — Support
HAS — Information

Every Wednesday, 7-9pm
St John's Hall
Victoria Rd, Darlinghurst
Call John or Sandra at NUAA

THE SCREEN FITS

NUAA has commenced a six month community video project. Running until the end of the year, The Screen Fits will be training people from the injecting drug using community in all facets of video production. Participants are welcome to join the project at any time. Come along to one of our fortnightly meetings. Interested? *Ring Pip at NUAA.*

NUAA
16 Leswell Street
Bondi Junction
Ph. 369 3455

Women Partners of Bisexual Men



Phone In

008 069-814

Lines open on:
26th - 30th July 1993
12 Noon - 9pm

- Tell your story
- All information is confidential and anonymous
- Find out about support available to you

Or write to our permanent address at any time:

WPBIM
PO BOX 429
NARRABEEN 2101



P E T P A N I C

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

The Animal Welfare League can help. They provide veterinary care, some assist-ance 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.

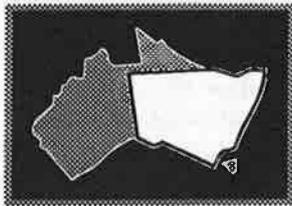
country connections

Do you come from the country or have an interest or connections there?

We need **volunteers** to help produce our newsletter for country guys and work with the team at the Rural Project.

We can offer you flexible hours and can teach computer, desk top publishing and loads of other employable skills.

Call Crispin, Nigel or Nik on (02) 206 2082 or (02) 206 2090 for more details.



acon rural project

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

Glebe Community Health Centre

184 Glebe Point Rd, Glebe

(near Valhalla Cinema)

Sponsored by Royal Prince Alfred Hospital,

Central Sydney Area Health Service

ACON Meditation Group

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

The meetings take place whenever there are enough people to warrant it.



Bodhidharma, after Hakun Zenji.

*If you or your friends are interested, please call **David** on (02) 358 1318 to register, and indicate a suitable time. (Messages can be left on the machine).*



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 PLWA GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

AIDS Trust of Australia A non-government national fundraising body which raises money for research, care and education related to HIV/AIDS.

PO Box 1272, Darlinghurst 2010. 211 2044.

Albion Street Centre Information Line 332 4000.

Asians & Friends Sydney A social, cultural and support group for gay Asians and their friends, meets every Friday from 7.30pm to 10pm. Call Gus or Jim (02) 558 0061 a/h or write to PO Box 238, Darlinghurst, NSW, 2010.

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.

Positiv Pump Advice and assistance with training programs for plwhas and their partners only. Bondi Olympic Gym, 284 Bondi Rd from 8pm Saturdays. Free entry, contact Tim or Sarah (02) 365 6001.

Positive Users HIV Awareness and Support is a group for HIV + users, their efriends, partners etc. Meets every Wednesday 7 - 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.

Silk Road A social and support group for Asian gay and bisexual men which meets every Friday. Activities include workshops, discussions, social activities, etc. Call Arnel on (02) 206 2000

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 Children's Hospital (Paediatric AIDS Unit) High St Randwick. 399 2772/2774.

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 (city) A support group for family members of people with AIDS. Short term group, possibility of continuing. Call Judy Babcock or Helen Golding on 361 2213.

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 and HIV Services on (047) 24 2598.

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 369 2731.
HIV Living Support Groups For HIV+ people. Call HIV support officers 206 2000.

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

Parent's FLAG Parents and friends of lesbians and gays. Meets monthly at the

GLCS, 197 Albion St Surry Hills.

Call Heather, 899 1101, Kay, 831 8205.
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 Louise Finnegan 339 1111 (page 345) or Michelle Swallow (page 248) if you're interested.

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

Positive Women Individual or group support for and by HIV/AIDS positive women. Non-judgemental and completely confidential. Contact via Women and AIDS Project Officer or Women's HIV Support Officer at ACON, 206 2000, TTY for the Deaf 283 2088.

PO Box 350 Darlinghurst 2010.

Positive Young Men A support group for positive gay men under the age of 26. Groups run for 6-10 weeks at a time. For information call Aldo or Brent 206 2077 or HIV Support 206 2000.

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

37 Atchison St, Crows Nest. 906 3112.

Sydney West Group A Parramatta based support group.

Call Pip Bowden 635 4595.

PRACTICAL HELP

ACON Housing Project Offers help with accessing priority public housing, transfer advice, homelessness, housing discrimination and harassment. Call the Housing Project Officer, 206 2000.

Badlands Residential harm reduction service providing a safe, non-coercive space for people who are at high risk of HIV transmission or may be HIV+. Residents are mainly injecting drug users and/or may be sex workers. 6 Bellevue st, Surry Hills 2010. 211 0544.

Bobby Goldsmith Foundation A community based, registered charity providing some financial assistance to approved clients.

4th floor, 376 Victoria St, Darlinghurst, 360 9755.

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

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

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

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

OUTSIDE SYDNEY

General

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

Albion Street Centre Information Line (008) 45 1600.

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

Cooma/Snowy Mountains HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Cooma/Snowy Mountains area. Call Victor on (018) 486 804 or Pam Davis on (064) 521 324.

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).

Yass HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Yass area. Call Victor on (018) 486 804.

Young HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Young area. Call Victor on (018) 486 804 or Valerie on (063) 821 522.

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) 24 2158.

Hawkesbury Outreach Clinic an outreach service of Wentworth Sexual Health and HIV Services. 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) 24 2507.

Karuna Blue Mountains 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 David Willis (018) 48 3345.

Wentworth Sexual Health and HIV Services STD and HIV/AIDS testing, treatment, counselling/support and education. Free and confidential. (047) 24 2507.

Central coast / Hunter region ACON Hunter branch PO Box 1081, Newcastle 2300. (049) 29 3464.

Karumah Day Centre Inc., Newcastle Upstairs, 101 Scott St Newcastle, opposite Newcastle Railway Station. Open every Tuesday for Social from 6.00pm. Open every Thursday for lunch & Social from 11am. PO Box 1049 Newcastle 1300, (049) 29 6367.

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 Northern Rivers 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) 20 2980.

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

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.

**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

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 make a donation of: \$ _____
- I enclose a cheque/money order for \$ _____

In the interests of your confidentiality

I agree to have other members know my name and address

Yes No

I am publicly open about my membership Yes No

Annual rates are

Membership \$2

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

Individual \$10

Organisation (up to 4 copies) \$20

(up to 10 copies) \$30

Please specify number of copies _____

If you want more than 10, call us.

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 _____

COME IN



PRIDE

WHEN the Pride Centre opens on Stonewall Day 1994, we want you to be there. So, now is the time for you to come in with us. If your lesbian or gay organisation would like to be part of the new Centre, we'd like to hear from you. We're looking for groups and businesses who will benefit from being together under the one roof. The Centre will be a partnership between organisations working towards the growth and well-being of our community. For our Centre to flourish, everyone will need to contribute. What could your group offer in the way of skills, staffing or rental? And how would you use the new Centre? **Please call or write to us by August 12, 1993. A meeting of all parties is scheduled for late August. Send your submissions to PRIDE PO Box 7 Darlinghurst 2010. For more info call Gary Cox on 361 0335 or Carmen Byrne on 557 4066.**

