

No. 36 September 1993

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



# First People

THE TIME HAS COME FOR *TALKABOUT* TO PAY ITS DUES TO AUSTRALIA'S original inhabitants ("Talkabout", of course, being a play on the word "walkabout"). So, welcome to "First People", our special issue for HIV positive Aboriginal people.

Originally, the Newsletter Working Group thought we would make this issue an "Indigenous Peoples" edition, to mark the United Nations International Year of the World's Indigenous People, but we were so overwhelmed by interest and support from the Aboriginal people we contacted, that it quickly became clear that it would primarily be an Aboriginal edition. Well we're certainly not complaining about the change of plan — in fact we're excited about it.

There are no accurate figures for the numbers of Aboriginal people who are HIV positive. Until recently, ethnicity was not recorded when people took their HIV test. About a year ago, Rodney Junga, a Nunga from the Adelaide area, told *Talkabout* (August 1992 edition) that he knew of 24 Aboriginal people who had died from AIDS. There have been more deaths since then. And we didn't have to look very far to find HIV positive Aboriginal people to contribute to this issue. That's not to say there is an explosion of HIV among Aborigines — just that HIV does exist in the Aboriginal community. And that means it's time to talk about it.

The International year of Indigenous People is a good time to focus on Aboriginal people and HIV, as it's a year when we are urged to reflect on the conditions of indigenous people worldwide — and hopefully take some action in support of them. It's also a time to learn from what they have to say.

Worldwide, there are about 250 million indigenous peoples (also known as first peoples) living in 70 countries. While their cultures are extremely diverse, they also have much in common. On the negative side, almost universal dispossession from their land has caused poverty, violations of their human rights, and social problems such as drug and alcohol abuse and prostitution — which make them particularly vulnerable to HIV.

On the positive side, first peoples have strong spiritual ties to their land, and rich cultures which place high value on family and community relationships.

Rather than spend any more time reading about indigenous people, why not hear them speak for themselves? Our special feature starts on page 11, with the Declaration of the International Indigenous AIDS Network, printed here for the first time in Australia. The Declaration, which was written by members of the Network, was read to the International HIV/AIDS conference in Berlin by an HIV positive Inuit woman known as "Alaska".

Thanks to all our contributors this month, and also to Kathy Kum-Sing, who was unable to contribute but gave invaluable assistance.

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## **This Month's Cover**

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graphic by Aboriginal Artist Bronwyn Bancroft. Bronwyn designed the 1992 Aboriginal HIV/AIDS poster series, "Everybody's Business". She says that this drawing represents community care and confidence, and the circular symbol represents the disease spreading.

## Teddy triumph

THE BOBBY GOLDSMITH FOUNDATION (BGF) will be chuckling all the way to the bank after the Mitchell Tyrie Teddy Bear Auction on August 16, which netted more than \$95,000 for the AIDS charity. The 72 bears were dressed by fashion and theatrical designers and buyers flew from across Australia to attend the auction at the Park Lane Hotel.

The Dame Edna Everage bear (who featured on the cover of the August *Talkabout*), fetched the highest price for an individual bear at \$6,000. The record breakers of the night were two bears dressed by the San Francisco Opera in costumes designed by David Hockney, which sold for \$8,500.

The auction looks set to become an annual event, as the director of Mitchell Tyrie Australian Made Bears issued a challenge to Christie's, the auctioneers, to repeat the event next year. Christie's accepted, and next year's auction will take place in Melbourne, probably in August.

## New drug trial

A DRUG SO NEW THAT NO-ONE HAS even devised a decent name for it yet—it's code named U-90152S—is about to be trialled in Sydney as part of an international trial involving the USA and Europe. The participating hospitals are St Vincents and Westmead. U-90152S is a new class of drug which has been shown to be effective in decreasing HIV replication in the 'test tube'.

The compound, still at an early phase of development, is a member of the class of drugs known as the bis aryl piperazines (B-HAPS), reverse transcriptase enzyme inhibitors which act differently to AZT, ddI or ddC, and are referred to as non nucleoside reverse transcriptase inhibitors.

If you managed to survive the last sentence, you'll probably want



Mat Stevenson with Herodias Bear from Salome, at the Mitchell Tyrie Teddy Bear Auction on August 16.

to know how to enrol in this study. To be eligible, you must have received and tolerated AZT or AZT in combination with ddC for at least 8 weeks and no more than 48 weeks (12 months). You must not have received ddI. Your CD4 (T-cell) count should be between 50 and 350 cells on two consecutive occasions.

You will need to have a blood test to measure your p-24 antigen level. You must also have relatively normal laboratory tests. The easiest criterion is that you can be at any stage of illness, ie. asymptomatic, or with ARC or AIDS.

People enrolled in the study will be required to continue taking their currently prescribed AZT or AZT in combination with ddC. The study will last at least 12 weeks but anyone demonstrating a favourable response to U90152S will continue receiving it after the end of 12 weeks. Also, those originally allocated to receive placebo (inactive) U-90152S will, after 12 weeks, receive the active

drug at one of three dose levels.

Lyle Chan, ACON Treatments officer, says this in an important trial. "It is one of the first early phase trials to occur in Australia, which means that we will have more rapid access to the benefits of the drug, if the trial proves it to be valuable."

The study is expected to start enrolling in October and further information can be obtained and discussed confidentially with Dr Michael Rawlinson, at the National Centre in HIV Epidemiology & Clinical Research on 332 4648, St Vincents Trial Nurse Julie Druett on 339 1111 (page 417), or Professor Graeme Stewart at Westmead Hospital on 663 6791.

## Positive women

A NEW SUPPORT GROUP FOR HIV positive women is starting on September 22. The group offers peer support for women with HIV and AIDS and a safe place to share your experiences and meet other women who are facing similar issues. The new group will meet alternate Wednesday evenings until Christmas. The group is non-judgemental and completely confidential. For more information call Vivienne (HIV Support Project) 206 2012 or Lisa (ACON Women's Project) 206 2049.

## Eat more carrots

A RECENT US STUDY HAS SHOWN that beta-carotene may increase T cell counts by an average of 17%. Twenty one HIV positive people participated in the study at the Oregon Health Sciences Centre.

Beta-carotene is a carotenoid. Carotenoids are plane pigments which can be easily converted to vitamin A by the liver. Beta-carotene has been shown to cause

cancer regression in animals. It also activates and stimulates T cells and macrophages, protects humans from bacterial, fungal and parasitic infections and lowers susceptibility to herpes and other viral infections.

Karen Masterson, a certified nutritionist, recommends 100,000 IUs of beta-carotene daily. It may be necessary to supplement your diet to obtain this level. One glass of carrot juice typically contains 60-70,000 IUs of beta-carotene.

It is possible to overdose on vitamin A, so don't get carried away with the carrot juice. Check with a dietitian about toxic levels. *Source: Holistic AIDS Response Program. Call 361 6750 for a copy of the original article.*

## The Budget: bouquets & blues

THE RECENT BUDGET HELD GOOD news and bad for PLWHAs. The good news is that current levels of funding for AIDS will be maintained, with \$150 million allocated to HIV/AIDS prevention, education and care over the next three years. Most of this money is expected to go to NSW, because the majority of people with HIV live in this state (60%).

Aboriginal and Torres Strait Islander groups will also benefit from additional funding, according to the *Sydney Morning Herald*, "to reflect the government's concern over the vulnerability of their communities to the spread of HIV".

More details will be available on funding allocation when the Second National Strategy on HIV/AIDS is released this month.

The bad news is that funding will not be increased over this period, which means there can be little growth in services. Also, from January 1 next year, the annual ceiling on the Pharmaceutical Benefits Safety Net will

be raised from \$312 to \$400, with no provision of free scripts after the ceiling is reached, as before.

In effect this means that unless people have a Health Care Card, they will gain no benefit from the scheme. It will particularly affect people who are trying to remain in the workforce part time, who do not qualify for the Health Care Card but will have more difficulty in paying for their scripts.

## D4T access

BRISTOL MYERS SQUIBB HAVE recently announced that the fourth nucleoside analogue, D4T (Stavudine) is now being made available through a "parallel track" clinical evaluation study. Everyone taking part in the trial will receive the active drug, but they have a 50 : 50 chance of getting a high or a low dose.

To qualify for the study, you have to be unable to take AZT, ddI or ddC and have a T-cell count below 350. Anyone who has experienced peripheral neuropathy or liver dysfunction will not be able to participate.

The reported side effects appear to be similar to those associated with AZT, ddI and ddC. In particular, peripheral neuropathy and possibly acute pancreatitis. There have also been some reports of anaemia and other blood irregularities.

The data collected will supplement other formal trials that have been conducted to assess the clinical benefit and safety of D4T. This will assist the Australian Drug Evaluation Committee when considering the drug for marketing approval.

At this time three centres in NSW are recruiting. These are:

Dr. Phillip Jones, Prince Henry Hospital, Sydney (02)661 0111, Dr. Neil Bodsworth, Sydney Sexual Health Unit (02)223 7066 and Dr. Julian Gold or Dr Harry Michelmore, Albion Street Clinic, Sydney [02]332 1090.

## Housing spring surprises

A NEW POLICY, ANNOUNCED BY THE Department of Housing on September 1, will enable people with AIDS to remain in private rental housing and therefore provide relief for those disadvantaged by the long wait for placement in public housing. The main change to the existing policy is the addition of a "Special Rental Subsidy", a pilot scheme developed specifically for people with HIV/AIDS in acute need of housing.

The subsidy is available to people with Category 4 AIDS, or, under some circumstances, a Category 3 diagnosis. The subsidy means tenants will only have to pay as much rent as if they were in public housing. People can also apply for a subsidy for renting a two bedroom house if they need a carer. Medical documentation will be required to prove the need.

The subsidy will be paid one month in advance. This is a pilot scheme and if it is successful, it may be extended to other groups in the community.

If you wish to apply, or would like more information, contact the nearest office of the Department of Housing. Head office is (02)821 6111.

ACON is in the process of buying houses to accommodate people who are on the waiting list for priority public housing. The project is funded by the Crisis Accommodation Program and funding is available to accommodate up to ten people (including carers).

ACON is looking for houses in the inner east and inner west of Sydney. They are hoping to have one house in Newtown and one in Stanmore ready for tenants by the end of September.

This is an expansion of the Glebe Housing Project and will be managed by the Tenancy Coordinator. For inquiries call Heidi Becker on 206 2029.

# Talkabout

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## DEADLINE FOR THE NEXT

September 20

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

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

PLWHA Co-ordinator

Annella Wheatley, 361 6011

Administrative Assistant

Claude Fabian, 361 6023

*Talkabout* Co-ordinator

Jill Sergeant, 361 6750

Suite 5, Level 1, 94 Oxford St. Darlinghurst

Postal Address: PO Box 1359

Darlinghurst, NSW 2010

Fax: (02) 206 2069

## Conference

AN ABORIGINAL CONFERENCE ON HIV/AIDS, "Steps to Our Future", will be held in Adelaide September 26 - 29. The conference is a state conference but participants from other states are welcome. Contact Neville Fazulla or Colin Ross, (08) 26 6424.

## Water, crypto, everywhere?

IN RECENT MONTHS THERE HAS been some fear in our community that people with HIV are at risk of contracting cryptosporidium from drinking tap water.

Much of this concern has been generated by the reports of problems that have occurred overseas, one such incident being the outbreak of cryptosporidium in Milwaukee in the United States. There have been several reports suggesting that this could occur here, which recommend that water should always be boiled before drinking.

In fact PLWHAs in Sydney are at little risk. The Milwaukee outbreak was an isolated incident which occurred because the drinking water intake point was directly down stream from an effluent outlet and the water purification was not adequate.

The conditions and standards that exist for Australian water supplies substantially reduce the risk that similar events would occur here. In the cities such as Sydney there are continuous monitoring programs in place. For example the Water Board in Sydney regularly tests the water for the presence of giardia and cryptosporidium. (Chlorination clears the water of other dangerous organisms.)

The reports from this surveillance indicated that the levels of cryptosporidium were well within safe limits, and that there was little risk of infection to people who were immune deficient.

This has been substantiated by the fact that in Sydney the incidence of cryptosporidium in people with advanced HIV disease has fallen to very low levels. If there were significant levels of cryptosporidium in the water supply this would probably not be the case, as the organism is highly infectious.

However, the situation may be different for people living outside of the metropolitan areas who may be relying on water sources that are not as well monitored. It would be a good practice to boil water when uncertain of its origins or quality.

— Ian McKnight

## Video portrait

AN "INTERACTIVE DOCUMENTARY", *Portraits of People Living With AIDS*, will probably be screening at Queerscreen, the Gay and Lesbian Film Festival starting in Sydney on September 24. (The organisers are still seeking sponsorship).

*Portraits* seeks to involve users in an active understanding of AIDS. The documentary introduces participants to three people living with HIV/AIDS via audio, video clips and photographic essays stored digitally on a Macintosh computer.

The interactive part is: you can record comments for any or all of those three people, or for later viewers, using the video camera and computer keyboard in the viewing kiosk. In this way, each viewer contributes to the evolution of the documentary.

Queerscreen also hope to arrange for the installation of *Portraits* in another, more private venue after the film festival in early October.

As *Talkabout* goes to press, Queerscreen are trying to obtain *Silver Lake, the View From Here*, a film which screened at the Sydney Film Festival to much

acclaim. *Silver Lake*, described as both harrowing and funny, is the story of two HIV positive Canadians, who started filming their own story — it was completed by others. Watch the gay press for screening details.

## Radio Tiffy

IN MARCH THE AIDS TRUST OF Australia allocated \$3,935 to Tiffy's Transport to enable them to buy a two way radio system. The system has now been installed in each of Tiffy's two new vehicles with the base station located at their office in ACON.

According to drivers Ray Bradbury and Stewart Ogden, the two way radio is significantly cheaper and more reliable than the previous system, which relied on mobile phones.

Tiffy's Transport makes more than 3,186 trips each year and provides transport assistance for medical appointments for people with HIV and AIDS. They can be contacted on 206 2040.

## Sperm cleaners

IF YOU HAVE NO INTEREST IN MAKING babies, read no further. A study at the University of Milan has been investigating a method of treating the sperm of HIV positive men so that their HIV negative partners can conceive without the risk of becoming infected. In a study of 29 women, seventeen became pregnant and ten babies were followed up. All the babies are HIV seronegative and 18 of the women were still HIV negative after eighteen months, although it is unclear if the remaining women had been followed up to determine their status.

The treatment, which was reported in *The Lancet*, separated HIV from the semen with a centrifuge, then incubated and



Pictured here are Stewart (l) and Ray (r) with AIDS Trust Director, Bruce Pollack. PHOTO: PETER ELFES.

washed it before insemination.

However, a few words of caution: since 1988, the US Centre for Disease Control has recommended against insemination from HIV positive men. A woman is reported to have been infected with HIV through a similar procedure to that developed in Milan. Our source also notes that reports in *The Lancet* are not always reliable.

Source: *Treatment Issues* Vol. 7, No. 5.

## Time to Act

THE WORLD HEALTH ORGANISATION has chosen "Time to Act" as the theme for World AIDS Day this year on December 1.

"This theme is inspired by the marvellous work of dedicated people already working to slow the spread of HIV and to care for those with AIDS", says Dr Michael Merson, Director of the Global Program on AIDS.

"But the world must do more. Although we know how to prevent HIV transmission, many new infections are still occurring. Although we know how to care for people with AIDS even with

limited resources, this care is often lacking. If we want to alter the course of this dreadful epidemic, the **Time to Act** is now."

## Dancing doctors

AS SLEAZE BALL APPROACHES, NO serious party-goer should be without *The Family Doctor's Guide to the Dance Party*, a little booklet produced by a Melbourne doctor.

The booklet covers all you need to know about sex, drugs, food, fluid, getting home and recovering. It begins with an encouraging introduction entitled: "Dance Parties are Good!" "As a general practitioner, I would of course ban all dance parties as major health threats, but as a gay man I consider them as *an essential part of our culture*", the author writes.

The booklet discusses safe drug use and how to avoid unpleasant side effects — eg. if you're taking ecstasy, keep drinking so that you don't get dehydrated.

You can get a photocopy of the booklet from the PLWHA office.

# HIV *living*

**September 1993**

## ***The Dirt From Berlin - Berlin Conference Feedback***

**Wednesday 15th - 6.30pm to 8.30pm**

- \* Antiviral Treatments
- \* Opportunistic Infections and Vaccines
- \* Pathogenesis - The way the virus works
- \* The Conference and Activism

## ***A Risky Business - Infections We Can Prevent***

**Wednesday 22nd - 6.30pm to 8.30pm**

- \* Sex - The opportunistic infections we risk?
- \* Am I at risk of Infection in hospital?
- \* What precautions can I take?

## ***Off Your Face - Recreational Drugs***

**Wednesday 29th - 6.30pm to 8.30pm**

- \* Having fun versus causing damage
- \* Recreational drugs & progression to AIDS
- \* Harm reduction /minimisation
- \* Safe injecting practices

**a free service at**

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

For information about these seminars call  
HIV Strategy and Support Unit

PO BOX 350 Darlinghurst 2010  
Tel:(02) 206 2000 Fax:(02) 206 2069 TTY (02) 283 2088



AIDS Council of New South Wales Inc.

## Ooops!

IN THE AUGUST ISSUE OF *TALKABOUT* (page 10), it was stated that Patrick Foley was offering to perform free funeral services. What we left out of this news item, was that this offer is only available in circumstances of hardship, where there is no money to pay for the service. Sincere apologies to Patrick for any inconvenience, this mistake may have caused.

## Ooops 2!

IN THE LAST ISSUE THE NEW PLWHA logo was printed, but anyone who corresponds with PLWHA will have noticed — it was the wrong one! Well your friendly *Talkabout* Co-ordinator is big enough to admit her mistakes. (My excuse is that I was away when it was chosen). Here is the correct logo — spot the difference.



We welcome your letters. Please include your name and ph. no. or address and send them to:  
**Talkabout, PO Box 1359  
Darlinghurst, NSW, 2010**

**HIV Awareness and Support  
Positive users group  
has moved**  
to 15 Ice St  
Behind St Vincent's hospital  
near Gorman House.  
HAS still meets at the same  
time 7pm on Wednesdays.

## REQUESTS

I AM A GAY MAN, SEPARATED FROM my partner because he's in prison. I don't know anyone else in this position, and feel isolated. I'd like to meet other gay men whose partners are in prison, who are finding it hard to cope. We could give each other support and socialise together.

Please call me on (02)349 7192. (a.h.)

— John.

### Resource manual for carers

THIS IS A NEW PROJECT OF THE Community Support Network

The aim is to produce a resource manual and tapes for people caring for people with HIV/AIDS.

I am interested in interviewing people who have cared for a lover, friends or family. I am also interested in interviewing PLWHA who have been cared for by a lover, friends or family. Call 206 2048.

— Paul van Reyk

## RETURN OF THE ACRONYM!!!!!!!

In the October edition of *Talkabout* we'll be printing that old favourite, the glossary of HIV/AIDS terms.

And as a tribute to our publisher (People Living With Horrible Acronyms), the Newsletter Working Group (NWG) thought it was time to give you the opportunity to FIGHT BACK. Send in all your favourite alternative acronyms, and we'll publish them as a companion piece to the glossary.

PO Box 1359, Darlinghurst, 2010.

No more special issues are planned until December, when you're invited to comment on the WHO theme for World AIDS Day: "Time To Act"

## HIV/AIDS CARE IN THE SOUTHERN SUBURBS ??

In-patient,  
out-patient,  
Day-only treatment  
and counselling  
phone 3502955  
Hospice/respice care phone 587 8333

HIV/STD  
screening  
and treatment,  
counselling,  
information

and referral: phone 350 2742

You don't have to travel to the city for HIV/AIDS care. Call us.

# PLWHA News



AUGUST SEEMS TO HAVE BEEN THE Month of the Revolving Door here at PLWHA. Deputy Convenor Mark Hoskins resigned to take up the position of Manager, HIV Support and Strategy Unit at ACON. We'll miss his energy and enthusiasm on the committee but look forward to a continued association through HSSU.

John Gardner has also resigned from the committee due to the pressure of other commitments. John has been actively involved on the committee since early 1992 and he will be sorely missed. A heartfelt thank you to Mark and John, and a heartfelt plea to anyone out there who might be looking for a challenging involvement or two.

There are now two vacancies on the committee and we need them filled. If you're able to make two meetings a month and spare some extra time to boot, you might like to check out the PLWHA committee.

Meetings are held on the first and third Tuesdays of every month at 6.30 pm.

Welcome to Claude Fabian, who has begun work with PLWHA in the capacity of Administrative Support Officer. Claude has previously been involved with the PLWHA committee and has run his own business for years, so he knows the job from both sides.

Meanwhile, the committee has been busy working on staff evaluation systems, interviews for the ASO position, planning for the nutrition supplement service and preparing a submission to the NSW HIV/AIDS Legal Working Party, in addition to the perennial

riding round the meeting carousel, representing the needs of PLWHAs.

— Alan Brotherton, Convenor.

## Current Committee

Alan Brotherton, Convenor  
Robert van Maanen, Secretary,  
Grahame Gibb, Treasurer  
Ross Duffin, Tony Edwards,  
Glenn Goldsmith, David Martin,  
Kosta Matsoukas, Greg Palmer.

WELL, IT'S THAT TIME AGAIN. Sleaze Ball. And as the PWA rooms at the last Sleaze Ball and Mardi Gras parties were so successful, we're going to be doing it again.

While we've yet to confirm the details, it looks like we'll have the upstairs space at Dome as well as the small room next to the Guest Bar in RHI. The rooms at Dome have basic kitchen facilities and a viewing area over the dance floor. Unfortunately, there are stairs, but as it's a much better space than the one in the Betty Ford Pavilion, and we didn't get any negative feedback about the stairs to the Guest Bar in RHI, we're going to give it a go. PLWHA volunteers

will be there to give any assistance you may need.

However, if you feel that this could negatively affect your party going, give Annella a call on 361 6011 and we'll see what we can do. We will review the use of these rooms after Sleaze and let you know what we come up with.

As usual, we'll be providing tea, coffee, mood lighting and fabulous conversation, so do drop by.

Yes, Virginia, there is a catch! We need volunteers to staff these rooms on the night. If you can give a couple of hours, call Annella *now*, and we'll organise a meeting to get a roster together.

## Thanks Annie

ANNIE KITE WAS HELPING OUT IN the PLWHA Office until the appointment of Claude Fabian as our permanent part time Administrative Assistant. Our thanks to Annie for the magnificent support she provided. Her warm telephone manner and fabulous typing skills will be missed. Our best wishes and heartfelt thanks to her.

— Annella Wheatley

## Women living with HIV/AIDS

### HAVE YOUR SAY

Are you concerned about: • health • welfare • housing • discrimination • information • children • anything else?

The National Centre for HIV Social Research has initiated a research project to document the experiences of women living with HIV/AIDS. This project will hopefully influence policy decisions and service provision. We wish to contact as many women as possible. All contact is confidential.

If you are interested call Sonia on 319 7515. If the answering machine is on please leave a message.

# DECLARATION OF THE INTERNATIONAL INDIGENOUS AIDS NETWORK

WHEREAS, 1993 has been declared the 'International Year of Indigenous Peoples' by the United Nations; and

WHEREAS, Indigenous peoples face enormous problems, including poor health status, legalized oppression, and the destruction of traditions/ culture, languages and economies; and

WHEREAS, 'Ethnic cleansing' goes on not only in the former Yugoslavia, but continues for indigenous peoples everywhere, and we understand the pain of violence and discrimination on the basis of race and color; and

WHEREAS, HIV/AIDS is a global problem of enormous proportions, and to date neither national governments, donor agencies nor AIDS service organisations have assumed responsibility for assuring access by indigenous communities to prevention information, care services and other resources; and

WHEREAS, alcohol abuse and other drug abuse is killing our people; and

WHEREAS, self-esteem and cultural affirmation are basic ingredients in HIV/STD prevention; and

WHEREAS, our traditions and traditional medicines are a valuable resource not only for ourselves but for humankind; and

WHEREAS, many indigenous cultures value Two-Spirit or gay/bisexual/lesbian men and women as a part of traditional society; and

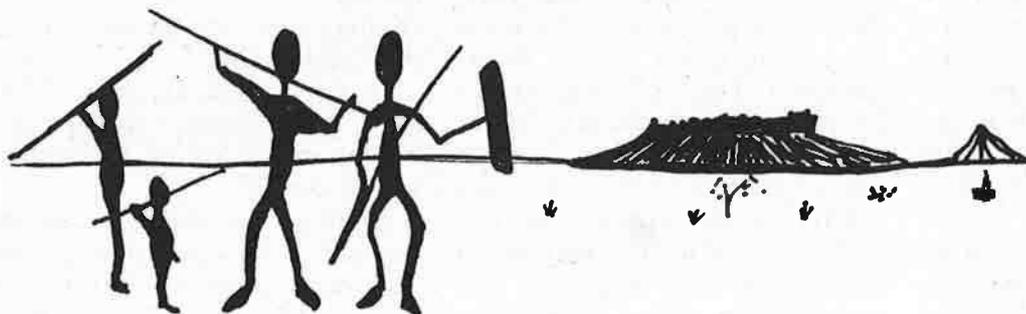
WHEREAS, HIV/AIDS does not discriminate on the basis of nationality, tribe, clan, family, sex, race or sexual orientation,

THEREFORE BE IT RESOLVED THAT, the International Indigenous AIDS Network gathered at the IXth International Conference on AIDS in Berlin, Germany, pledge to continue or work to bring to the world's attention the urgent need for indigenous communities' self determination in HIV prevention and care; and

BE IT FURTHER RESOLVED THAT, national governments, multilateral donor organisations, national, regional, and community based AIDS organisations must actively support access to HIV information, care and resources for indigenous communities throughout the world *now*; and

BE IT FURTHER RESOLVED THAT, the indigenous people gathered in Berlin for the IXth International AIDS Conference declare their support for and solidarity with Turks and other people of color living in Germany and call upon Germans of good-will to oppose racism and violence against non-Germans with all their might; and

BE IT FURTHER RESOLVED THAT, effective prevention of and care for HIV/AIDS in our communities will require a return to traditional cultural values; and we appeal to indigenous communities and leaders everywhere to recognize the threat of HIV/AIDS to our survival and join with us to protect the future of our peoples.



# No more "Blacks at the back"

*Rodney Junga talks to Robert Ariss about recent efforts by the world's indigenous peoples to come together over HIV/AIDS, with a particular focus on the needs of Aboriginal HIV/AIDS workers.*

RODNEY JUNGA, AN HIV POSITIVE Aboriginal gay man, recently returned from the International Conference on AIDS in Berlin. He was the only Aboriginal Australian to attend this gathering, where he addressed a plenary on Indigenous Peoples and HIV/AIDS.

Although Rodney says about forty non-Aboriginal Australians were funded to attend the conference, he only managed to get there through the contributions of three separate funding bodies, one of them being the International Conference Organising Committee. *Not* a very good record for Australian funders in this, the International Year of Indigenous people.

The conference organisers and (other) national governments made special efforts to stimulate the attendance of indigenous people at the event. Rodney reports having met many other peoples from indigenous cultures from around the world: Native Americans, Inuit, Canadian Indians, people from African countries, and the Spanish speaking South American countries.

The presence of these people at the conference was significant, says Rodney. "We haven't had much of a profile at the AIDS conferences. Or in AIDS information programs generally. So we're trying to raise our profile, both at these conferences, and through them, in our own countries. Many indigenous peoples still have the poorest living conditions in their own countries. That's disgusting. There are lots of aid programs run by countries for other countries, but they should be cleaning up their own backyards first. We are trying to make countries look at their own indigenous peoples' problems"

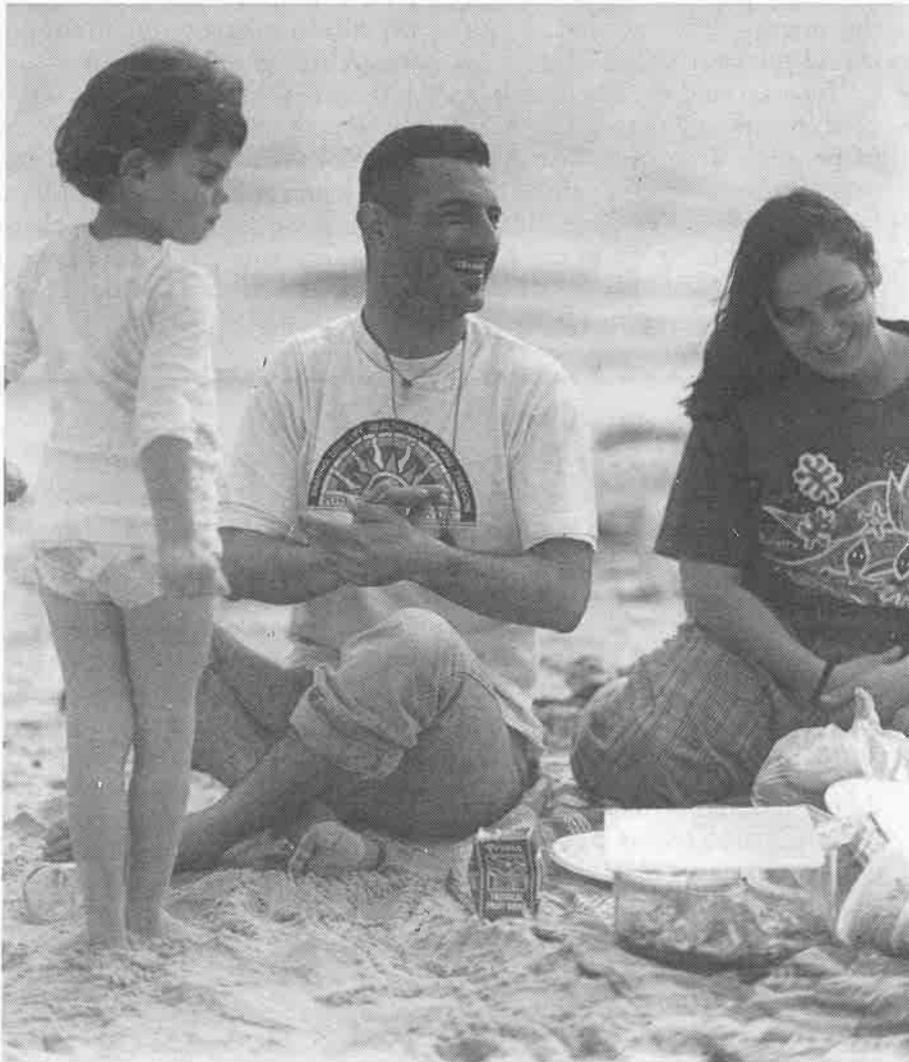
Rodney reports that, despite the presence of indigenous peoples in some numbers at the conference, there were problems. "There was no profile given to the International Year of Indigenous People. It was an attitude of 'blacks at the back'. We were placed in remote corners of the conference centre, and no translation services were provided in our own plenary session, which is pretty bad considering many indigenous peoples come from Spanish

speaking countries, or have English only as a second language.

"No consideration was given to our spiritual needs. We held a 'Talking Circle', which was very powerful. It was the only chance we as indigenous peoples had to sit down and tell what's happening in our own lands and also the only time many of us could come out about being HIV positive and working in our own countries. It was rudely interrupted by Anthony Turney, who is Executive Director of the Names Project and should know better. It was an incredibly insensitive thing to do, as it was quite an emotional time for all the participants. The International Network of Indigenous People has asked him to write letters of apology to all the participants of the Talking Circle."

In sum, Rodney says, "I've never felt so disempowered in my life, as in the whole fortnight I was in Berlin".

Amongst the indigenous people themselves, however, the situation was very different. "Our own cultural diversity wasn't an issue because there was lots of mutual



**Rodney with his sister and her daughter, in a picture taken for the National HIV/AIDS Anti-Discrimination campaign early this year.**

PHOTO: COURTESY OF ZULU

respect. It was a highlight for me to be with people from different backgrounds."

With that experience under his belt, Rodney is now concentrating on further building international links between indigenous peoples around the world. "I'm on the steering committee for the International Indigenous Peoples Conference on HIV/AIDS to be held in Minnesota in 1994. My energy is going there. My interest lies in looking at indigenous peoples around the world. The conference will be an opportunity for us to get together, to not feel alone, and to give support to each other".

And what's the situation of Australia's indigenous people?

"Aboriginal people are unquestionably the oldest inhabitants of this country. The most important issue for us is fighting for our sovereign rights, that is total control over our land. That's the only way we can have self determination".

This struggle, according to Rodney, is inextricably linked to Australian Aboriginal people's struggle with HIV/AIDS. "Any health issue for Aboriginal people comes back to self-determination, the right to take control of our own issues."

Internationally, some comm-

*"People in my position feel isolated from our communities. We're not out there mixing with our own people. We don't have the energy left for that. I miss that. I miss my tribe."*

unities (and HIV/AIDS or development agencies) have expressed a reluctance to take up AIDS because they believe that other issues, such as poverty or a clean water supply, are more pressing. Rodney strongly disagrees with this position. "No one issue is more serious than others. You can't separate AIDS from general living conditions. The most important issue for Aboriginal Australians is sovereignty, because with self determination, we'll be able to address all those needs ourselves. But specific HIV/AIDS education is important, because it promotes more healthy lifestyles".

This interconnection of issues creates problems for those who work in AIDS. And the limited funding situation aggravates an already challenging area. "Aboriginal HIV educators have to do everything in a job and are paid a minimal wage. They're expected to do care and support and treatments stuff, and other things as well, like sitting on lots of committees. People burn out." Rodney believes more funding should be available for less generalised positions. "We need specific people employed for support, treatment and care", he says.

Rodney also feels there is a lack of support for Aboriginal people working in AIDS. "There has been no monetary or emotional support for me. People are still in denial and fear. AIDS organisations don't know how to deal with Aboriginal people." Referring to his participation in the recent national anti-discrimination media campaign, for example, he says, "People don't know how hard it's been for us to put our lives on display.

"I can't socialise now, people want me to educate them when I go out. I don't feel I can access the services where I've been a worker."

Because of these difficulties, Rodney is beginning to re-think his position now in AIDS work. "I thought the best thing for myself as an Aboriginal person was to go out and let people see that there are Aboriginal people out there doing things — that we don't fit the stereotypes. To assimilate to a certain degree. It's the most assimilated I've ever been, living in a mix of black, white, straight and gay. Now I don't know if that's the right thing to do. I've given up so much in that process of assimilation — I don't really fit in any one place any more. People in my position feel isolated from our communities. We're not out there mixing with

our own people. We don't have the energy left for that. I miss that. I miss my tribe.

"My face and my life have been used in campaigns to bring AIDS to people's attention. The AIDS organisations have benefited a lot from the things I've done. But I'm tired. It's coming up to my tenth year of living with HIV. I've been working in the area for a few years.

I now want to know how those organisations are going to support us Aboriginal workers and activists. What are they going to do to make *my* life easier? So that I don't have to live in fear. So I can go out and socialise and not be on display and end up working. Organisations need to advocate for us and give us support. I'm still waiting".

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## Getting to the conference table

INDIGENOUS PEOPLES ARE TO feature high on the agenda at the XIth International AIDS conference in Canada in 1996, according to conference co-chair, Michael Rekart. (Indigenous people may not be impressed at having to wait that long — after all, the next international conference is in 1994 in Yokohama.)

More indigenous people were present in Berlin than at any previous conference, but numbers are still small, a few dozen at most, mainly Native Americans and Canadians. In the UN Year of Indigenous Peoples, members of the International Indigenous AIDS Network believe this is not enough.

"We've learned after 500 years that the dominant society isn't going to take care of indigenous people — we need to do it ourselves", said Truman Jeren, a Muskogee Indian from Oklahoma.

Rekart, who works with Native Canadians in Vancouver, is aware of this need and determined to increase indigenous participation at the 1996 conference. "I'm very committed to the role of indigenous peoples in these conferences, he said. "Because AIDS is a disease of poverty and



deprivation, they are a target for HIV.

"WHO focuses — quite rightly — on developing countries around the world", he added. "But indigenous peoples seem to fall through the net. I'd like to make indigenous people an important part of the Vancouver conference at every level, from the sessions and organisation to the ceremonies."

This commitment was welcomed by Ron Rowell, of the Native American AIDS Prevention Center. "I look forward to assisting and participating in every way and ensuring the participation of indigenous peoples throughout the world", he said.

Source: *World AIDS* July 1993

# Out in the country

*Maryanne, in theory, fits the stereotype of the 'most oppressed person': Aboriginal, lesbian, HIV positive and living in a conservative country area. In fact, she's tough, optimistic, and open about her sexuality and her HIV status in her home town, as Jill Sergeant found out in the following conversation.*

IN NOVEMBER 1985 I WAS DIAGNOSING whilst in gaol, at Mulawa women's prison. They just came in and told me I was HIV positive. No-one told me anything about it. I wasn't allowed to see anyone, I was treated like an alien — the screws were afraid of getting infected. People would come into my room with rubber gloves and masks. Everyone wanted to look at me, see what a woman with AIDS looked like. It was about the time the Grim Reaper ad was on TV. All the gaols in Sydney knew about it. The newspapers were wanting to talk to me about it.

I was immediately transferred to Long Bay men's prison, to the AIDS ward. I was heavily medicated for the first week I was in Long Bay, so I don't remember much about it. I was in shock. After I came off the medication, I wanted to know about it. I had a hard time finding out exactly what AIDS was.

I wasn't actually sick then — I didn't look the best, but that was to do with drug abuse, not HIV. The doctors told me I had about six months to live. I decided they could get stuffed. No-one's going to tell me how long I've got to live. I've got the attitude that doctors don't know as much as they make out — and who says I have to believe them? I don't have to. I'm very sceptical.

There was someone else in Long Bay who was HIV positive and

she sat down with me and explained what she knew about it. I owe a lot to her. She's not with us any more.

## How long were you in gaol?

I was out of gaol three or four months after my diagnosis. Then I went back in again for about six months. I went straight back into the AIDS ward. It was pretty horrific, being in the men's prison.

I was out about my sexuality by that stage — I'm a lesbian — and I was respected for that. There were no other women, just six to eight guys, and a couple of trannies. The only other women were the female screws brought in for me. We were just being isolated, nothing was done for us.

There was no counselling in prison — they dropped it on me and left it at that. When I got out, I just went and used drugs. It was complete escapism for me, for a number of years.

I didn't stop using because I was HIV positive. I used because I wanted to get away from the world. Being Aboriginal and a woman, you've got it stacked against you. I stopped because I wanted to clear my head out, and it's taken me a long time to do that.

When I was ready to stop using, I stopped. I had support from a few friends. NA and AA didn't come into it. Drug rehabilitation and methadone programs didn't seem to work for me. I feel that

I've got control of my drug use now, and before I didn't — drugs had control of me. I've got control of my life, and that's what I always wanted.

## How do you look after your health?

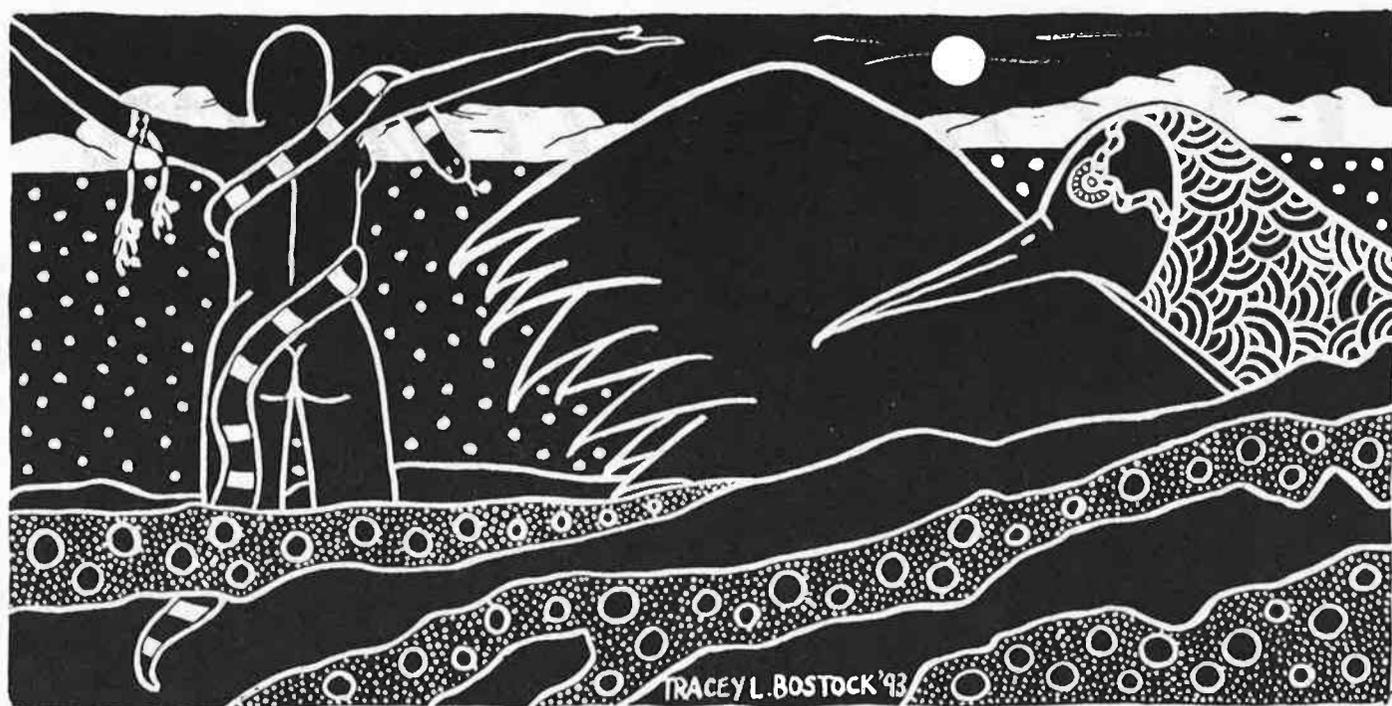
I'm a strong believer in having a positive attitude. That's my healing. I was pushed into a corner where I could lay down and take it, or come out fighting, and I decided to fight it. I firmly believe that if I didn't take that attitude I wouldn't be here now.

I haven't gone on any treatment. The only treatment I have is to take vitamins every morning, eat fairly well, and try not to get under too much stress. My health is fine, I've got 1,250 T cells. But I don't put my life on what my T cells are doing — they've been down to 120, and I felt just the same as now.

Every now and then I abuse my body, but that's my choice. I went through a few years of drug abuse — I'm pretty sure that's how I contracted HIV, through sharing needles.

Being HIV positive has made me a stronger person. I don't particularly want to do an interview on all the negative things about being HIV positive. It's a fact, and I've accepted it. You make the best of a bad situation.

**Do you know any other Koories with HIV?**



**Artist's note: "A woman's strength in flight". The bird symbolises Maryanne's flight in strength and the power of her nature. The woman is rising up from the heartbeat of our land, which grows in Maryanne's spirit. The serpent is entwining Maryanne's being in any way that is fulfilling.**

Yes, but not around here. We support each other when we can. I'm pretty isolated at the moment. There's no positive Aboriginal people that I know of in this area.

**Is it different for Koories?**

Oh yeah. I don't take too much notice of statistics but all the research has been done on non-Aboriginal people, that stops me taking too much notice of it. I believe Aboriginal people have a different immune system.

For centuries we've been healing ourselves through natural ways. That's also why I won't go on any treatments. They're chemicals, I put enough chemicals into my body.

If you're Aboriginal, pretty much everything is stacked against you. It's a pretty racist country to live in. I think Aboriginal people should be respected for what they are. It's our land, it's our country. It's very hard.

We've had to stick together for the last 200 years. We've had to fight so many things anyway and it's just another disease. I don't

see anything that's really different. There's a lot of things that have been brought here that are killing us, and not just diseases, things like alcohol and drugs.

A lot of my life I was told that being Aboriginal I was a second class person. I want to be respected as an Aboriginal person in this country. I found going overseas that I get more respect there than I do here.

I also found that people don't know much about us. Some people I met thought there were only white people in Australia.

**Do you know any traditional healers?**

I was adopted out when I was 10 weeks old. I grew up in a middle class white family, so I missed a lot of my Aboriginality. I don't know much about traditional healing. I know they're still around, that hasn't been lost yet.

**Do you use any HIV/AIDS services?**

There's not much in my town. There are no support groups here for Aboriginals full stop, which is

very typical of country towns. But I didn't want to live in the city, I chose to move back here a couple of years ago. I live a very laid back life at the moment.

I'm used to not having support. I'm finding myself, finding out who I am — which I'm quite happy with. I like the person I am. I like the things I'm doing at the moment.

**Do you think HIV/AIDS organisations discriminate against Aboriginal people?**

I get served second in the shop every day, because I'm Aboriginal. I come across that kind of discrimination everywhere. I haven't used AIDS services much. I haven't lived there for a couple of years, but when I was there, services in Sydney seemed to cater more for non-Aboriginal people and for men rather than women. It's hard to find support for women.

I went to the conference in Amsterdam last year, and there wasn't really anything about Aboriginal people. Those con-

ferences just seem to be a money making thing — all these big American drug companies have their stands . . .

### Have you met indigenous people from other parts of the world?

I've met other indigenous people in Amsterdam and America. There was a conference in Canada for indigenous people, there were people from all over the world there. It was unreal, fantastic. It was a very powerful experience. It made me feel like I'm not alone in this world.

### Do you feel alone when you're in Australia?

I don't feel alone in Australia. Aboriginals are a minority, but I don't feel alone. I know other positive women, Aboriginal and non-Aboriginal.

### Have you been involved in any AIDS work or activism?

I talked at the Aboriginal conference on HIV in Alice Springs last year. I told my story from the beginning. Apparently I had the whole audience in tears, but I didn't set out to do that. I just wanted to tell people you could be positive about it.

HIV has made me appreciate what I have got — a lot of little things that we take for granted — like a roof over my head, food in the cupboards and in the fridge. A lot of people don't have that. I've travelled all over the world and seen how some people live.

### You said you were brought up by white parents — have you always identified as an Aboriginal person?

My Mum and Dad never tried to hide it from me — it would have been pretty hard. I met my real mother when I was 17. She didn't particularly want to know about me. I don't blame her for that. Our lives were changed by other people interfering.

I'm still tracking down my

family — I still don't know who my father is. I think I have a sister, I know of a couple of aunts.

### Has knowing you're HIV positive made this more important to you?

I was doing it anyway. I don't see the point in trying to speed things up in case I'm going to die.

### Have you told many people you have HIV?

People here know I'm HIV positive. The young people I associate with, it doesn't scare them as much as the older people, because there's education about it, and they know more. They'll come and ask me questions about it, which I like. There's still older people who won't let me in their house, but that's their problem. My friends care enough to find out about it. I believe that's how everybody should be.

There have been rumours about me ever since I left home when I was sixteen. First because I was gay, then because I was a drug user, and finally, because I was HIV positive. Of course there's still prejudice from some people who in my opinion have no understanding of the disease. I believe everybody — Aboriginal, non-Aboriginal, straight, gay or whatever — should have a basic understanding of HIV and how it is passed on.

HIV isn't prejudiced, ignorance won't protect you or make it go away. Prevention is better than a cure.

When I rang Mum and Dad when I first went into Long Bay, they got down there as soon as they could. They've been really supportive. I don't know where I'd be if they weren't. They've been there to support me, regardless. I respect them for that.

It doesn't bother me that people know I have HIV. I'd rather be up front, I like to know where I stand. If I can't be honest with people, I don't want to know them.

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# Crossing the barriers

*Darren, who grew up in the lush warmth of far North Queensland, is now living in chilly Sydney and managing an Aboriginal business. Darren was diagnosed with HIV three or four years ago. He gave Jill Sergeant a few pointers on how HIV/AIDS services can improve their act.*

AFTER I GOT MY DIAGNOSIS I WENT down to the Aboriginal Medical Service (AMS) at Redfern, but I got down there and the sad thing is, I felt "no, I can't tell anyone". I felt very private about it. I didn't end up using the medical centre, but I was using the AMS just for general information. It's a great help. It's easy to get to, and because all the customers are Aboriginal, it makes it a little more comfortable. You don't have to go through feeling a bit alien, like I sometimes have at other medical centres.

As my health deteriorated, I decided to go to the larger organisations which specialise in HIV and AIDS, and now I use

services at ACON and St Vincents. I've been quite selective in which services I approached. And now that I do use them, I feel really good, because it has helped me. Local community services are good, but sometimes you've got to understand that they can't be experts as well.

**I contacted you through the gay positive Asian men's project at ACON, could you tell me a bit about that?**

Being Asian and Aboriginal is quite common in northern Australia, but not in NSW. The Asian men's project is asking: do Asian men perceive HIV and AIDS differently? Of course, not all Asian men are the same, it's not just a homogenous group, as much as all Aboriginal people aren't the same. There are different languages, different customs, different ways of seeing things.

Because I speak English, and because I work in the Asian community as well as the

**Artist's note: "True bonding of energy". The sun and tree stand for Darren's character, representing his warmth and hopes in the future, understanding and support. The Lilies and fly away flowers are for the way one can bloom when these needs are met, and with love.**



Aboriginal community, I thought maybe I could be a bridge between those Asian men who have come to Australia, and the Australian community.

**Do you identify as Aboriginal or Asian?**

I identify as an Aboriginal person. I come from a matriarchal, matrilineal Aboriginal tribal group and I grew up in that environment. My Asian heritage was overseas, it was a little more distant in my lifestyle than my Aboriginality. Because I have that strong affiliation, and my work and my social life is with Aboriginal people and for Aboriginal people, then I think that's a stronger part of me.

**Do your family and community know you have HIV?**

One member of my family knows. I have been reluctant to talk to them about that, because I need to be sure that when they find out, they have full support. And the difficulty is, if I do come out and tell my family, because I'm working also in my local Aboriginal community, do I then mention it to them? I feel I have to gauge what would be the potential responses. So I'm in this dilemma at the moment. It's really serious and I've got to do some homework on it.

**How many people do know?**

Four. Four close people. One is my doctor, one is a family member, one's a friend, and one's my lover.

**What do you think the attitudes are in your community up north?**

They are not as well informed as the rest of Australian society. A lot of Aboriginal individuals and communities are being exposed to not only HIV, but other problems like hepatitis and STDs. These other issues are also high on their agenda.

**You said only four people know that you have HIV, so I guess that means you don't know many other Aboriginal people who have HIV?**

No, I don't. I think there are a lot of Aboriginal people who have HIV in Sydney, and are feeling similar to me. I think what happens is we may not feel comfortable using the AMS, or using the mainstream services, so what happens is we may not use anything at all.

**Why would you not feel comfortable using the AMS?**

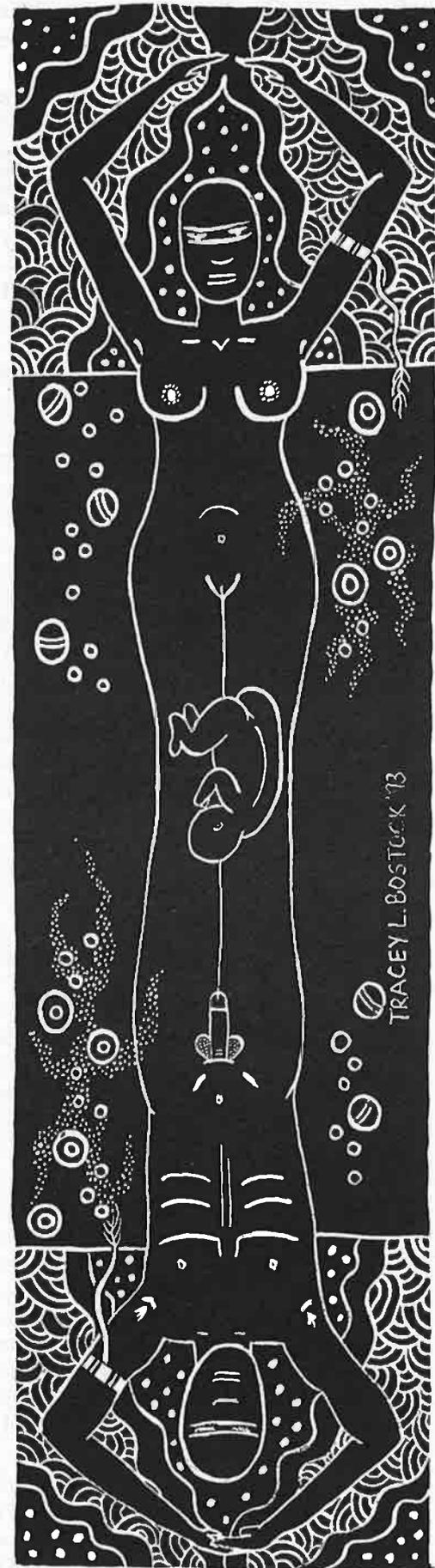
It may be because it's a medical service that doesn't really specialise in HIV. Also, not all Aboriginal people live in the inner city. The bulk of Aboriginal people in Sydney live out in the west, so the geographic isolation might mean they just can't use the services. All the services that relate to HIV and AIDS tend to be in the inner city. I'm fortunate because I live in the inner city.

**How do you think that services can reach more Aboriginal people?**

I think there needs to be an increasing amount of awareness. Also, not all Aboriginal people speak English and we've traditionally delivered information that relates to AIDS in English, and it's been written. Now when you're working up in communities that are remote or isolated, where English might be their second or third language, they're not literate, and that information, no matter how well meaning it is, is not going to be effective. It's important that

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**"Free spirits of eternity". This image is a knowing that we are all joined together, child, man and woman, with that peace and tranquility that we all endure in our body and soul, and that we have a free spirit for eternity.**



TRACEY L. BOSTOCK '13

services and programs are more tailor made to meet the differences in Australian society.

I think it's always important for anyone in a special group in society, that services can cater for and are sensitive to their specific needs. Having a one stop shop for everyone doesn't always accommodate differences and diversity. Not all Australians are fully sensitive and appreciate and value indigenous Australians. And sometimes services and programs can't meet the needs of Aboriginal people.

Information should be more targeted towards Aboriginal people. It might have specific designs, or a particular way of writing so that Aboriginal and Torres Strait Islander people will know that it is for them. Also, the information is often very technical. It's in jargon, it's in acronyms. I think not only would Aboriginal people not understand what it all means, but non-Aboriginal people don't either. It's important to use a language we all understand.

You might reach a greater number of Aboriginal people if you use different material — cassettes, video, maybe more visually oriented information.

The other thing is that our health status is not the same as all other Australians. When tailoring a service that relates to AIDS and HIV, it's important to look at what else is happening in terms of health, for Aboriginal people.

We have got to enjoy the same access and opportunities as everyone else. We've been disadvantaged healthwise for so long. There's a National Aboriginal Health Strategy and an integral part of it is to look at not only prevention materials, but also assisting those people who may be suffering.

For service providers to actually attract Aboriginals and Torres Strait Islanders to come in and use them they have to look at the

way the service is provided. Sometimes it's very clinical, it's very sterile. The western view of health is very alienating for Aboriginal people. Services need to be a lot more relaxed, more accessible to people, more comfortable. And that's the most important thing, because if you make people feel comfortable, then they're going to continue coming back to use your services, they will tell others to come, they will feel comfortable talking with you, and the organisation can also be far more receptive to the needs of that particular customer, whether Aboriginal or not.

You should make sure that people feel okay, that they don't feel too foreign. They've made a big effort to get there, and if you disenfranchise them straight at the door, they may not come back, and sometimes that has been a barrier to Aboriginal people using those services.

For Aboriginal people walking in to see a counsellor, or any other specialist who may not be Aboriginal, there's a few issues.

They may not feel comfortable with non-Aboriginal people, or with a bureaucrat. Or the worker may not be of the same gender, and may not understand where you're coming from. It's not the same for all Aboriginal people, it's wrong to generalise, but services need to make sure they can accommodate all those differences, that they aren't sexist, or racist, and are able to relate to the person as an individual.

There's not only a lot of cross cultural awareness that needs to be done for non-Aboriginal people, but also for Aboriginal people to understand non-Aboriginal people and the system. There needs to be more understanding of diversity, and in time Aboriginal people will feel okay, and less suspicious of using these services.

What's important is not what might make you comfortable, but what makes people with HIV/AIDS more comfortable — because they're the person who's coming to use the service, they're your customer.

## GLOBAL UPDATE — Thailand

THAILAND ALREADY HAS THE MOST serious AIDS epidemic in Asia. Now there is evidence that HIV has taken root among Thailand's 554,000 tribal peoples.

According to Thai government statistics, over 75% of first peoples in the country have received no education. Most are landless and denied Thai citizenship. Many are unable to speak the Thai language. There is a high birth rate, very high unemployment and drug addiction is common.

Prostitution appears to be the main route of HIV into Thailand's first peoples. Many young tribal women are forced, tricked or 'sold' into prostitution, sometimes in order to pay for a parent's opium addiction. The New Life Center in

Chiang Mai helps young tribal women coming out of brothels in Bangkok and other towns and cities. Some are as young as 11. At least 60% test HIV positive.

Ignorance about HIV and AIDS is almost total. The father of a 13 year old Akha girl who sold his daughter into prostitution had never heard of AIDS.

According to Dr Gray, an anthropologist working with the Akha, few girls over the age of 12 remain in the villages. "No-one really seems to have quite grasped the extent to which HIV is going to wreak havoc in this community . . . where is the next generation going to come from?"

*From WorldAIDS, May 1993*

# Aboriginal services Are they meeting the need?

By Paul van Reyk

TRYING TO PIECE TOGETHER THE picture of what's on offer in NSW for PLWHAs from Aboriginal or Torres Strait Islander communities was not easy. I was continually aware of the need for sensitivity in discussing the issue.

I remember, from last year, Fred Hollows' opening speech at the first National Conference focusing on HIV/AIDS and people from Aboriginal and Torres Strait Islander communities. Hollows painted a horrifying picture of the potential decimation of these communities through rampant HIV infection and went on to prescribe the solutions as he saw them, including a thinly-veiled recommendation for quarantining within communities of those who were HIV infected.

Hollows' proposals were roundly condemned by those attending the conference, who made it clear that the approaches to dealing with HIV issues in their communities were their prerogative. Anyone setting out to give a picture of what's currently being done has to work in this context of self-determination.

The first question that needs to be answered is that of the current prevalence of HIV infection and AIDS among people from Aboriginal or Torres Strait Islander communities. I could find no clear picture. (I should make it clear from the outset that I am only going to be dealing with the situation in NSW). What figures are available are not particularly reliable. Aboriginality is not always recorded at the point of testing or of a diagnosis of AIDS.

Those who present for testing may be unwilling to state their ethnicity for any number of reasons. Not the least of these is a suspicion and distrust, born of two hundred years of oppression, of what such information may be used for.

Releasing figures, I was told in one instance, is also politically sensitive. If the figures look too low, there is a fear that funding to Aboriginal services for targeted HIV/AIDS programs would be at risk. On the other hand, if the figures look too high, there is the risk of media hype and scare-mongering. The official view is that prevalence is low. But everyone I spoke to wanted it

*Mainstream organisations assume that Aboriginal services are providing support, and Aboriginal services think that mainstream services are doing it.*

made clear that there are Aboriginal and Torres Strait Islanders who are HIV positive and who have AIDS.

The confidentiality of a person's HIV status is also an issue. I was continually reminded by those I spoke to when putting together this article, that Aboriginal and Islander communities are very close-knit. This was seen as potentially compromising confidentiality. I have heard that there is pressure on workers in some Aboriginal health organisations to disclose the HIV status of their clients to others in the org-

anisation. This fear of having confidentiality breached was put to me as a reason why some PLWHAs were reluctant not only to come forward for testing but also to seek support, treatment and care.

I was also continually told that many Aboriginal and Islander communities were as yet not supportive of people with HIV or AIDS. There was still a lot of fear, mis-understanding and prejudice which made the experience of having HIV or AIDS quite isolating.

The apparently low prevalence and the unsupportive and/or uninformed climate of many communities mean that most of the programs run by Aboriginal services in NSW prioritise general HIV/AIDS education over treatment, care and support.

The only document I came across outlining the principles behind the approach to services was the AIDS Education Strategy for NSW Aboriginal Communities. This has been developed by the Aboriginal Health Resource Committee (AHRC), an advisory body to the state and federal governments on Aboriginal health issues.

The AHRC is responsible for promoting a coordinated approach to Aboriginal HIV/AIDS activities in NSW. It has a role in supporting community initiatives, identifying and filling service gaps, reducing duplication of services and assisting in monitoring and evaluation. The Strategy was developed with support from the NSW AIDS Bureau.

The principles underlying the

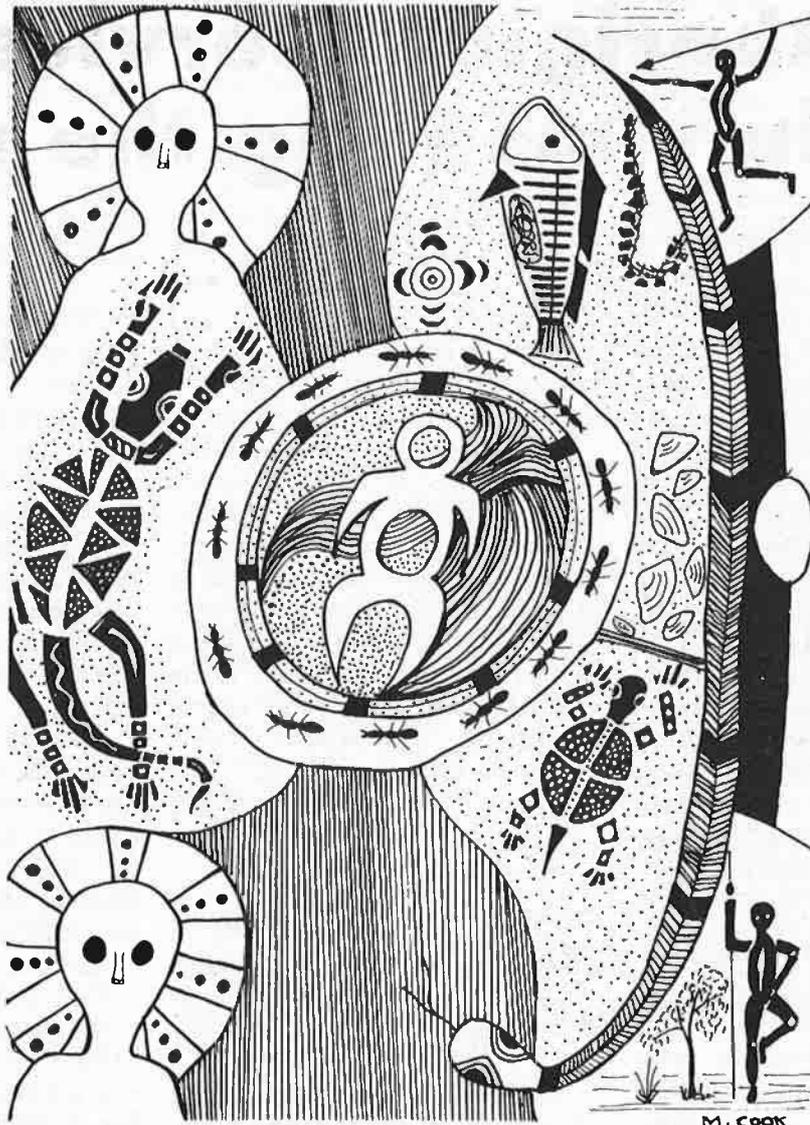
Strategy are:

- that Aboriginal community controlled health services, as agents of the community, are generally the most appropriate vehicle for the delivery of HIV/AIDS services;

- that where there is no community controlled health service or where it cannot supply a more comprehensive level of service, then a co-operative, supportive, inter-sectoral relationship needs to be developed, to ensure that the cultural, social and physical needs of the client are met;

- that HIV/AIDS services be developed in such a way as to support and strengthen existing health and community services, and, where possible be integrated into those services.

Until the Strategy was established and the AHRC had advised the AIDS Bureau on the most appropriate use of funds, funding to projects was mostly one-off. The exception was the Aboriginal Medical Service in Redfern which has had recurrent funding since 1988/89. In the 1992/93 State AIDS budget, a number of other services gained recurrent funding including those in Illawarra, Awabakal (Newcastle), Bourke, Walgett, Mt Druitt, Campbelltown, Moree, Tharwal, Narooma and Dharuk. According to the AIDS Bureau, most have been funded for a mix



health systems. That's in line with the policy on provision of treatment and care services generally.

PLWHAs from Aboriginal or Torres Strait Islander communities should also be able to access more mainstream support services for PLWHAs, such as programs run through the AIDS Councils.

I did a quick sampling of some of the currently funded projects to see how the support role was being carried out. Apart from the service provided through the AMS in Redfern, most of those I spoke to have not had to play the support role. In a number of cases the workers had not as yet had a PLWHA come to them for support. Some indicated that they

of education and counselling and support.

The AHRC has also been funded to produce an Aboriginal Worker Education kit; to develop a workshop program using the kit to give a basic education in HIV/AIDS material for all Aboriginal health workers in NSW; and to provide ongoing support for a network of skilled Aboriginal health workers.

The policy on treatment and care for PLWHAs from Aboriginal or Torres Strait Islander communities is that this should be provided through mainstream services, that is, through the existing hospital and community

would refer the person to existing support services which were sensitive to the needs of Aboriginals and Torres Strait Islanders. Again, the issues of confidentiality and lack of a supportive community were seen as barriers to asking for this support. It was put to me that this often means that PLWHAs will come to Sydney.

Luke Close, HIV/AIDS worker with the AMS in Redfern has tried to set up a support group but has been unsuccessful so far. Luke's current caseload is around 50 PLWHAs. Many Aboriginals, says Luke, live below the poverty line, so the impact of HIV/AIDS

is worse. He believes that HIV/AIDS-related illnesses present earlier in Aboriginal people.

Luke identified some issues in providing support services. He put it to me that there is currently a problem in the delivery of support. Mainstream organisations assume that Aboriginal services are providing support, and Aboriginal services think that mainstream services are doing it. Luke thinks that many PLWHAs from Aboriginal communities fall through this gap.

He agrees that many PLWHAs will leave their communities looking for a more supportive community, but, he says, what they often find is just another unsupportive situation.

Transience and homelessness present problems in themselves. You can't provide support, Luke says, for someone who doesn't even have an address. Luke believes there needs to be a 'safe place'/refuge for HIV positive Aborigines.

Luke also says there has been a high turnover in staff in the funded projects. That's confirmed from my own contacts with those services. Luke believes that part of the reason may be the difficulty of dealing with an illness whose progress is apparently unstoppable. This, he says, is discouraging for those who take on support work believing they can make a positive impact on HIV positive people's quality of life. The solution, he believes, is to link Aboriginal workers into other support structures for PLWHAs.

I also spoke to a former Aboriginal HIV/AIDS community health worker in the inner city. He has been frustrated by what he sees as a lack of support from Aboriginal health services. He thinks that some opportunities for education through big events like Survival Day (the alternative to Australia Day) are not being taken up. His efforts to start a

men's group, he says, also went unsupported. He also raised the issue of the lack of confidentiality.

I checked up on support programs run through ACON. HIV positive Aborigines have accessed counselling and support programs, but the numbers have been small. Workers commented that they obviously did not feel comfortable about approaching a mostly white service.

The picture I got was not heartening. I kept hearing that a lot of work still needed to be done in fleshing out the principles of the Strategy. Much of it appears to depend on working at building up a supportive and accepting environment in Aboriginal and Torres Strait Islander communities. Hopefully, the move to recurrent funding for the existing projects, and the AHRC's work in developing the education program for Aboriginal health workers will mean that this can advance more rapidly.

Till then, it would seem that as

Luke Close commented, most PLWHAs from Aboriginal or Torres Strait Islander communities in NSW will continue to deal with HIV/AIDS themselves.

## Service review

THE ABORIGINAL NON-GOVERNMENT Organisation Program was established in 1987 and provides financial support to a number of Aboriginal community-controlled organisations. The program is about to be reviewed and if you are an Aboriginal or Torres Strait Islander and have used an Aboriginal health service, you can write to the review consultant about your experiences.

For a copy of the full terms of reference and a list of the organisations and services funded under the program, call Dan Rose in the Office of Aboriginal Health on (02) 391 9521. The closing date for submissions is September 17 at 5pm.

## GLOBAL UPDATE — CANADA

LIKE AUSTRALIA, ABOUT 1% OF Canada's population is made up of indigenous peoples who share with the Aborigines many of the same social and economic problems: poverty, unemployment, alcoholism, and high rates of incarceration.

They also suffer poor health. Rates for new and re-activated cases of tuberculosis among Canadian Indians are nine times the national average. Similarly, rates of STDs are three times the national average. Indian life expectancy is, on average, ten years less and infant mortality is 60% higher.

Statistics on HIV and AIDS among Canadian Indians are scarce. A 1990 study of 1,694 homeless people in Vancouver

suggested that HIV infection in Indians was 50% higher than in non-Indians. The first major study on AIDS and Canadian Indians was published earlier this year. Carried out in Ontario by Professor Ted Myers of the University of Toronto, the study found that 45% of Canadian Indians had not heard of AIDS, and few took precautions when having sex.

The Myers study concluded that the lack of AIDS awareness among Canadian Indians was primarily due to language barriers: most AIDS education materials are written in English whereas the dominant languages among Ontario's Indians are Cree, Ojibwa and Oji-Cree.

From: *WorldAIDS*, May 1993

# Anguish

## BOHEMIA

### CHAPTER 22

by Ms. Eda O.

*Last instalment we left Carin and Brad pondering the Countess's disappearance, Wayne receiving good news from Dr. Paul Crowe and Robbie embarking on a new career as an escort/masseur.*

BRAD WAS ENJOYING THE WARMTH of the afternoon sun on his back as he sat at a sidewalk table of the Vesuvio Cafe. He rearranged the folds of the black velvet caftan he had purchased that morning and used the reflection in the cafe window to adjust the tilt of the broad brimmed black straw hat he had found in the same second hand shop. Jangling the four brass bracelets on his wrist he attracted the attention of Daniel, his favourite waiter and ordered a macciato.

Fumbling in his large black plastic handbag he drew out the letter that had been lurking for him in the letterbox when he had left the Bohemia apartments that morning. Unmistakably it was addressed in his mother Beryl's cramped hand. His first impulse had been to tear it up and throw it away but then he noticed that it was postmarked Brewarrina, his mother's hometown, not the Loonibinni Home for the Gender Aphasic.

"Senora" the pert buttocked Daniel set the glass of Macciato with its little collar of white paper on the table. Brad allowed himself one quick glance over the neapolitan waiter's impressive



rump and extended his hand. "Bellissima, Gracie Daniel" Taking his cue the young Italian rather awkwardly took Brad's large gloved hand and gave it a quick peck, mumbling "Bella , Bella" then moved off rubbing a filthy damp cloth over the empty tables inside the cafe.

Brad took a sip of his coffee, removed a nail file from his handbag and slit open the envelope. He was surprised by its thickness, (Beryl had never been a woman of letters) and unfolded the three pages.

### Dear Bradley,

I hope this letter finds you well. As you can see from the postmark I am back home again in Brewarrina at last, after quite a few adventures and quite some time of not being quite myself.

Bradley it was very naughty of you to have me locked up in that dreadful hospital. I was very cross when I began to get my wits back, but after I had some time to think about it I realised it was exactly what I was going to do to you. It's a funny old world isn't it!

Anyway to make a long story short we escaped, though for the life of me I don't remember any of that, and have spent a dreadful time "on the lam" as my new friend so colourfully puts it. Bradley I'm not about to tell you what your old mum got up to "on the lam" - a lot of it wasn't nice and some of it wasn't legal and now I'd prefer to put it all behind me and turn over a new twig as they say.

Every cloud has a silver lining and it's an ill wind that saves nine. I have learnt a valuable lesson. When you are in a desperate situation you have to take desperate measures. This has helped me to understand what you did to me. The other silver lining is the person who helped me to learn this lesson, my new special friend Linda Sticklip.

Yes Bradley, it was Linda who helped me escape from that awful place and who kept me safe till we could get home. She comes across a bit rough and frightening at first, but once you get to know her she is an angel. We've become

very close and she is going to stay on at the farm with me.

She calls me Thelma after a character from a movie she's seen and says that she is going to teach me to shoot. It's all very exciting, I feel like a giddy young girl again. It's so nice to have someone to fuss over, and someone to look after me. I don't want to shock you Bradley but I haven't felt this happy since your father passed away, or even before.

Some of the people in town haven't been very kind about Linda staying here. The Minister's wife ran into Linda at the bank and the next thing you know I get a note from her going on about some place called Gommorah (I think it must be in Queensland) but I couldn't make head nor tail of it. Well they can all just get over it as Linda puts it, we're very happy the way we are thank you very much.

When we first got back Linda was all for going down to Sydney to see you, but I convinced her that I had interfered in your life enough.

Dear Brad, Linda has helped me to understand what is happening to you, your health I mean. All I can say is that I'll always be here if you need me, just say the word and Linda and I will be on the bike and down to the city in two shakes of a dead lamb's tail.

I'll finish up now Brad. I hope you don't think your old mum has gone completely bonkers. Make sure you get enough to eat, wear a vest and write soon.

All my love Beryl (Thelma)

BRAD SLOWLY FOLDED THE LETTER. As he put it back in its envelope he noticed a scrap of paper. He removed it and read:

*Brad, you do one thing to hurt Beryl and I'll be paying you a little visit. — L.S.*

"Yves St Laurent" Brad muttered, using one of the

Countess's favourite exclamations. His wisteria headed old mum shackled up with a Transgenderal private detective, in Brewarrina yet. It is a funny old world he mused.

"Daniel, Sambuca pronto, prego" Brad's bracelets rattled furiously.

### **I should be so lucky**

WAYNE HUMMED A KYLIE SONG AS he bounced up Oxford Street. He found himself smiling at everybody whose eyes met his. It was amazing how good the diagnosis of a fungal infection could make you feel. He wanted to celebrate. He bought a bottle of Seaview at the bottle shop and then stopped at the florist on the corner of Crown Street and purchased six sunflowers. He had never bought Robbie flowers before but this felt like the right time to do it.

He reached the Bohemia Apartments and ran up the cracked terrazzo steps two at a time.

The flat was in darkness when he opened the door. In the evening gloom Wayne could make out the shape of someone lying on the sofa. "Robbie" he called as he flicked on the lamp. The figure groaned and rolled over. "Oh, hi Carin, where's Robbie?" Carin seemed to be having trouble opening her eyes but eventually they fluttered up and she squinted at Wayne. "Wayne, what time is it? what day is it?"

"It's six thirty, where's Robbie?" Wayne called over his shoulder from their bedroom.

"I think he went out. I feel so strange" Carin mumbled as she sat up and ran her fingers through her blonde spiky hair.

Wayne felt disappointed and kicked at the pile of clothing on the bedroom floor. Why wasn't Robbie here to share his good mood? The telephone rang and he ran to the living room to answer it. "Darling it's Bra... I mean GiGi here, we're having a little

celebration, grab Carin and Robbie and come over, ciao."

"Come on Carin it's party time" Wayne said as he put down the receiver, picked up the flowers and the champagne and headed for the door.

"What? I can't." Wayne turned back across the room, put his arm around Carin and propelled her out of the flat.

### **Ouija think you are**

THE DOOR TO BRAD'S APARTMENT was ajar, the latin warbling of Eadie Gorme greeted Wayne and Carin as they entered the candlelight glow of the living room. Brad was at the bar stirring a large beaker of ice cubes floating in luminescent blue liquid, he had changed from the black Caftan (strictly daywear) into a form fitting black sleeveless sheath surmounted by a wide leopardette shawl collar, his favourite black pillbox cocktail hat completing his ensemble. Nigel and Leonard were seated on the slightly shabby forties sofa, or more correctly Nigel was seated on the sofa and Leonard was seated on Nigel. They were kissing. Standing next to the fireplace, one hand resting on the mantle, the other lifting a champagne flute to her Revlon Number Seven lips stood a very tall Drag Queen.

"Countess", squeaked Carin, drawing everyone's attention to the fact of their arrival.

"Mes enfins!" Brad totted across the room, still a little unsure on his new heels. "Here, have a Virgin's veil, they're delicious", he said wrapping Carin's hand around a glass of blue liquid. Nigel and Leonard took time out to greet the new arrivals, to have their glasses topped up by Brad and adjust their positions on the sofa before returning to their mutual oral examinations.

Carin took Wayne's hand, pulling him towards the turbaned figure of the Countess.



"Countess. I'd like you to meet one of my flatmates."

"Enchante, Wayne", the Countess said, not allowing the Carin to finish the introduction and extending her bejewelled hand.

"How did you know his name?" Brad asked having just joined the group.

"Gigi, I told you. I have a gift. I know Wayne's name", the Countess put her hand to her temple. "I know he is 26 years old, I see a young man ... his name starts with an ... R ... Robert? No! Robbie. He is your lover, no? You are circumcised and have a bruise on your right buttock."

"I don't believe this", said Wayne, shaking his head. "How do you know all that? Brad, you told her."

"Honey, I've never seen your cock. And as for your arse, the Countess is psychic and She's

going to help me find Nancy." The room fell quiet, save for Eadie doing her best to keep up with Los Panchos. Even Leonard and Nigel's previously audible slurping ceased as they disengaged turning to face the frozen group.

Wayne broke the tense silence. "Countess, may I see you in the bedroom for a moment?"

"Of course, dear boy. It would be a pleasure."

As the couple disappeared up the hall, Eadie was replaced by Sergio Mendez and Brazil '66.

Some fifteen minutes later, the Countess appeared and announced: "Gigi, cherie. I have decided to contact the spirit world, in order to locate your friend Nancy. Do you have a Scrabble set?"

Nigel, Leonard, Carin, Brad, Wayne and the Countess sat at the round dining table, each with one finger placed on the base of an

upturned cocktail glass. In a circle around the edge of the table, lay Scrabble tiles forming the alphabet.

"We must be very still. Empty your thoughts of any distractions," the Countess rasped with her heavily shaded eyes closed and her head tipped back. Nigel squeezed Leonard's hand and they both giggled nervously. "Silence," commanded the Countess. "I must have absolute concentration". The Countess' breathing became hoarse and her head lolled from side to side. "Is there anybody there? Is there anybody trying to make contact?"

The glass began to vibrate and slid across the table to the letter "Y", then back to "E" and then to the letter "S". In the candlelight, Wayne could just make out Carin's face with her mouth hanging open.

"What is your name?" the

Countess panted. The glass moved steadily to the tile bearing the letter "N", then in rapid succession moved to spell out the letters A.N.C.Y.

"Nancy! A spirit?" exclaimed Brad.

"Silence! Have you a message for someone here?" The glass deftly spelt out B.R.A.D. "What is your message for Brad, Nancy?"

The glass then went into a frenzy of spelling, eventually creating the sentence: I HAVE PASSED OVER, BRAD AND I'M VERY HAPPY. YOU SHOULD STOP SEEKING ME. I'LL ALWAYS LOVE YOU. BE HAPPY.

Nigel wiped the tears from his eyes with his free hand. He turned to look at Leonard who was staring at the glass, his eyes bulging behind his glasses. Carin was sobbing. Brad had tears in his eyes, but seemed to be smiling at the same time.

"Have you any other messages for us, Nancy?" whispered the Countess. The glass resumed its movement to spell out the sentence: THERE ARE MANHATTANS ON THE OTHER SIDE. At that point, a loud pounding echoed through the flat. Leonard screamed. Wayne stood up, overturning his chair. He rushed across the room, fumbled with the lock and opened the door.

Robbie stood in the doorway with a cheeky grin on his face and a magnum bottle of what looked like Don Perignon under his arm.

"Sweetheart," Wayne managed. "We've just been—" Robbie interrupted Wayne by plucking a large roll of notes from his pocket and tossing them into the air.

"We're rich, darling. I'm a hit!"

The mood of the room changed instantly. As Carin flicked on the light the last flurry of fifty dollar bills fluttered to the floor.

"We're all going out," squealed Robbie. "And the Manhattans are all on me."

BRAD MOVED ABOUT THE APARTMENT picking up Scrabble tiles and emptying ashtrays. The Countess lay back on the chaise lounge in one corner, a damp flannel over her eyes. Removing it, she smiled to herself.

All the citizens of her new kingdom seemed to be at peace. Nigel and Leonard had made up. Wayne and Robbie were rich in more ways than one. Carin had found a family. Beryl and Linda had found each other. And Brad? Well, Gigi had found him.

Noticing the sunlight peeking beneath the blinds, The Countess stirred from her reverie.

"Come, Gigi. It is time for all glamour girls to get their beauty sleep. The anguish is over."

THIS WAS THE FINAL EPISODE OF *ANGUISH IN BOHEMIA*. MS. EDA O. WILL NO LONGER BE WRITING FOR TALKABOUT. WHEN LAST HEARD OF, SHE HAD ABSCONDED WITH THE COVETED PRIZE FROM THE *ANGUISH IN BOHEMIA* QUIZ AND IS BELIEVED TO BE NOW LIVING IN THE DAINTREE FOREST. APOLOGIES TO OUR UNLUCKY WINNER, BUT A RATHER WORN PILLBOX HAT IS ON ITS WAY, SWEETIE.

*Has Talkabout lost its sense of humour, with the demise of Anguish? We hope not. Watch this space. Thanks to all who have written Anguish in Bohemia over the past two years as Ms. Eda O. and her previous incarnations Ms. Ada O, Rod Adams, Dora Dams and Dara Toad.*

## GLOBAL UPDATE — USA

"AIDS IS VERY, VERY SERIOUS," SAYS Ron Rowell, Executive Director of the National Native American AIDS Prevention Center. Officially, 448 American Indians and Alaskan Natives have died from AIDS compared with over a quarter of a million deaths from AIDS in the general population so far.

Ron Rowell believes this figure represents a fraction of the real AIDS problem and estimates there are "around 10,000" cases of HIV in the Native American population of one million.

A recent study by the Indian Health Service and the Centers for Disease Control indicated that HIV seroprevalence among rural Indian women was between four and eight times higher than in comparable non-Indian groups. And research published last year suggested that Native Americans and Alaskan Indians "may be at elevated risk for HIV infection and AIDS," citing high levels of STDs and hepatitis B, widespread alcohol and drug abuse, poverty and long-term unemployment as co-factors.

"The most serious problem is



still denial." says Ron Rowell. "People cannot see this disease in front of their faces and just don't believe it can happen to them. It's also difficult because the majority of our tribal leaders do not want to deal with the issue of AIDS."

Shortage of funds is an ever-present problem. "They've been pretty meagre," says Ron Rowell. "The Indian Health Service has not yet acknowledged HIV as a problem — despite the fact that there have been diagnosed cases of AIDS in our communities since 1984."

Ron Rowell believes time is running out. "We have about five years to get our act together," he says. "AIDS is a great danger to the survival of the Indian people."

*From: WorldAIDS, May 1993*

# Create your perfect world

*"I live and work in the suburbs and I feel isolated and scared to talk, even with family and friends . . . because I'm never sure how they will react"*

— Wayne, National AIDS Campaign.

YOU'VE BEEN GIVEN YOUR diagnosis. You can't tell your family, your friends, anyone. It's just you and your GP or the social worker at the clinic. You don't want anyone to know. In your community, AIDS simply isn't acceptable, it's something to do with poofers and prostitutes!

You're basically alone with your diagnosis, trying to deal with the impact of that, protecting your secret with your life. Using energy to control it, keep it hidden. A heavy secret.

Then, maybe, your English isn't perfect. Visits to your GP or the clinic are a nightmare of misunderstandings and nods, where "yes I understand" probably means you don't. The idea of going to a support group or an information night fills you with fear.

"What if someone asks me a question? I'll just look stupid. I'm OK at the moment, I can manage, just keep my head down and no-one will know."

Or maybe you never really were the best reader in the world. All these medical terms you can't even repeat, let alone read and understand. "Why make a fool of myself? I'll just ignore the information, it's probably not for me anyway." How do you find out about drug trials, or vitamins and nutrition, or the other services that are there to help?

And if you happen to be a woman dealing with the male dominated medical profession you might be taken less seriously or feel just a little intimidated.

The most likely outcome of these factors is isolation. Re-

stricted use of services, fear of disclosure, the enormous weight of carrying HIV infection on one's own.

Isolation and fear. It is in this sort of environment that discrimination is able to find a home.

But we don't have to accept being discriminated against.

The Federal Disability Discrimination Act 1992, and the NSW Anti-Discrimination Act 1977 (currently being amended), provide an avenue for action. Now there's a chance for each HIV positive individual to assert his or her right to live an enriching life free from negative or restrictive elements.

The HIV-Related Discrimination Project — Class and Culture is a new project established within ACON to look at the discrimination HIV positive people experience.

The project aims to reach people who may be isolated by both the virus and other factors such as culture, language, literacy, gender and class.

How can this project help people deal with discrimination? Firstly, by co-operating with the Multicultural HIV/AIDS Education and Support Project, to work with three co-workers from the Arabic, Polish and Portuguese speaking communities. We want to develop informal support networks and inform HIV positive people of their rights in relation to discrimination.

We will also be looking at how different services reach people outside the mainstream and how they meet their special needs.

By talking about your experiences and ideas, anonymously if you wish, you can help make services more sensitive and less likely to discriminate. Maybe it will make life that little bit better. Create your perfect world!

For a chat, further information on the project or advice on what to do if you think you've come face to face with discrimination, give me a call, Wednesday to Friday, on 206 2017.

— Larry Wellings

## GLOBAL UPDATE — PNG

DESPITE THE RELATIVE ISOLATION OF many first peoples in Papua New Guinea, AIDS is a very real threat according to Carol Jenkins, a US researcher working with the Papua New Guinea Institute of Medicine.

Although statistically HIV seroprevalence is "very, very low", Carol Jenkins believes the figures are artificially depressed because of inadequate surveillance and the acute shortage of testing kits for HIV.

"We have extraordinarily high STD rates here," she says. Jenkins believes the problem of STDs is exacerbated by the "constant" internal migration

within Papua New Guinea and by exceptionally high levels of prostitution.

Condoms are also a problem. "First, we can't get condoms into the country, and the few that do get in, the Board of Censorship has had the instructions removed. And no one really knows how to distribute them."

"People have little understanding of what AIDS is and how HIV is transmitted," says Jenkins despairingly. "There's no evidence here that AIDS will be anything but a major problem."

From *WorldAIDS*, May 1993.

# AIDS Network Relief Foundation present

## The Daintree Loft

*We are organising a new association to bring together people who want to cure AIDS and offer relief to everyone addressing this pandemic. We put some questions to ourselves, in an effort to clarify what we are doing, and the answers are presented here in order to invite broader community input and support. We need members who believe in our goals and methods and invite everyone to consider lending their energy and resources to achieve these goals.*

### **What is the purpose of the AIDS Network Relief Foundation?**

We intend to develop an action plan to support and enhance the AIDS Network.

### **What is meant by the term AIDS Network?**

It is a phrase intended to encompass all people who are fighting AIDS — scientists researching the cure, PLWHAs, doctors, nurses, carers, social workers, family — both chosen and biological, anyone fighting the AIDS war. We don't expect to exclude any one, for any reason.

### **What needs do you feel are being addressed?**

- Retreat and respite for people who are feeling burn out.

The caseloads are growing exponentially while the Network, responding to the needs of the sick, is buckling under pressure. We are all familiar with the sad loss of physicians through suicide, and there is a 'bail out' taking place in the staffing of all services from nursing to social workers. The AIDS Network needs relief to continue providing the high quality response Australia has made to AIDS.

- Retreat and respite for PLWHAs and their family and carers.

PLWHAs are voicing increasing estrangement from the 'gay scene' of cities. Yet the medical and social services are there. We hope to address the need for an inexpensive option; for a new scene with different energy.

The Daintree Loft is our first facility to open its doors. We are offering people a place to rest up, surrounded only by nature (tropical rainforest) and privacy and support. While not able to offer ancillary care at present, this will be an option given proper support in the future. Care and support in the peace and beauty of nature can improve the quality and quantity of life for PLWHAs. We will be offering the facility for children with AIDS to bring their whole families to the rainforest for a break they can share together.

- Services to aid researchers conducting dedicated AIDS studies in the rainforest.

Rainforests offer the pharmaceutical industry the richest base to seek medicines on earth. Only the Amazon and the Congo rainforests have more species per hectare than the Daintree rainforest. Intense co-existence of competing species invokes countless immunity responses in plant life. The rainforest has more biochemical immunity models than any other organic environment in the world. The scientist pursuing this direction can find a cure for AIDS and we are offering the Daintree Loft as a residential support on-site, for rainforest studies.

### **How do we propose to begin?**

We have already started.

Daintree Loft, offering respite/retreat and research access in the rainforest opened its doors August 1993.

We are seeking funding through government and private sources.

We are organising a research program to interview the various members of the AIDS network in order to determine their needs and provide relief.

### **Do we need help?**

Yes, we have exhausted our own personal funds to open the Daintree Loft. We have a second facility in Cairns which will open soon for people who want a retreat closer to medical facilities, but still in a beautiful natural environment.

We need donations and we need volunteers to assist. So far there are just six of us.

### **What is unique about our goals and methods?**

We are combining care with cure. By that we mean, the worst thing about AIDS at this time is living with so little hope. We have dedicated the Daintree Loft as a facility to care for all members of the AIDS Network and to facilitate the search for a cure.

By combining care with dedicated cure research we would like to believe we can replace despair with an active symbol bringing hope.

Membership available.

Call Chris (02) 360 591 or Therese (02) 281 9750

DSS pensioners \$8.00, Non-pensioners \$28.00, Corporate sponsors \$250.00

For Daintree bookings call Evangelos (070) 98 9104 or Chris (02) 360 5913.

# What's Goin' On



## For friends and partners of HIV+ Asian guys...

*The AIDS Council of New South Wales (ACON) has recently started up a new project called the **Positive Asian Mens' Project** the project will be looking at the needs of all HIV + Asian men and those who care for them. We need your help, so that we can better meet their needs:*

*If you can assist or would like to become more involved in the project please call:*

Michael Camit

TEL: 206 2090 or 206 2080

Tues/Wed/Thurs

TTY: 283 2088 (for the Deaf)

*or drop by for a chat*

*Tuesdays 10-6pm*

Level 1 55 Oxford Street

Darlinghurst 2010

### **Carer's group**

This group is for parents, partners, friends and relatives of PLWHAs who live in the area covered by Royal Prince Alfred Hospital.

It will be an ongoing group with two social workers assisting carers to share the feelings, stresses and joys of caring for someone with HIV/AIDS.

It will be held at 19 Audley St. Petersham (just near Eversleigh Hospital) every second Tuesday 2.00 - 3.30pm. (Catch 428 Bus)

If you are interested, call Stuart Pullen on 516 6111 page 6599 or Danielle Chedel on 560 3866.

The group will commence September 6.

### **Western AIDS Fundraiser dance**

First Saturday every month at  
Golfview Hotel, Rawson Road, Guildford

### **Have You Been in Prison?**

If you have injected drugs and have been imprisoned in NSW, perhaps you can help with a new research study by the National Drug and Alcohol Research Centre.

The study will be looking at sexual behaviour and drug use before, during and after prison. The information gathered will be used to develop ways of stopping the transmission of HIV in prison.

Pin prick HIV tests will be done, but the results will not be available to respondents. The interview and test results will be confidential. Names will not be recorded.

The study has the approval of the Research Ethics Committee of St Vincent's Hospital.

***If you would like to participate in this study, please contact Kate Dolan at NDARC. Call: (02) 398 9333.***

## Drop in support group

For PLWHAs who would like to meet others in the same situation and gain support.

This ongoing group will be run by two social workers, Pedro Gomez and Claire Howard.

The group will meet the first and third Tuesday of each month, 3.00 - 4.30pm at Glebe Town Hall. Entry through the back door in Mt Vernon St, Glebe (Catch 470 Bus).

For more information, please call Claire on 516 6111 page 6437, or Pedro on 660 5455.

This group will commence on September 7.

## Daintree Loft

### Cow Bay, Queensland

A retreat for the AIDS Network ...

Dedicated to cure AIDS.

Sponsored by

the AIDS Network Relief Foundation

Sydney: (02) 360 5913, (02) 281 9750

Cairns: (070) 98 9104

## 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

### Western Sydney AIDS Prevention & Outreach Service

Open 7 days. Free & confidential

- Needle exchange • Condom
- HIV & Hep B testing • Education
- Counselling • 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

## 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 Hakuin 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 PLWHA** GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

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

211 2044.

**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 8440, Perth, 6849. Call Mark Boyd on (09) 221 3002.

**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.

**Posithiv Pump** Advice and assistance with training programs for plwhas and their partners only. Bondi Olympic Gym, 284 Bondi Rd from 8pm Saturdays. Free entry, call Tim or Sarah, 365 6001.

**Positive Asian Mens Project** at ACON. Looks at the needs of all HIV positive Asian men and those who care for them. Call Michael Camit 206 2036 or 206 2090.

**Positive Users** HIV Awareness and Support is a group for HIV + users, their friends, partners etc. Meets every

Wednesday 7pm at 15 Ice St, East Sydney. 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 Social** and support group for Asian gay and bisexual men. Meets every Friday. Workshops, discussions, social activities.

Call Arnel on 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.

**Eversleigh Hospital** A palliative care inpatient facility and community service. 180 -272 Addison Rd, Petersham. 560 3866.

**Greenwich Hospital** Palliative care inpatient unit, day hospital and community outreach. 97 - 115 River Rd, Greenwich. 439 7588.

**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.

**Neringah Hospital** A palliative care inpatient facility and domiciliary service. 4 - 12 Neringah Ave. South, Wahroongah. 487 1000.

**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 & welfare support to clients and their families throughout NSW. TRAIDS is based at Parramatta Hospital. Contact Pam 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. Trained Volunteers 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.

**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 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.

**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).

### 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. Free and confidential service open Tuesdays 4pm to 8pm. STD and HIV/AIDS testing, treatment & counselling/support services. 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** First floor, 101 Scott St Newcastle, opposite Newcastle Railway Station. Open every Thursday for lunch & Social from 11.00am to 3.00pm. 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

**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.

**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) 48 6804 or Pam Davis on (064) 52 1324.

**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 Con-**

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**

**Albury** Needle & syringe Exchange,  
call Judy David, (060) 23 0206.

**Albury/Wodonga HIV/AIDS Border**  
Support group (060)23 0340. HIV &  
Sexual Health Service (060) 56 1589.  
Needle & syringe exchange — for  
outlets call (060) 23 0340.

**Deniliquin** HIV Support Services  
(058) 81 2222

**Griffith** HIV Support Services  
(069) 62 3900.

**HIV/AIDS Project**, Central Western  
Dept. of Health.  
Call Martha, (063) 32 8500.

**New England Needle Exchange**  
**Program** For locations of outlets and  
outreach services call (067)66 2626  
message, (018)66 8382 mobile.

**Tamworth** Bligh Street Sexual Health  
Clinic. Free & confidential STD/HIV  
testing & management. (067) 66 3095.

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

**Wagga Wagga** HIV & sexual health  
services, call Paula Denham,  
(069) 38 6411. AIDS Task Force  
(069) 25 3055 or (069) 38 6411.

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

## JOIN US IN THE FIGHT AGAINST AIDS. SUBSCRIBE NOW.

PLWHA Inc. (NSW) is part of a world-wide movement to empower people with HIV infection, their friends, supporters, family and lovers to live full, creative and meaningful lives free from fear, ignorance and prejudice.

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(H)

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

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In the interests of your confidentiality

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

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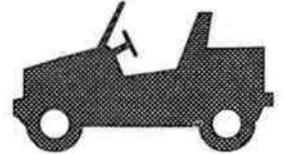
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