

No. 37 October 1993

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



RETURN OF THE ACRONYM

HIV *living*

October 1993

***Are You Being Served -
Support Services for PLWHA's***

Wednesday 13th - 6.30pm to 8.30pm

- * Ankali, Community Support Network
- * Bobby Goldsmith Foundation
- * The Day Centre

***Shopping For A Doctor -
What style of GP do you Want***

Wednesday 20th - 6.30pm to 8.30pm

- * How to get your issues explained in detail?
- * Being straight with your doctor!
- * Can you talk to them comfortably?
- * What are your rights?

***Self Delivery, Euthanasia -
What are the choices?***

Wednesday 27th - 6.30pm to 8.30pm

- * What are the legalities?
- * Can I get advice or assistance?
- * Is it an option?

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



AIDS Council of New South Wales Inc.

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This Month's Cover

Captain Acronym appears courtesy of Phillip McGrath. For the updated HIV/AIDS glossary turn to page 20. For light relief from all the technical stuff, flick back to our alternative selection of acronyms on page 19.

TB or not TB?

RECENTLY, PEOPLE WITH HIV/AIDS who use the services of St Vincent's Hospital have been reminded of the lurking threat of tuberculosis (TB). People who have coughs are now being asked to wear face masks.

TB is a bacterial disease, and as such can most often be successfully treated, unlike most chronic viral diseases such as HIV. TB control was thought to have been achieved within Australia. However, the advent of AIDS, and the slow but steady rise in drug-resistant forms of tuberculosis in many parts of the world make control of TB more difficult.

Most people who get infected with the mycobacterium responsible for TB don't get the active disease — only around 10% do in their lifetime. In people who are immune compromised, the risk of developing active TB after infection is much greater. Further, TB in people who are immune compromised sometimes involves a much higher 'mycobacterial burden' (ie there are more bugs). This can mean recurrence of active disease after treatment and a more rapid development of resistant strains.

The prospect of a rising incidence of TB, and the advent of what is known as 'multi-drug resistant tuberculosis' or MDRTB for short, is a scary one. In the US, there have been cases of TB resistant to all of the drugs which can be used to treat TB. The first case of four drug resistant TB in Australia was detected recently, although it is not known if the person was HIV positive, or which hospital they attended.

There are things we can do. We should get any persistent coughs checked out. If we have coughs, we should use handkerchiefs. Simple health measures like washing our hands when someone's been coughing become important. If we get TB, then it's most important to complete our

course of medication and keep getting monitored.

HIV and TB are different diseases and require different public health responses — despite some so called medical experts suggesting HIV should be treated like TB. As we're all aware, HIV is not transmitted by social contact. TB, however, can be spread by coughing — although most often it requires prolonged contact with a person who has active disease. If someone gets active disease, then until their treatment starts to be effective, there should be good infection control procedures surrounding the person with active disease. Surgeons in space suits were an hysterical response to HIV. However, with the advent of TB, good infection control is in our best interests and in the interests of our carers.

That doesn't mean that TB is a licence to open the doors of discrimination and stigmatisation. However some measures that were inappropriate for HIV may be entirely appropriate for people with TB.

Figures from St Vincent's Hospital indicate an increase this year in the number of HIV related TB cases, and the hospital has prescribed new infection control procedures — including the masks.

— Ross Duffin

(For more information on MDRTB, see Talkabout May 1993)

TB 2

THE NATIONAL ASSOCIATION OF People Living With HIV/AIDS (NAPWA) have called for immediate action by state and federal governments to halt the spread of Tuberculosis and to protect people with HIV/AIDS from TB infection.

In late September, NAPWA developed a policy on TB which has been submitted to AFAO. AFAO has been asked to develop

a policy based on this document.

Key points of the policy are:

- A call on the Australian National Council on AIDS to implement a national policy on TB which will recognise its relationship to HIV and the importance of consulting with HIV/AIDS bodies in developing a response to the disease; and

- A call on the National Health and Medical Research Council to produce guidelines for chemoprophylaxis for TB in people with HIV/AIDS.

"NAPWA has called for national action to prevent unnecessary infection since 1992", said NAPWA Convenor, Geoffrey Harrison. "Australia can prevent a major TB resurgence, but it must act now — before it is too late".

Chinese medicine

ACUPUNCTURE AND CHINESE herbal medication have become one of the most commonly used alternative therapies for AIDS. Their use has become so widely accepted, that two Chinese Medicine Clinics in San Francisco have been awarded contracts through the San Francisco Health Department's AIDS Office to provide Chinese Medical treatment to people with HIV.

Most people with HIV who use acupuncture and Chinese herbs do so in conjunction with western medicine. There are, however, some who use it as their principal form of medical treatment. It is strongly suggested that it be used under the supervision of a licensed practitioner.

According to Dr. Hong-yen Hsu, in *Natural Healing with Chinese Herbs*, the systematic practice of Chinese medicine dates back over two thousand years, making it the oldest medical system in the world.

A good deal of western type research on certain aspects of Chinese medicine has been con-

ducted. Many of the herbs have been found to inhibit HIV and other viruses in laboratory experiments. Other herbs have been shown to act as biological response modifiers, enhancing certain immune responses. In addition, a small, strictly controlled study using acupuncture to treat HIV infected individuals was conducted at Lincoln Hospital in Bronx, NY, a few years back. It was reported that individuals who received correctly applied acupuncture needling had notable increases in their CD4 counts after only a brief course of therapy. This pilot study certainly demonstrated the need for further research.

It is essential that people with HIV have all the information they need to select the treatment options most suited to their own needs and dispositions. Chinese medicine is a promising option which is safe, appears to be somewhat effective, and is affordable to most.

Source: *People With HIV/AIDS Action Coalition Newsletter*.

DSS booklet

THE DEPARTMENT OF SOCIAL SECURITY has just released *The Social Security HIV Booklet, a guide to Social Service Payments and Services for People with HIV*.

The booklet outlines assistance available to people who are well enough to work but unemployed as well as those who are too sick to work. Other topics include assistance for carers, assistance when someone dies, and privacy.

Copies of the booklet are available from the PLWHA office, ACON or your local DSS.

Carer's group

A NEW CARER'S GROUP STARTED IN September for anyone who gives emotional or physical care to someone who is living with HIV or AIDS, be they parent, friend, partner or relative of a PLWHA

who lives in the area covered by Prince Alfred Hospital.

It will be an on-going group with two social workers assisting carers to share the feelings, stresses and joys of caring for someone with HIV/AIDS. If you would like to come to the group but are unsure about leaving the person you are caring for, please give us a call and we will try to arrange someone to look after them.

It will be held at 19 Audley St (just near Eversleigh Hospital) the first and third Tuesday at 2.00 to 3.30 p.m. If you are interested in joining ring Stuart Pullen on 516 6111 page 6599 or Danielle Chedel on 560 3866.

An ongoing drop in support group for PLWHAs also started last month — see 'Whats Goin' On', p.26, for further details.

Smoky blues

A GROWING BODY OF RESEARCH ON smoking's effects on the virus and opportunistic infections is making the connection between smoking and faster disease progression harder to overlook.

The most recent study, in England, found that HIV positive people who smoke more than ten cigarettes a day progress to AIDS more rapidly. Another recent

report shows that heavy smokers are three times more likely to have had *Pneumocystis carinii* pneumonia (PCP) than light smokers.

A study presented in Berlin reported the increased risk of developing bacterial pneumonia for HIV positive IDU who smoke crack, marijuana and other drugs.

Just how smoking leads to increased progression to AIDS is not known. One theory is that the smoking induced increase in CD4 cells enables the more rapid proliferation of the virus. However there may be several mechanisms at work.

Source: *AIDS Alert July 1993*. A more comprehensive article on smoking will appear in *Talkabout* in the near future.

Smoky bush

SMOKE BUSH, A PLANT WHICH GROWS only in Western Australia, has been found to contain an anti-HIV chemical. The chemical, called Conocurvone, has been found to prevent HIV from killing cells in the test tube. The mechanism of the action against HIV is unknown, although it is known that the drug does not act as either a protease or reverse

HIV/AIDS SERVICES IN SUTHERLAND ??

<p>In-patient, out-patient, Day-only treatment and counselling phone 3502955 HIV/STD screening and treatment, counselling, information and referral: phone 350 2742 Hospice/respite care phone 587 8333</p>	<p>Clean fits, condoms, lube, information and referral: phone 018 277716 Home nursing, clean linen, equipment loan: phone 350 2955 Drug and alcohol counselling: phone 525 6055</p>
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You don't have to travel to the city for HIV/AIDS care. Call us.

Talkabout

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DEADLINE FOR THE NEXT

October 18

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

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transcriptase inhibitor.

Research on the chemical is still in very early stages, so don't go rushing out bush with your whippersnapper just yet. There has been some dispute over drug development as the chemical was identified by the US National Cancer Institute, but Australia controls access to its own wild plants.

Source: AIDS Treatment News, #182.

Curry anyone?

ANOTHER EXOTIC TREATMENT TO turn up in my general reading this month was Curcumin, a chemical found in turmeric, which gives the spice its yellow colour. In laboratory tests, Curcumin was active against HIV in both acutely infected and chronically infected cells.

One individual in the US has taken high dose turmeric extract with a very high concentration of Curcumin and within a week his P24 antigen levels dropped substantially (P24 levels are a measure of viral activity).

However your common spice shelf turmeric does not contain high levels of the chemical and no-one knows if this person's personal experiment was actually safe. In low and moderate doses, Curcumin is known to be safe.

A clinical trial enrolling 20 people is being planned in Los Angeles.

Source: AIDS Treatment News #176 and Being Alive September 1993.

Housing

SUBSCRIBERS WILL FIND A COPY OF a new housing survey enclosed with their *Talkabout* this month. The survey is being conducted within the Sydney metropolitan area, and aims to discover the needs and opinions of people living with HIV/AIDS on the issue of supported housing.

If you are HIV positive and would like to have your opinion heard on this issue, please fill out

the survey. All information will be treated confidentially.

Discussion groups are also being established in the Northern Sydney Area Health Service region. If you would like to participate or for further information, please call Catherine McGettigan, HIV/AIDS Community Development Worker, on 874 3548.

Rank, file & HIV

THE SINGAPORE GOVERNMENT HAS given an altogether new twist to HIV discrimination. It has introduced compulsory testing for its 300,000 odd foreign workers. Anyone who tests positive will have to leave the country. Foreign executives, however, can count among their perks an exemption from this requirement.

From: New Internationalist, September 1993

Talkabout does Acapulco

TALKABOUT, A WELL TRAVELLED magazine, recently made an appearance at the International Conference for PLWHAs in Acapulco. About 500 assorted copies of the Sex, First People, Gay and Women's editions were freighted over and arrived in the nick of time. Thanks to Andrew Morgan for handing them out. We hope to publish Andrew's report on this conference in the next issue.

Thanks

TO CHEYNE COOK WHO BRIGHTENED up the office in mid September when he did work experience with *Talkabout*. Cheyne laid out pp 11- 12 and several ads.

Copies of any articles quoted as source material for news items can be obtained from the PLWHA office. Call Jill on 361 6750.

PLWHA News



THE OFFICE HAS BEEN ABUZZ WITH activity throughout September. Preparations for the Time Out room at Sleaze Ball are continuing apace, thanks to the dedicated efforts of committee member Glen Goldsmith and acting co-ordinator Claude Fabian. Thanks to all those people who've volunteered their time so far and we hope that by the time you're reading this a fabulous time will have been had by all.

We're also preparing to take part in ACON's Aware day with a stall promoting PLWHA. We'll be offering a range of new t-shirts along with a no-doubt dazzling new issue of *Talkabout*, among other things.

Work is also well underway on the nutrition supplement service. An official launch featuring a gourmet selection of supplements in a mildly glamorous ambience will be held in early November, though we hope to have a basic service up and running by early October. Watch this space for details, or call the office to check.

The meeting juggernaut has been trundling on this month, too. We attended Member for Bligh Clover Moore's community HIV/AIDS consultation on Saturday the 18th. This has resulted in a working group of NGOs and Area Health Co-ordinators being set up to look at how to establish step down facilities for people coming out of hospital. There's a chronic shortage (in fact, a total absence) of these in the inner East/West, not a lot elsewhere and the need for them is growing.

The meeting also heard from Drs Wayne Sherson and Peter Foltyn about the importance of dental care and monitoring in

people with HIV and AIDS and the severe shortage of accessible, appropriate dental services. This is going to require lobbying at both State and Commonwealth level to get a better system (or even one at all) in place. (See page 17 for the start of a new series by Peter Foltyn, on dental care).

We also attended a meeting between the Area HIV/AIDS Co-ordinators and Non Government Organisations on September 16th. The aim of the meeting was to share ideas and canvass possible ideas for better co-operation between the government and NGO sector. There was a lot of discussion around the difficulties of building support networks and encouraging people to use services (where they exist) in rural and outer metropolitan areas, which will no doubt eventually lead to special issue of *Talkabout* (and also, more importantly, to an easier life for People with HIV outside Sydney). There was also a lot of interest in the idea of a Positive Speakers Project, something the committee is working on right now.

The most important meeting of the month was the second PLWHA committee planning day, where we looked at the role PLWHA Inc should play and how we could best carry it out without burning out. It was a long, gruelling but ultimately productive day. A very heartfelt thank you to Susan Harben, who facilitated the day with as much verve and style as she did the first day in July. There'll be a full report (without too many of the boring bits) coming your way soon in *Talkabout*.

We also dragged out the trusty

PLWHA banner on the 14th for a spin about town to protest John Fahey's backdown to Fred Nile and the Liberal Attilas.

Fortunately, the revolving door has slowed down a little this month. Warwick Witt has joined the committee and is already actively involved, even after enduring the planning day three days after joining. Thanks, Warwick. Thanks also to Claude Fabian, who has ably and cheerfully filled in for Annella during her recent absence.

— Alan Brotherton

Dear John . . .

A letter to Premier John Fahey from Alan Brotherton, on behalf of PLWHA. 14 September 1993.

Dear Mr Fahey,
I am writing on behalf of the committee of People Living With HIV/AIDS NSW to express our outrage and dismay at your government's backdown on its proposed homosexual anti-vilification legislation.

We understand that, following a meeting with Peter Grogan of the AIDS Council of NSW during tonight's rally outside Parliament House, you have agreed to have cabinet reconsider the question of HIV/AIDS anti-vilification legislation. This divisive and discriminatory proposal is totally unacceptable to us.

Due to Australia's successes in containing the spread of HIV/AIDS, the majority of people with HIV and AIDS are gay or bisexual men. Furthermore, HIV/AIDS related discrimination and vilification is usually the result of the association of HIV/AIDS with homosexuality, a view propagated

and promoted by moral bigots of the like of Fred Nile and by some sections of the media. People with HIV/AIDS suffer violence and discrimination not simply because they have been infected with a virus, but because they are also associated with vilified groups in society. Consequently, to legislate against HIV/AIDS related vilification without addressing homosexual vilification will do little to improve the position of people with HIV/AIDS in our community.

The need for such legislation has been recognised and supported by, among others, the Council for Civil Liberties, the NSW ADB, the Human Rights and Equal Opportunities Commission, the Uniting Church and sections of most other churches in NSW and even, at one point, by yourself and your Attorney General, John Hannaford.

That your government has backed down so readily on its stated commitment to basic human rights and individual freedoms in the face of threats from one far right minority politician has destroyed its credibility among people with HIV/AIDS, the gay and lesbian community and many in the wider community of which we are a part.

The value of our participation in consultative processes, such as the current HIV/AIDS Legal Working Party, has to be seriously questioned. Why devote weeks of our time to a process whose recommendations will be adopted or rejected at the whim of a small minded moralist who represents a tiny proportion of the state's population?

We urge you to demonstrate real leadership and commitment to human rights by standing up to this moral blackmailer. Stand by your word and introduce anti vilification legislation for all groups that need it now.

*Yours, disappointedly,
Alan Brotherton*

Talkback



Cafe Society 1

HI GUYS. THIS IS A SHORT LETTER TO express my thoughts and agreement on a Cafe Society, here in our ever changing city. It is something that Sydney badly needs.

We have the Day Centre, run by the Eastern Health Services (really).

What I am saying is the PLWA population needs a cafe get together space run by us for our own people. Not a space that is delegated to us by the government. The Day Centre certainly serves its purpose, but one thing I will add is that the new Day Centre is a little out of the way and there is a lot of wasted space. No-body seems to want to organise stimulating creative workshops on a daily basis, so therefore a lot of money is being wasted on rent for premises that are not being used to their proper potential. Shame we had to move from Bourke Street.

While talking of the Day Centre, I have been there on occasions where I have felt uneasy. There is a part of our community that still refuses to accept the fact that there is what I call a bohemian life style (we take drugs). And because of this being our lifestyle, I feel that we are left out in the cold. I have spoken to a few of my buddies about this problem, and we are all of the same opinion. And most of us will not go to the Day Centre for this reason. Although I have been told to ignore the negativity of the ones who choose to ridicule, that can be hard. When it all comes down to the red line we are all in the same glass house. And the stonies need to stop being thrown. Let

the misunderstood hetero community do that.

I guess what I am saying is that we need a cafe society for gay men and women that feel the need to be with their own kind without being ostracised by those who do not and unfortunately will not even try to understand.

There are also a lot of gay men who either through illness or otherwise don't do the bars. Because it is difficult to talk when you have dance music blaring through your ear drums constantly. I know for myself, that the only way that I can stay in a noisy bar for any length of time is when I have taken my choice of poison. And even then I find that I need to get away from the noise and even some of the people that frequent the bars.

Yes I am still a party gal (boy), but at the age of 38 I want to meet real people. I have spent a long time with people I thought were friends but the real quality has sometimes not even been anywhere near real. Fuck, I could write a book on how I feel about what we need in the way of support for all. We are still out there living with a virus that has and is still taking the lives of our brothers.

I sometimes don't think the straight community and even sections of the gay community realise how fucken serious it really is.

Personally I have known between 50 to 80 gay men that have died. Most of the party boys from the 80s are no longer here. And I am sure that they would all like to see us live our lives with real love and dignity.

Many of my friends including myself live in isolation and loneliness because there is nowhere on a daily basis for us to go.

I must stress that it would be inappropriate for the service to be used for obtaining drugs that can be obtained elsewhere.

Please somebody hear what I am saying. There are a lot of gay men and women out here that have some degree of the HIV/AIDS virus who want to give love, receive love and live healthy, happy lives. Even though we take drugs, that is our choice.

I have been HIV positive eight - nine years, so the doctors tell me and I am healthy, sometimes happy, sometimes sad. I would like to be with people who know what's happening without having to say too much or even anything at all.

So once again I hope that this letter will give people a few ideas and the motivation needed to get a cafe society off and running.

But we do need money obviously. So maybe gay business people could be approached. Anyway, here's to the cafe society.

Start finding your favourite tea cup and saucer and drink to the cafe society. Just imagine sitting around with a cup of char and most of all, with groovy, fab people who are travelling down the same highways that you are.

Name withheld by request.

Cafe Society 2

I AM WRITING REGARDING ALAN Brotherton's article headed "Cafe Society" in the August issue.

As usual the article was very interesting and most informative,

however, the last paragraph of that article where the writer implies, and I quote; "perhaps it's time we moved to get something like Cafe PositHIV and "Pluspunkt" in Sydney" is misleading. Sydney PWA Day Centre located at 20 William Lane Woolloomooloo and MCC operating out of Heffron Hall at Darlinghurst.

The Day Centre provides many facilities and is open Monday to Friday between 10 am and 4 pm. Some of the facilities include a help yourself cafe/tea bar, a pool table, a recently upgraded gym, massage service, lunch (Tues. Wed. & Fri.) and much more.

When one considers the hard work put in by the founders of the Centre, it is a pity that some five years down the track the Centre is treated with contempt and ignorance through negative appraisals by some high profile members of the HIV support network. The Centre can only reflect the input of the people who use it, and subsequently the support of the HIV peers in the community could be very meaningful to PLWH/A.

MCC provides spiritual support and is also very active in contributing meaningful support to PLWH/A, one only needs to drop over on Sundays for lunch, and see the great work that is being done there.

I encourage you to keep up the good work as I feel that *Talkabout* is an excellent publication.

Karl Spilker

Dear Karl,

Thanks for the feedback. Actually, I didn't mean to imply that there were no such services available in Sydney, which is why the "and" was

in italics. I guess that wasn't emphatic enough.

What I was intending to say in the article was that we could do with a variety of 'positive spaces' in Sydney, from day centres to cafes. Places such as "Pluspunkt", which is a roughly similar service to the Sydney PWA Day Centre are valuable and essential, but there is still a place for a more purely social place, managed and operated by people with HIV rather than by a government (or NGO) health care service.

Our diverse community needs more than one or two centres to meet all our needs. I certainly didn't intend to dismiss the dedicated efforts of the staff and volunteers at either MCC or the Sydney PWA Day Centre, and I'm concerned to hear that the Centre is treated with contempt and ignorance by some in our community. I apologise for any unintended slight.

— Alan Brotherton

(See also page 18.)

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

HIV Community Strategy

Working Group

A working group of the ACON Committee of Council

Meets second Tuesday of the month, 6.30pm
ACON Oxford Street

Inquiries: Call Gerald
Lawrence 331 6360

ARE YOU

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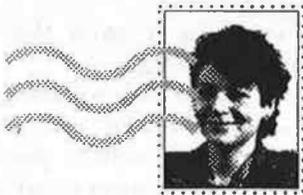
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N

A.W.A.R.E.?

DO YOU LIKE US? DO YOU HATE US? WOULD YOU LIKE TO HELP US? WERE OPEN TO YOUR VIEWS! - NOVEMBER 5th & 6th 1993



Dear Holiday Maker,

Casuarina Cottage

Rural accomodation in the beautiful Nambucca Valley

CASUARINA COTTAGE IS A REALLY pleasant place to recuperate for those not well enough to enjoy the valley's many natural attractions. The cottage is set in delightfully tranquil surroundings.

I can cater for a maximum of four but would prefer one or two people at a time.

I am prepared to take over the role of carer should the carer wish to go off and have a break. Although I'm happy to meet bus and train arrivals (an 8 hour journey from Sydney), I would prefer people to have some transport as I'm 15 minutes from town and 25 minutes drive to beaches. A local doctor trained in HIV is available.

The cottage is a ten minute walk from the Nambucca river, and close to Dorrigo National Park.

I am prepared to offer 50% off the standard rates for PLWHA pensioners and/or their carers.

Full rates are B& B single \$55.00, double \$75.00. Other meals available.

Call Mel Noone, (065) 69 6287.

REQUESTS

I AM CONDUCTING RESEARCH INTO the problems of providing non-discriminatory health care to people who are HIV positive or presumed to be HIV positive. I would like to hear from people living within the South West Sydney Area Health Service region

who would like to discuss their experiences, good and bad, in relation to health care. Both health care workers and clients of health services are welcome to contribute to this study. All information will be treated in the strictest confidence.

Elizabeth Herdman, Research Officer
AIDS Research Unit
Macquarie University

PERSONAL LETTERS TELLING OTHERS about HIV status are sought for a book tentatively titled "Moving to the Moon". Responses to those letters are also welcome, as are letters that were never written and accounts of conversations in which HIV positive status was disclosed. Contributions can be as long or short as needed.

The book is being compiled by Meg Umans, who edited *Like Coming Home: Coming Out Letters*. Write to "Moving to the Moon", 2447 East Coronado Road, Phoenix, AZ 85008, USA.

**Have you experienced multiple losses from HIV/AIDS?
Do you feel you would benefit from attending a therapeutic support group?**

The Ankali Project and Counselling Unit of Albion Street Centre are running multiple loss groups for:

• **HIV positive adults**
commencing Tuesday 19/10/93
6.00pm - 8.00pm
Call 332 1090 and ask for Kim Begley or Kimin Lim

and

• **HIV negative adults**
Commencing Thursday 21/10/93
6.00pm - 8.00pm
Call 332 1090 and ask for Patricia Austin or Grahame Colditz

Caveat per Vox Populi

(People's warning)

*Beware soi-disant Christian, the sword thoust wieldst two edged!
Art thou so whole; and is thy faith full fledged?
Thou spake of others with obloquy, and also ribald bile,
Condemning all who vary from thine hypo-critic style,
The world of peoples arrant, thou wouldst proselytise,
But wilt thy rant succeed, whilst thou utter parlous lies?
Ye fulminate all whom cross thy specious bigot creed,
But look within; art thou chaste and beyond reprove indeed?
Canst thou judge with contrite heart, probity and vision?
Or is it thus ye cavil loud, to aid self mawkish frission,
Ye sciolist, excoriate not; like us thou art just mortal,
And even thee shall one sure day pass through heaven's portal;
There within The Court on High, ye too shall be arraigned,
Before The Lord, thy book is viewed, thence to be explained;
Riposte thee how, when it is shewn thy life's work so pernicious
Well, shame vainglorious hubris; in sooth thy were so vicious;
Past rancour should return to haunt and fill thy soul with guilt,
And wilt thy knees fear buckle, sith thine eyes espied the quilt
How sayeth now, O comely one; of trespass from erst days,
When opprobrium so profligate, thoust perfused on verdant gays,
So Hark Saith Us! desist at once thy exigent pogrom guile,
Lest thine own sword doth strike at thee; oh caution Rev'nd Nile!*

- S.J. Wilms-Harvey

No more guilt for this gay christian



By Ian Wamijo

WHEN I WAS ASKED IF I WOULD consider submitting an article I immediately thought, where do I start? Being HIV+, gay and having belonged to the very fundamentalist Pentecostal Church for some 20 years makes me feel a little bit vulnerable. I've always found it difficult to talk about my

involvement with the church to my gay and HIV+ peers. The animosity between the gays and the church puts me in a position of wondering if I will be rejected.

I became a born again Christian at the age of twelve. This was a natural progression considering I had always believed there was a God. I joined the Pentecostal Church, which takes a very hard

line on homosexuality. In fact only a few years ago I was working with Fred Nile and Ex-Gay Ministry groups for people who wanted to turn away from their homosexuality.

At the same time as joining the church I became very active on the beats. Consequently a conflict began, of trying to reconcile my christianity with my homo-

sexuality. Becoming HIV+ in 1984 didn't make it any easier. But more recently, I started to challenge the dominant church morality, moved firmly onto the opposite side of Oxford Street from Fred, left the church (but not God), and developed my own spirituality in a new and more harmonious direction.

Being HIV+ and gay and in the church was the most tormenting time of my life. All I ever heard was "Love the sinner but not the sin". When the church was saying that AIDS is a punishment from God I just wanted to die. I had nowhere to turn.

The church which I was a part of for many years would allow people with illnesses such as cancer to go up before the pulpit and ask the church to pray for them for healing. But because I had AIDS I was never allowed to. I was kept on the sidelines away from the wider eyes of the church. This is supposed to be a loving organisation which anyone can go to. To say love the sinner but not the sin is the church's way of avoiding the responsibility to love and accept with open arms the gay and HIV+ person. It also infers judgement on people, which is not the church's right to do.

About four years ago I became very confused and angry with the church and God. I walked out on both. But with me I took all the guilt and shame of being gay and HIV+ positive. What was I to do with all this? For a long time I was seeking God for healing from AIDS. I believed He could heal me. Then one night I told God that He and I had to have a serious talk. "I am fucking sick of this, your bible tells me that I can be healed. I pray, read the bible, go to church, became a celibate for two years and I am still not healed, what is going on? Stop leading me on like a donkey". I said, "Get fucked, get out of my life." I waited for the lightening bolts to come down on me. Nothing happened.

At this point I realised some-

thing which has played a major part in my life ever since. I was allowed to be totally honest about my feelings and emotions to Him without the fear of rejection, without the fear of being cast out.

Over the next few weeks I started to talk to God about my desires to commit suicide. When I had tried to talk to Pastors and church counsellors about this I was always told "Oh, you shouldn't feel this way, being a Christian". *I did feel this way and I wanted to talk.*

Nine years down the track self

**"When the church
was saying that AIDS
is a punishment from
God I just wanted
to die."**

delivery is becoming a very clear option for me. In the church I was always taught that those who commit suicide do not go to heaven. So to finally talk about this issue with Him was a bit of a miracle for me. I needed to recognise that God is very different to the likes of Fred Nile and the church structure that I had known for twenty years. He loves me very much and knows and understands my need to have self delivery as an option. When the 'black' times come on me and I talk to God or friends about it I begin to feel the 'sting' dissipate, the intensity softens. Eventually I get back on track again and keep going — only because I've been allowed to be honest.

I've become what I call a realist. If one morning I wake up, and I'm physically sick or feeling emotional, I find the right person who I can talk to about it. I don't hold it in. I don't pretend that I'm not feeling it. For years the church told me that I had to always positively confess that I was in good health regardless of what

was really happening to me. It made me feel that nobody cared for me, that I was only worth loving if I was performing according to certain beliefs. Consequently, being able to talk freely about where I'm at is, I believe, part of why I have remained as well as I am.

It might sound funny to say that I am well, considering that two months ago I made the decision to retire from the work force. I am now enjoying looking after myself with minimal stress and pressure.

I have made a firm decision to keep my intake of medication to the barest minimum. Acyclovir and Bactrim are all I take. Since 1987 the pressure has been on to take AZT but I continue to refuse it. I simply am not prepared to experiment to see if my body will or will not cope with it.

In November 1987, some blood test results were not very encouraging, doctors told me that they did not hold much hope for my health if I did not go onto AZT at the time. This news sent me spinning. Eventually my answer was that I would pray about it and let them know. A week later I came back and said no, I would not take it, believing God had told me not to take it because he was going to heal me. Although I question now what I think I heard God saying to me back then, I believe very firmly that God did intervene for me. Some two years later my decision to say no was vindicated because one of the doctors who originally wanted me to take AZT said that had I done so at the time and taken the dosage that would have been prescribed then, I may not be here today to tell the story. I am by no means against AZT, it is not an option for me.

The guilt that I had about being gay and Christian has disappeared forever. Until recently I never believed I was born gay but now I do, *and I'm bloody proud of it.* I am also proud of being HIV+.

Prevention Vaccines

How should people with HIV/AIDS respond?

by Paula Pentamadine

PROPOSALS TO TRIAL VACCINES TO prevent HIV disease in Sydney have caused widespread controversy. Such trials are designed to recruit hundreds of HIV negative people at 'high risk' for HIV infection. Ultimately, to prove whether the vaccines work, people on the trials will have to expose themselves to HIV infection. This, of course, presents a minefield of ethical problems and is currently being hotly debated.

People with HIV/AIDS have a stake in this 'vaccine debate'. Of course, as many have pointed out, it is not primarily our province since the trials do not directly involve us — but we should be concerned about the prospect of prevention vaccine trials, which perhaps may lead eventually to a widely available prevention vaccine. For most of us, 'vaccine' has come to mean therapeutic vaccine. Therapeutic vaccines are the same types of products, but used in people who are already HIV positive. The 'debate' is not about these products — when they are used therapeutically they should be tested and evaluated like any other potential therapy.

There are many aspects of this debate and many groups who have an interest. The most prominent 'interest groups' are the medical scientists who want to conduct this trial and AIDS community based organisations such as ACON who have major concerns about the impact of these trials on their constituency.

The medical scientists' argument runs something like:

AIDS is a pandemic for which a prevention vaccine would be very useful. The sooner we have a vaccine the better. Australia can contribute significantly to the testing of these products. There are ethical problems but they are either unsolvable or should not stop the development of these products for the need is urgent.

Of course, no-one but a cynic would say that this argument is influenced by vaccine companies who are fully aware that the first product to make it to the marketplace is the one which will reap the financial reward, even if it is not the best product. And no-one would say that the prospect of being involved in this exciting science has any impact on this argument.

"Unless people with HIV/AIDS indulge in unsafe sex and unsafe drug use we'll never know whether these products work."

The AIDS Community based organisation argument runs something like:

AIDS is a pandemic for which a prevention vaccine would be very useful. The sooner we have a vaccine the better — but let's not rush unduly. The impact of prevention vaccine efficacy trials could result in increased unsafe

behaviours for the transmission of HIV. The ethical problems are such that trialing should not go ahead until they have been solved.

Of course, no-one but a cynic would say that this argument sounds anything like NIMBY syndrome (NIMBY = not in my back yard) or that it has anything to do with a feeling of territorial invasion by prevention educators as medical scientists get involved in what they consider as their sacred turf — prevention education.

I think everyone agrees that a prevention vaccine would be a good idea. Consensus on how to test whether prevention vaccines work and whether Australia should be involved is non-existent.

What then, is the stake of people with HIV/AIDS in this debate?

Our first concern is that once prevention vaccine products look like becoming successful, efforts to find a cure by the pharmaceutical industry may diminish. This is often dismissed as the bleating of the over-paranoid or something that nothing can be done about. Unfortunately, history teaches us that our paranoia may be justified. There was initially a lot of effort for drug therapy for Hepatitis B. This was wound down as the likelihood of a prevention vaccine increased, and almost stopped completely once a vaccine arrived. Can something be done about it? While doing something effective may be very difficult, not to at least try to address this concern seriously and internationally

would only serve to highlight that the voices of people with HIV/AIDS are not being heard in this debate.

Unless people with HIV/AIDS indulge in unsafe sex and unsafe drug use we'll never know whether these products work — but no-one is asking our permission. Normally, even talking about the possibility of people with HIV/AIDS being involved in unsafe behaviours is a big no-no. Is our unsafe behaviour with people who've had the vaccine now unofficially OK?

While people on the trial are given the product because they take risks — how do we respond when someone tells us they've had the vaccine and wants us to be part of their risk taking? Vaccine trial participants shouldn't actually know whether they've had the vaccine or not (it's a double blind placebo trial) — so how does this alter our response to people on the trial requesting unsafe behaviour? It's possible that one target group for trials might be HIV negative lovers of people with HIV/AIDS. In this case, what's our right to have a say and how will this affect our relationships and sex lives?

Most of the world would welcome a prevention vaccine. Unfortunately, a widely available prevention vaccine is going to offer little to people who've already got the virus, especially if it's not 100% effective, and it will probably make our lives even more complicated.

We have a different stake in this argument from the medical profession and many community based AIDS organisations. While we don't want to stand in the way of efforts to quickly develop prevention vaccines, it would be somewhat reassuring to have our concerns seriously heard and to know at least some attempt is being made to address them. Until then, perhaps our response to people who've had the vaccine should be a polite "no thanks".

Book talk

Australia's first HIV/AIDS combined library catalogue

FACED WITH THE EXPLOSION OF HIV/AIDS information, librarians from the Centre for Education and Information on Drugs and Alcohol (CEIDA), AIDS Council of NSW (ACON), Albion St Centre, NSW Dept of Corrective Services and Family Planning Association of NSW (FPA) formed the AIDS Library Network in December 1988.

The initial aim of this group was to keep member libraries informed of new HIV/AIDS developments, minimise duplication of resources, provide free inter-library loans and to compile a combined list of journal holdings updated regularly.

The major focus of the Network has been the development of its HIV/AIDS computerised combined catalogue. This has been made possible by the provision of initial and ongoing funding from the NSW AIDS Bureau.

The catalogue is an important development in HIV/AIDS information services. It covers a wide range of topics and has been designed to be accessible and useful to those working or living with AIDS. It is the only large specialised HIV/AIDS database in Australia which is being updated and expanded regularly.

This unique catalogue now consists of over 8,700 HIV/AIDS records, listing the bibliographic details of books, journal articles, videos, slide kits, audio cassettes, newspaper clippings and pamphlets.

The combined catalogue can be searched at the Albion Street Centre Library, or at any of the other member libraries by direct dial access. It is very user friendly.

Anyone wishing to use this

catalogue can do so by contacting the libraries. Most of the libraries request that you make an appointment before visiting. All have photocopying facilities available. Some of the libraries allow you to borrow directly. All libraries allow you to borrow materials via inter-library loan through another library.

Each library has different collection strengths. This is an attempt to minimise duplication of resources and also to ensure that most aspects of HIV/AIDS are covered.

The subject focus of each of the libraries is as follows:

Albion St Centre Library — Julie Wylie, ph: 332 1090. General collection specialising in clinical, nutritional, medical and psychosocial aspects.

ACON Library — Meryl Pannaci, 206 2041, TTY for the deaf 283 2088. General collection specialising in education, social aspects, policy, legal aspects and treatments.

FPA Library — Jeanne Rudd, ph: 716 6099. Birth control, sexuality, sex education, gynaecology, sexuality and disability.

NSW Department of Corrective Services Library — Heather McLeod, Ph: 804 5445. Prisons and HIV/AIDS.

CEIDA Library — Lorna McKenzie, Ph: 818 5222, TTY for the deaf 818 2993. All aspects of drugs and alcohol. Specialises in psychosocial and education aspects, IDU and harm reduction.

In future other organisations may have direct dial access to the catalogue.

Reprinted with kind permission from the National AIDS Bulletin (July '93, updated Sept '93).

Homophobia, AIDS and Positive Sex

*Paul van Reyk interviews
Cindy Patton, activist and
anthropologist.*

CINDY PATTON IS THE AUTHOR OF two 'must read' books on the politics of HIV/AIDS, *Sex and Germs* and *Inventing AIDS*. A lesbian with a long history of activism in Boston's gay and lesbian community, including stints on the Board of Directors of the gay clinic in Boston and as volunteer chair of the Boston AIDS Action Committee from 1983 - 1985, her writing has explored the connections between homophobia and AIDS and questions of gay and HIV identity.

I had the chance to talk to her during her stay as a visiting fellow with the Humanities Research Centre of the Australian National University, and took the opportunity to explore these issues further with her.

I asked her first for her views on what some gay men see as the de-gaying of AIDS. Governments and AIDS organisations are perceived to be diverting valuable resources and services to other populations. Some see this as a renaissance of homophobia in HIV/AIDS policy.

"I think the exact way that homophobia and AIDS have worked together or have been separate has evolved over time, but they can't really be pulled apart in some way. I think they're too historically linked and culturally linked in people's minds.



PHOTO: C. MOORE HARDY

"I remember the AIDS Action Committee in Boston deciding that it had to serve a broader community, address more people's issues, which is a good thing. The gay community perceived this as de-gaying. The irony of course was that it was all queens, and no matter how much they tried to suppress an overt gay discourse in their publications and their work, they were read as gay anyway.

"It's an extremely complicated issue. It doesn't do any good to pretend you're not gay, people are going to think you are gay anyway."

Patton dismisses the view that any de-gaying of AIDS results simply from increasing concern for the impact of the epidemic on women and other populations.

"I think that somehow, in the collaboration between gov-

ernments and the AIDS groups who were more closely aligned to governments, something like de-gaying happened."

If anything, she sees what's happening as "yet another turn of the wheel where homophobia is being deployed. If you look at what actually happens in service provision, the women (who on the one hand the government is saying they'd rather deal with), get treated more or less as gay men anyway. The same kinds of suspicions about their sexuality are raised. It's not exactly homophobia, but sexism is so close to homophobia that it's pointless to try and distinguish it."

Those who are critical of this perceived de-gaying, she thinks, may be wanting to re-assert, or re-articulate a positive gay identity to AIDS in a way that's going to be detrimental in the long run. I asked her what she meant.

Patton had just been speaking at a conference at Macquarie Uni, where Andrew Morgan had presented a paper on HIV sexuality. Andrew had used slides of the photographs on the sex issue of *Talkabout* as well as other images of positive people having sex. She saw this as another example of a place where homophobia and AIDS were being pulled apart and then pushed back together.

"I think one needs to think very very carefully in re-articulating things that have been pulled apart, and understand why they were separated, what the specific

phrases and language used were, and be extremely cautious in putting into the public domain, images that you can lose control over."

The issue, says Patton, is how you represent or signify identity, an issue that's been a problem in gay and lesbian politics over the years. It's the dilemma of producing images that look stereotypical on the one hand, or images that look like everybody else on the other. It's the kind of debate that AIDS organisations and gay and lesbian organisations always face when it comes to posters or images for mass media. It's part of the current debate in lesbian circles about lesbian chic, images that some see as denying the visibility of dykes who aren't into 'chic'.

"It's a unique problem to gay people as a minority", says Patton, "as opposed to ethnic or racial minorities who are at the outset already visually distinct. You have to sort of propose yourself as

visually distinct in order to say well, I'm not really different."

Patton thinks that the so-called de-gayng of HIV/AIDS, a term she says she helped to define and now wants to move away from, should be viewed in terms of the history of attachment of homophobia and HIV/AIDS. Attempts on the part of the AIDS organisations to extend services, she believes should not be seen as a total disavowal of the gay community, but as an attempt to de-stigmatise and separate homosexuality from HIV.

"I think there's a similar problem with articulating the HIV positive individual, and therefore it's no surprise to me that when I saw Andrew's slides, that the kinds of images, not the ones that he himself produced, but some of the images that he liked were ones of people who had obvious KS.

"Now while that may be internal to the gay community, the kind of images that force gay men to think again about the

reality of their sexual partnerings, it totally fits right into the mainstream culture's picture of the person with AIDS.

"That kind of image I think back fires if it is allowed to enter the public domain. Now you may decide that you don't care what happens in the public domain, but I think, it's not as simple as saying that people with HIV or gay people have had no visibility, because when you try to create this visibility it becomes really difficult."

To my knowledge, there hasn't been much of a reaction to the images in the sex issue of *Talkabout*. Maybe that's because Patton over-estimates the problem. Or maybe it's because the images in *Talkabout* are not in the 'public domain' that Patton is taking about. If I have heard correctly, Andrew Morgan is working on a bigger positive sex project which will enter that more public domain. It will be interesting, if this happens, to see how it pans out.

MAN 2 MAN - gay mens project

ACON's newest project is for gay men of all ages and backgrounds, positive and negative.

Gay men know a lot about AIDS but it's often hard to feel ok about safe sex 100% of the time and harder to talk about the times we have unsafe sex.

M A N 2 M A N is pro-gay and sex-positive and will show that we can still have great sexual relationships and do something about AIDS, instead of letting AIDS do something to us.

It's about our future.

It's about our community.

It's about what we can do.

For more information on MAN 2 MAN
ring Greg Millan on 206 2000

Fair Treatment



A visit to the dentist — why bother?

By Peter Foltyn*

IN THE EARLY DAYS, THIS WOULD have been the reaction by someone who had just been told they had a virus that would kill them. Why bother seeing the dentist — the tooth can be pulled out when it really hurts.

Today we know that on average it takes approximately ten years from initial infection with the virus through to AIDS. We also know that a lot of research is going into prophylaxis for the opportunistic infections that cause most of the damage to the immune system.

PCP, or pneumocystis carinii pneumonia, is almost an infection of the past since prophylaxis became available. Hopefully, prophylaxis will be available soon for many of the other serious opportunistic infections. In five years time we will be saying that the average time for progression to AIDS is not ten years but fifteen, twenty or thirty years.

Because people with HIV are now living longer, oral and dental care are even more important. The bottom line is that a clean, healthy mouth is essential. Dental decay and tooth loss are a problem both for cosmetic reasons, and because when a person does become seriously ill, dental problems may be more difficult to treat. Also, poor oral health, decay, and problems such as abscess formation may lead to further suppression of the immune system. HIV related periodontal disease is a distinct opportunistic infection and is best managed by frequent care.

It is important to visit the dentist regularly so that your dental health is monitored and any problems detected and treated early. For example, impacted wisdom teeth or any other tooth that may cause problems at a later date, should be removed while you are well. If they are removed during the latter stages of the disease, a severely compromised immune system may be unable to cope with the stress and trauma of a difficult extraction and there may be post-operative infection, pain and further strain on the immune system. Removal of wisdom teeth at this late stage may be life-threatening if the need for removal coincides with you having to fight off a serious opportunistic infection.

Some of the earliest clinical signs of HIV infection can be detected in and around the mouth. Kaposi's Sarcoma may appear in the mouth before there is any other evidence of HIV infection elsewhere on the body. It can then be treated before the condition becomes severe.

There are a number of other aspects of oral health which should be monitored, and I will be discussing them in future issue of *Talkabout*. In the meantime, I

suggest you make an appointment with your dentist for a general check up.

A common question people ask is, "How do I know if my family dentist will see me now that I am HIV positive and how do I know he has the knowledge to manage me?" Your GP can ring your dentist and sound him or her out anonymously. If the feedback is supportive then return to your family dentist. If not, there have been over 250 dentists from all over Australia who have attended the HIV/AIDS workshops for dentists at St Vincent's Hospital over the past two years.

Should you or your doctor have any problems, don't hesitate to get in touch with the Dental Clinic at St Vincent's Hospital (361 7129) and we will try to provide you with the name of a dentist close to where you live.

If you have any particular questions about dental management that you would like answered, please write to me care of *Talkabout* and your query will be answered in a subsequent issue. (Address page 6).

* Peter Foltyn is a Consultant Dentist with the HIV Medicine Unit, St Vincent's Hospital.

Buddhist meditation for HIV+, PLWAs and carers

The Sydney Buddhist Centre is holding a one day workshop on October 23 from 11.00am to 3.00pm. This workshop aims to provide a clear and simple introduction to Buddhist meditation.

For further information phone 319 5329 or 958 4705 or the Sydney Buddhist Centre on 221 5883.

Unfortunately, places are limited to 20 people, so book early. There is no fee but donations are gratefully received.

Service Update

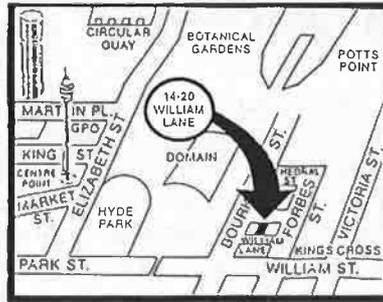
Sydney PWA Day Centre 20 William Lane Woolloomooloo

HIV OLD TIMERS RECALL AN ERA when positive people flocked to the Maitraya Day Centre on Bourke Street for lunch and a gossip. The queue may not have stretched around the corner, but the old terrace was buzzing. Whatever happened to those good old days, they lament. The numbers have dropped, people veg out in front on the tele, the whole thing moved to the wilds of Woolloomooloo and then they changed its name! But hold on a minute — maybe those good old days *aren't* gone forever.

The new Activities Co-ordinator, Damien, is well aware of the rumblings of discontent, and acknowledges that the Sydney PWA Day Centre, as it is now known, has not always served the community to its fullest potential. But that, he believes, is changing. In fact, he's putting a lot of energy into making sure that it does.

The plans for building on existing Day Centre services are impressive. Once they get their minibus, there will be outings to some of Sydney's many tourist attractions, parks and free events; group holidays are planned at a holiday house in Gerroa on the South Coast; cooking classes, meditation and a support group for new members.

Already, you can get a free massage or haircut, exercise in the fully equipped gym, play pool, or just browse through the books and magazines. You can order a box of fruit and vegies each week from the food co-op at \$5.00 per box for one person. The day I visited, free tickets to a play at the Belvoir Street Theatre were up for grabs and transport to the show was being organised.



I was taken on a tour of the fabulous renovated warehouse that now houses the Day Centre down in William Lane. The old entrance arrangement was just a little confusing, but since I visited, a different front door has come into use that leads into a foyer packed with resources and community notices. A newcomer to the Centre is likely to be whisked off on a similar tour and introduced to staff and regular patrons before being left to settle into the lounge, the private TV room, dining room or gym. A past complaint about the Day Centre was its lack of friendliness — and we all know how intimidating it can be walking into any new place, whether a gym or a dance class. The staff hope that for people new to the Day Centre, this won't be a problem.

On the first floor there is a comfortable lounge with books and a TV and video, tea and coffee facilities and a sewing room. There are free video screenings every Tuesday afternoon. The massage table will be moved into a room on this floor fairly soon, so that it's more accessible. Another lounge on the top floor is available for quiet times or small group meetings.

Another complaint about the new Day Centre has been the stairs — but this obstacle for people

who are unwell has been overcome with the installation of two chairlifts, and a portable stair climber is available for the third flight of stairs which leads to office and meeting areas. A portable wheel chair is available upstairs for those who can't walk around easily. It's definitely worth getting up those stairs somehow, as the view of the city from the alfresco dining room on the second floor is superb. You can eat a free lunch Tuesdays, Wednesdays and Fridays, or play the piano while contemplating the bougainvilleas that frame the verandah.

Transport has been a problem and the transport situation is still not perfect. At present the Day Centre is not on Tiffy's route, but people can be picked up when the Day Centre gets its new bus. In any case, the Day Centre is not really as remote as you might think. It's a few minute's walk from King's Cross Station, a brisk ten minute walk from Taylor Square, and you can catch 232, 234 and 235 buses down William Street from the city. William Lane runs parallel to William Street between Bourke and Forbes streets, just behind the Olivetti building.

I did a spot check of people I know who use the Day Centre. They felt that while there are still some problems, it's got lots of potential — and they reckon the food is excellent and the staff are friendly. Given the cafe society debate in *Talkback* (page 8), it might be time for both old time cynics and Day Centre 'virgins' to give the Day Centre a go.

The centre is open 10.00am - 4.00pm, weekdays only.

— Jill Sergeant

Captain Acronym fights back!!

Eagerly awaited by Talkabout readers, lovingly presented by Captain Acronym on behalf of People Living With Horrible Acronyms, here, at last, the Acronym Fights Back! If you're inspired by this list and would like to add to it, please send in your suggestions.



ACON: Activists Contemplating Our Navels
Association for Conflict Over Nothing
All Coping On Nerves
ACT UP Angry Crowds
Teach Unwilling Politicians
Aggravated Complaining
Tyrants Up-end Politics
Ageing Cronies Thinking Up Plans
AFAO Activists Frolic Among Order
AIDS: Activists Inc. Doing Something
Absolutely Irresistible Dynamic Sufferers
Afflicted Innocently During Sex
ANCA Australian National Council on Acronyms
AWARE Acronym Without A Reasonable Excuse
AZT: AIDS Zealots' Tragedy
Aggressive Zen Therapy
Antibody Zapping Treatment
BGF: Bearly Glamorous Function
Better Give Freely
CD4 Cells - Out! Seedy Four Sells Out
CHATN Could Homosexuals Actually Turn Nasty?
CMV Cute, Muscular, but Vile
CSN: Camp Succour Nightly
Ceaslessly Seeking Nurturing
Can't Stop Nagging
CTTAC Crisis Team Tenaciously Avoids Consensus
ddI: Dorothy Does Immunomodulators
Defiantly Dreary Immunology
Desperately Desiring Ideology
ddC: Dorothy Does Candidiasis
Deceptively Dapper Cryptosporidia
Dashing, Debonair Cytokines
Desperadoes Delay Coalition

DSS: Desperately Seeking Sufferers
Devotedly Spreading Shit
GAY Good As You
HIV: Humans In Vitro
Hideously Inventive Virus
Hope I'm Valid
KS Keep Smiling
LWT Living With Terra-cotta
MAI Malicious And Insidious
NAPWA: Naturally Arrogant, Possessed With Attitude
Nellies Arranging Politics With Angst
NUAA: Notorious Union of Addicts Anonymous
Never be Uncool Around Addicts
Normally Using After Anxiety

Nervous Users Anxiously Agitate
OI Over It
PCP Particularly Crappy Pneumonia
PLWHA: Plentiful Laughter With Humorous Activity
Publicly Loving Whatever Human Available
Politely Living With Homosexual Activity
Philosophic Languishing With Human Assholes
Personal Limited Wellbeing Has Accreditation
PLWP People Living Without the Plot
SHMBO She Who Must Be Obeyed
SNAG Sero-Negative AIDS Groupie
SOPY Stop Oldies Persecuting Youth
Suffering, Over-Persecuted Young
SPAG Sero-Positive AIDS Groupie
SWWT She Who Wears the Tiara
TGA: Trivial Genocide Association
Terribly Grand Aliens
WARP Worried AIDS-Ridden Poofter

Thanks to Stephen, Mark Bagley, E. Taylor and a number of other contributors who for obvious reasons would prefer to remain anonymous. The Talkabout Newsletter Working Group (NWG, or Nitwits Without Guts), would like to stress that opinions expressed in Talkabout are those of the contributors and have nothing whatever to do with us.

RETURN OF THE ACRONYM

A glossary of HIV/AIDS terms

Welcome once again to the more or less annual glossary of HIV/AIDS terms. The glossary is not meant to be comprehensive, it mostly covers common medical terms and treatments. It is meant to be used as a quick reference guide. For further information on any drug or opportunistic infection, talk to your doctor or call the NSW Treatments Officer at ACON, Lyle Chan, on 206 2000. The glossary has been growing at an alarming pace each time it's published, as we keep thinking of more things to put in it, and the question has to arise, is it really worth it? Please write or phone and tell us if you'd like Talkabout to continue publishing it once a year, or if you'd rather get the information from another source. (Phone & address page 6).

AIDS CLINICAL TRIALS GROUP A network of cities, institutions and researchers in the USA who conduct clinical trials of experimental drugs to treat HIV disease. These trials carry code-names with the prefix ACTG, e.g. ACTG 019.

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) A condition in which the body's immune system, as a result of HIV infection, loses its ability to fight off infection and thus becomes vulnerable to opportunistic illnesses. A diagnosis of AIDS requires the patient to experience an AIDS-Defining Illness, which is any one of the major opportunistic illnesses (see OPPORTUNISTIC ILLNESS).



ACTG see AIDS CLINICAL TRIALS GROUP

ADOPTIVE TRANSFER A treatment strategy in which immune system proteins are collected from an individual and given to another. For example, in the technique Passive Hyperimmune Therapy, blood plasma containing proteins like antibodies are collected from people with HIV who are asymptomatic and given to people with HIV who are symptomatic, in the hope that the antibodies may delay disease progression or prolong life.

AIDS COGNITIVE AND MOTOR DEFICIT COMPLEX Pre-

viously referred to as AIDS Dementia Complex or, simply, dementia. This condition is wide-ranging, encompassing symptoms from early as well as late stage infection. Symptoms include memory loss, poor concentration, visual disturbances, motor impairment and personality changes.

AIDS DEMENTIA COMPLEX See AIDS COGNITIVE AND MOTOR DEFICIT COMPLEX
AUSTRALIAN DRUG EVALUATION COMMITTEE (ADEC) The principal group of individuals who assess the safety and toxicity data and hence recommend approval of a drug to be licensed for marketing in Australia.

ANAEMIA A condition in which there is a low number of red blood cells, which can lead to insufficient oxygen being distributed in the body. Symptoms of anaemia include tiredness, shortness of breath and headache. Long-term AZT use can cause anaemia.

ANTIBODY Antibodies are proteins in the blood that attack substances that are foreign to the body. Antibodies are manufactured by the immune system. The foreign substance invading the body is called an ANTIGEN (see below). For most antigens, the time required to create antibodies is one to two weeks. For HIV however it may take up to three months.

ANTIBODY POSITIVE Those people who have been exposed to HIV and who have developed

antibodies to the virus are said to be antibody positive, or seropositive.

ANTIGEN Any foreign protein (such as a virus like HIV or CMV) in the body which stimulates the immune system to produce antibodies. See also p24 ANTIGEN.

ANTIVIRAL-NAIVE Refers to a person who has never taken any anti-HIV drug before, such as AZT, ddI or ddC. Antiviral-naive people are sometimes referred to as "AZT-virgins."

ASYMPTOMATIC The phase of an infection during which a person has no symptoms. For example, in Category II HIV Infection, a person is infected with HIV but displays no symptoms of HIV infection.

ATTENUATED VIRUS Virus that can no longer exerts its damaging effects on the body and has a reduced ability to reproduce. Some vaccines are made from attenuated viruses.

AZT See ZIDOVUDINE

AZT INTOLERANT A condition where someone taking AZT experiences side effects that are so severe that s/he can no longer put up with the therapy, or is at serious risk if therapy continues.

BACTRIM See TRIMETHOPRIM-SULFAMETHOXAZOLE

BIOPSY A procedure where a sample of tissue is taken from a skin or another organ, in order to test the sample for cancers or infections.

BLASTOMYCOSIS A fungal infection usually affecting the skin, causing small, solid, pimple-like eruptions. Treatable with antifungal drugs like amphotericin B.

BONE MARROW Soft tissue located in the cavities of bones which is responsible for the manufacture of red and white blood cells. Bone marrow that isn't fully functional can lead to ANAEMIA or NEUTROPENIA.

BRONCHITIS Inflammation of the windpipe, caused usually by bacterial infection. Symptoms include cough that produces

phlegm, fever and some back pain. Treatable with antibiotics.

BUFFER A substance commonly added to medication to change the acidity in the stomach in order to increase absorption of the medication.

CANDIDIASIS A yeast-like infection caused by the fungus *candida albicans* that infects mucous membranes, skin and internal organs. A common opportunistic illness with HIV.

CAPILLARIES The smallest blood vessels in the body.

CD4/CD8 RATIO The normal ratio of CD4 cells to CD8 cells is between 1 and 4. In HIV infection, the CD4 count is often decreased and the CD8 count increased, so the ration might "invert," i.e. become less than 1. See also CD4 CELL and CD8 CELL.

CD4 CELL Also known as the T4 helper cell or T-cell, this crucial immune system cell is responsible for activating other cells which kill foreign organisms in the body. The CD4 cell is the primary target of HIV. See also CD4 COUNT.

CD4 COUNT Since CD4 cells are the primary target for HIV, one method for measuring the amount of damage being done by HIV in the body is to count the number of CD4 cells in a given quantity of blood. The normal CD4 count is anything between 800 and 1200 cells per microliter, and this count might decrease in time as CD4 cells are killed by HIV.

CD8 CELL Also known as T8 cells, this immune system cell has two major subtypes. One subtype, called the suppressor cell, is responsible for turning off the immune system once the foreign organism has been cleared from the body. The other, called the cytotoxic cell, is responsible for killing the foreign organism.

CD8 COUNT The CD8 count is usually a measure of the amount of cytotoxic cells in a given quantity of blood (See CD8 CELL). Normally, the CD8 count is any-

thing between 400 to 600 per microliter. In people with HIV, the count can increase to twice the normal range, and this is a sign that the body is responding to HIV.

CENTERS FOR DISEASE CONTROL (CDC) The peak US body for epidemiology and prevention. The CDC has the responsibility of defining AIDS as well as other categories of HIV infection and these definitions are widely used outside the US.

CENTRAL NERVOUS SYSTEM (CNS) A collective term for the brain, spinal cord, and the tissues which cover the brain and spinal cord.

CERVICAL CANCER A cancer of the cervix. Early stage illness is usually asymptomatic, but later stages may have a dark, foul-smelling vaginal discharge, back and leg pain and weight loss. Depending on the extent of the cancer, treatment may be with surgery, radiotherapy or hysterectomy.

CHATN See COMMUNITY HIV/AIDS TRIALS NETWORK

CHLAMYDIA Bacterial infection of the eye or the cervix. It is a very common sexually transmitted disease and can cause sterility in women. Treatable with antibiotics.

CLINICAL TRIALS AND TREATMENTS ADVISORY COMMITTEE A government funded committee that sets policy on the use of treatments and the conduct of clinical trials of HIV treatments and vaccines.

CLINICAL TRIALS NOTIFICATION SCHEME (CTN) A newer, faster scheme than CTX (see below) that also approves new clinical trials. In the case of CTN, the approval is given by the individual research institution (e.g. hospital), not the TGA (See THERAPEUTIC GOODS ADMINISTRATION).

CLINICAL TRIALS EXEMPTION SCHEME (CTX) The scheme whereby applications for new drug clinical trials are re-

viewed and approved by TGA (See THERAPEUTIC GOODS ADMINISTRATION). See also CTN (Clinical Trials Notification Scheme).

COMMUNITY HIV/AIDS TRIALS NETWORK A national group of general practitioners which conducts clinical trials for HIV disease outside of a hospital setting. CHATN's counterpart, the National Centre in HIV Epidemiology and Clinical Research, performs clinical trials in a hospital setting.

CONCOMITANT MEDICATION When two or more different medications, for the same or differing conditions, are taken at the same time.

CO-FACTORS Substances or elements of lifestyle or environment which are thought to possibly contribute to HIV disease. e.g. recreational drugs, alcohol use, smoking, poor diet, high stress, other infections like fungi, bacteria or other viruses.

COMBINATION THERAPY The use of two or more types of treatment together, to achieve the best therapeutic results and reduce toxicity.

CONVERGENT COMBINATION THERAPY Using three or more drugs which all target the same step in the HIV life cycle, e.g. all target the enzyme reverse transcriptase. This strategy looks promising in the test-tube and is being evaluated in clinical trials in the USA.

CONVERGENT THERAPY See CONVERGENT COMBINATION THERAPY

CRYPTOCOCCOSIS An opportunistic illness caused by a fungus called *cryptococcus neoformans*. It frequently causes meningitis, an inflammation of the lining of the central nervous system. Symptoms include headaches, blurred vision, confusion, depression, agitation or impaired speech. Cryptococcosis is potentially life-threatening.

CRYPTOCOCCAL MENINGITIS See CRYPTOCOCCOSIS

CRYPTOSPORIDIOSIS An opportunistic illness caused by the protozoan parasites *cryptosporidia*. The main symptom is chronic diarrhoea. Treatments being investigated are paromycin, azithromycin and spiramycin.

CRYPTOSPORIDIA (Singular Cryptosporidium.) See CRYPTOSPORIDIOSIS



CTTAC See CLINICAL TRIALS AND TREATMENTS ADVISORY COMMITTEE

CYTOKINES Immune system proteins which behave like messengers: one part of the immune system can communicate with another by sending cytokines back and forth. Levels of cytokines must be properly balanced in order for the immune system to function, but HIV somehow disrupts this balance.

CYTOMEGALOVIRUS (CMV) A virus belonging to the herpes family that can cause fever, fatigue, enlarged lymph glands, and a mild sore throat. In AIDS, CMV can infect the liver, lungs, retina of the eye, colon and adrenal glands. CMV infection can lead to blindness, chronic diarrhoea and is potentially life-threatening.

ddC See ZALCITABINE

ddI See DIDANOSINE

DEMENTIA see AIDS COGNITIVE AND MOTOR DEFICIT COMPLEX

DIAGNOSIS The process of determining the cause and nature of an illness.

DIDANOSINE Also known as ddI or Videx, this anti-HIV drug is less effective than AZT but more powerful than ddC. Major side effects are pancreatitis and peripheral neuropathy.

EARLY INTERVENTION By

intervening at an early stage of illness, many researchers hope to prevent the onset of illness or more serious symptoms, e.g. taking AZT at a CD4 count of 500 instead of at 200. In popular usage, early intervention also refers to non-pharmaceutical intervention, like nutrition and counselling.

FOOD AND DRUG ADMINISTRATION (FDA) The agency of the US government which controls and regulates the human testing of drugs before giving approval for marketing.

FUNGAL INFECTION A range of distinct diseases caused by one celled organisms called fungi. Histoplasmosis, oral and vaginal thrush, and cryptococcal meningitis are examples.

GASTROENTERITIS Inflammation of the lining of the stomach and the intestines.

GRANULOCYTE COLONY STIMULATING FACTOR (G-CSF) A synthetic hormone that stimulates growth of granulocytes, a particular type of white blood cell. The drug is used to relieve neutropenia.

GRANULOCYTE MACROPHAGE COLONY STIMULATING FACTOR (GM-CSF) A synthetic hormone that stimulates growth of both granulocytes and macrophages, both white blood cells. It can also be used to treat neutropenia.

HAEMOPHILIA Hereditary blood disorder which prevents blood clotting due to a deficiency of factor VIII, a blood coagulation factor. People with haemophilia in Australia were at risk of HIV infection prior to April 1985, when the blood supply was secured through routine HIV testing of the national blood supply.

HEPATITIS Liver inflammation. Commonly caused by the hepatitis viruses (There are four kinds: Hepatitis A, B, C and delta).

HERPES Inflammation of the skin or mucous membranes caused by herpes viruses. Herpes Simplex I and II (HSV-I and HSV-II) infection are common opportunis-

tic illnesses in people with AIDS. **HISTOPLASMOSIS** A fungal infection which is endemic to certain areas. It is not common in Australia, but Australians may pick it up when travelling to the midwest US cities like Indianapolis. Symptoms include fever, swollen lymph glands, weight loss and breathing problems, perhaps anaemia and thrombocytopenia. Treatment is with antifungals like amphotericin B.

HIVID See ZALCITABINE

HUMAN PAPILLOMA VIRUS The virus that causes warts. It is being investigated as possibly having a role in Kaposi's Sarcoma, oral hairy leukoplakia and cervical cancer.

IDIOTYPIC CD4 LYMPHOCYTOPENIA (ICL) A syndrome where a person is immune deficient but no cause can be found, e.g. the person is not infected with HIV. The illness does not seem to be transmissible and is not related to HIV infection.

HUMAN IMMUNO-DEFICIENCY VIRUS (HIV) A human retrovirus considered by most to be the main cause of AIDS.

IMMUNE RESTORATION A treatment strategy which says that, in addition to ridding the body of HIV, it is also necessary to repair the immune system. Various methods are being tested (See ADOPTIVE TRANSFER).

IMMUNE SYSTEM A collection of tissues and organs in the body whose job it is to prevent foreign organisms from causing disease in the body. Examples of the organs are the thymus, bone marrow, adrenal gland and lymph nodes.

IN VITRO STUDIES Studies conducted purely in non-living environments, such as the test-tube.

IN VIVO STUDIES Studies conducted in animals or people.

INTRATHECAL Introducing a drug or substance directly into the central nervous system, i.e. the brain or spinal cord. AZT can

be delivered intrathecally in order to treat AIDS Dementia.

INTRAVITREAL Injecting a drug or substance directly into the back chamber of the eye (i.e. the vitreous chamber). Intravitreal ganciclovir can be used to treat CMV retinitis.

JC VIRUS See PROGRESSIVE MULTIFOCAL LEUCOENCEPHALOPATHY.

KAPOSI'S SARCOMA (KS) A cancer of the blood and lymph vessels. It mainly appears on the skin as raised, red-purple lesions, and while unsightly is rarely life-threatening. However, KS can occur on an internal organ (e.g. lungs) and this can be life-threatening. Depending on the extent of the cancer, treatment may be with laser surgery, chemotherapy or radiotherapy.

LYMPHATIC SYSTEM A collection of organs and vessels with many functions, including filtering foreign substances from the blood, producing white blood cells and distributing substances like fats and proteins. This filtration is performed by lymph nodes, which are small, oval shaped objects located primarily in the back



of the neck, below the jaw, under the armpit and in the groin.

LYMPHOCYTES White blood cells that recognise and destroy infection. B-cell lymphocytes produce antibodies, and CD4 lymphocytes activate parts of the cellular immune system in response to foreign substances, particularly viruses.

LYMPHOMA A cancer of the lymphatic system. Lymphomas are opportunistic tumours. People with AIDS generally have a variety called Non-Hodgkins

Lymphoma. These tumours tend to involve areas of the body such as the brain, liver, kidney and lungs. Lymphomas are potentially life-threatening, but various treatments are available.

MACROPHAGES A type of cell of the immune system that ingests (i.e. swallows) a foreign substance that has entered the body. Macrophages, unlike CD4 cells, do not die after becoming infected by HIV, and hence may become a 'factory' for HIV replication.

MENINGITIS An infection, usually by a virus, of the meninges, the membrane that surrounds the brain and spinal cord.

MULTI-DRUG RESISTANT TUBERCULOSIS See TUBERCULOSIS

MICROSPORIDIOSIS A bacterial infection of the gut, which can lead to diarrhea, fever, abdominal cramps and nausea. Treatments being investigated are azithromycin and albendazole.

MYCOBACTERIUM AVIUM COMPLEX (MAC) See MYCOBACTERIUM AVIUM INTRACELLULARE.

MYCOBACTERIUM AVIUM INTRACELULLARE (MAI) A bacterial infection, primarily in the gut. Symptoms include night sweats, high fevers, cough, weight loss, malabsorption of food and diarrhoea. Treatment is with drugs like rifabutin, clarithromycin, ehtambutol, clofazimine and rifampicin.

NATIONAL CENTRE FOR HIV EPIDEMIOLOGY AND CLINICAL RESEARCH The major co-ordinator of clinical trials for HIV in Australia. It also collects and analyses epidemiological data.

NEUTROPENIA A condition where a person's white blood cell count is abnormally low, making him/her susceptible to bacterial infections. Neutropenia can be detected with a blood test.

NUCLEOSIDE ANALOGUES A family of drugs, of which AZT, ddI, ddC are a part. They operate by partially preventing the repli-

cation process of the virus from being completed.

OPPORTUNISTIC ILLNESS

Infection or tumour that occurs because the damages immune system cannot fight it off. Such illnesses do not generally occur in people with intact immune systems.

ORAL HAIRY LEUKO-

PLAKIA A condition where thick white patches occur on the tongue, thought to be caused by Epstein Barr Virus or Human Papilloma Virus. May respond to acyclovir.

PANCREAS An organ connected to the intestine that produces a number of intestinal juices and various regulatory hormones.

PANCREATITIS Inflammation of the pancreas, usually due to an infection but also possibly as a reaction to a drug e.g. ddI.

PCP See **PNEUMOCYSTIS CARINII PNEUMONIA**

p24 ANTIGEN P24 is a protein fragment of HIV, measurable in the blood. A high p24 antigen level means that the virus is reproducing quickly. This can mean a bad prognosis and may be necessary to intervene with anti-HIV drugs.

PASSIVE HPERIMMUNE THERAPY See **ADOPTIVE TRANSFER**

PERIPHERAL NEUROPATHY Damage of the nerves leaving hands and feet numb to sensations such as touch, or sometimes painful. Sometimes caused by some treatments for, e.g. ddI and ddC.

PELVIC INFLAMMATORY DISEASE (PID) An inflammation of the pelvic organs (e.g. uterus, fallopian tubes, ovary), usually caused by bacterial infection. Symptoms include fever, abdominal pain, and bleeding or pain in the uterus. Treated with antibiotics.

PERSISTENT GENERALISED LYMPHADENOPATHY A state where the lymph glands are persistently swollen. A person having PGL is classified in Stage 3 of HIV illness. Not all people with

HIV go through stage 3, and it is thought to be a good sign because it means the immune system is active against the virus.

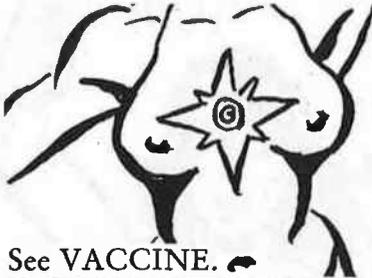
PLACEBO A tablet or capsule that does not contain any drug. Placebos are used to 'blind' clinical trials so that the patients don't know if they're taking active drug or not.

PNEUMOCYSTIS CARINII

PNEUMONIA (PCP) A pneumonia caused by the parasite *Pneumocystis carinii*. Symptoms include shortness of breath, cough without mucous, fever, chills and sweats. Sometimes, PCP infections may occur elsewhere in the body (skin, eye, spleen, liver or heart). Treatable and preventable with sulfa-based drugs like Bactrim.

PRODRUG An inactive form of a drug that gets converted to the active form when taken into the body. Usually, a prodrug is able to produce a higher concentration of the drug in the blood than is possible by taking the drug itself. E.g. taking valaciclovir produces a higher blood concentration of acyclovir than taking acyclovir itself.

PROPHYLACTIC VACCINE



See **VACCINE**.

PROPHYLAXIS Taking a drug in order to prevent an infection or disease is called primary prophylaxis. Taking a drug after being successfully treated for an illness to prevent it recurring is called secondary prophylaxis.

PROTEASE INHIBITORS A class of drugs that stops an HIV gene called protease from functioning. HIV needs protease to make its proteins active, so a protease inhibitor in effect inactivates the virus.

PROTOCOL A set of instructions with which to run a clinical

trial. Each trial has a unique protocol, which includes instructions on who's eligible, what blood tests to do, how long to run the trial for, etc.

RESISTANCE A tolerance developed by organisms (e.g. bacteria, viruses) towards drugs used to kill the organisms. E.g. a strain of HIV is said to be resistant to AZT if it is able to reproduce in spite of the presence of AZT.

RETINITIS Inflammation of the surface at the inside back wall of the eye (retina). If left untreated it may result in blindness. See also **CYTOMEGALOVIRUS**

RETROVIR See **ZIDOVUDINE**

RETROVIRUS A class of virus including HIV. Retroviruses do not have DNA, the molecule that contains genetic information that cells use to reproduce themselves. Instead retroviruses have RNA, and use an enzyme called reverse transcriptase to transform RNA into DNA.

SEROCONVERSION At the point when an HIV-infected person's immune system starts creating antibodies to HIV, the person is said to seroconvert because s/he now tests positive for HIV antibodies. Usually, seroconversion occurs within three weeks of becoming infected, but in rare cases may take up to three months. Seroconversion is accompanied by symptoms identical to the flu.

SI STRAIN See **SYNCYTIA**

STRAIN HIV exists in many different subtypes, and each subtype is called a strain. Different strains have different properties, e.g. some may be resistant to AZT.

SYPHILIS This sexually transmitted disease causes genital lesions called chancres. If untreated syphilis will continue to live in the body, even though the early symptoms will disappear, and go on to cause body rash or infection of the brain. People with HIV might be less responsive to syphilis treatment, have faster progression to syphilis symptoms, or require long-term secondary

prophylaxis. Penicillin is used to treat syphilis.

TAT GENE INHIBITOR A drug developed to stop the TAT gene of HIV from working. HIV requires the TAT gene to maintain its high reproduction rate.

At the time of writing, the manufacturer Hoffman-La Roche has halted further development of this drug as antiviral activity in humans cannot be demonstrated.

T4 CELL See CD4 CELLS.

T4/T8 RATIO See CD4/CD8 RATIO

THERAPEUTIC GOOD ADMINISTRATION (TGA) Government body responsible for overseeing the use of pharmaceutical drugs and devices in Australia.

THROMBOCYTOPENIA A condition where there is a lower than normal number of thrombocytes, or platelets. Platelets are required for blood clotting, so a person with thrombocytopenia may bruise easily or have trouble forming scabs at wounds. HIV-related thrombocytopenia may improve with AZT.

TOXICITY A measure of what quantity of a drug or substance is poisonous to the human system.

TRIMETHOPRIM-SULFAMETHOXAZOLE Also known as Bactrim or Septrin, this drug is used to treat and prevent PCP and toxoplasmosis. The major side effect is an allergic rash.

TUBERCULOSIS A bacterial infection generally affecting the lungs. Symptoms include a persistent cough which brings up sputum, (sometimes the sputum contains blood), tiredness and weight loss, fevers, night sweats. A minority of people also have chest pain and repeated bronchial infections. In TB that does not involve the lungs, a person may see swollen lymph nodes, pain in the spine and hip, or neurological disturbances. People with HIV might require treatment for longer than people with intact immune systems. In the USA, an epidemic of TB unresponsive to conven-

tional drugs is occurring, and is called Multi-Drug Resistant Tuberculosis.

VACCINE Administration of a usually modified form of a disease agent, in order to induce the natural immunity.

WINDOW PERIOD This is the time between when a person is infected and when the person's blood tests positive for HIV antibodies. The window period occurs because it takes a certain amount of time for the immune system to recognise HIV. See also ANTIBODIES.

VIRUS One of the simplest forms of life. Microscopic in size, viruses require a living cell of a host in order to reproduce. The presence of viruses in cells can

cause illness or even death of the host organism.

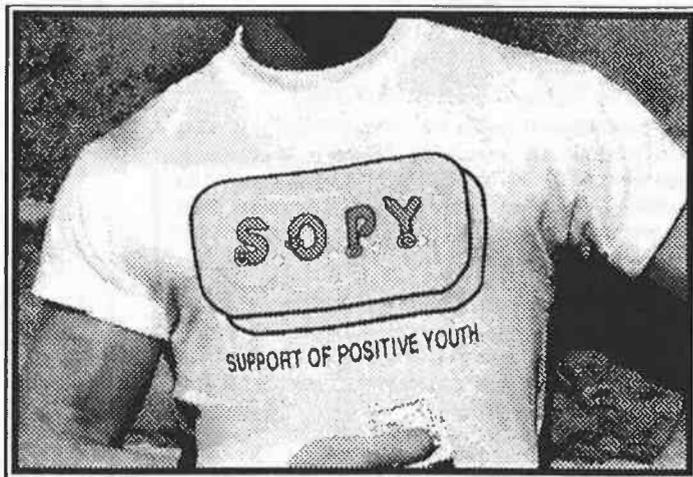
WASTING SYNDROME Continuous loss of weight, due to either poor absorption of food, diarrhea, or increased metabolism. Depending on what is causing the wasting syndrome, it might be treatable by nutritional intervention or appetite stimulants.

ZALCITABINE Also known as ddC or Hivid, it is a less effective anti-HIV drug than either AZT or ddI. The major side effect is peripheral neuropathy.

ZIDOVUDINE Also known as AZT or Retrovir, it is a more effective anti-HIV drug than ddI or ddC. Major side effects are anaemia, neutropenia and muscle weakness.

S.O.P.Y.

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Taylor Square Private Clinic

This new research trial has
NO PLACEBO

(all participants receive active vaccine)

For further information contact:
Dr Graham Neilson on 223 7066 or
Margaret on 331 6151

Carer's group

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

19 Audley St. Petersham (just near Eversleigh Hospital) every second Tuesday 2.00 - 3.30pm.

(Catch 428 Bus)

Call Stuart Pullen on 516 6111 page 6599 or Danielle Chedel on 560 3866.

Position Vacant POSITIVE SEXUALITY PROJECT WORKER

(Sal. neg. \$36,000 p.a.
pro rata for 3 months)

The National Association of People Living With HIV/AIDS (NAPWA), Inc. is seeking a motivated, innovative, analytical project worker to develop and write a training manual and workshop format for HIV/AIDS educators who will conduct 'Sexuality After Diagnosis' workshops in capital cities and regional centres throughout the country.

The successful applicant will need a sound understanding of HIV/AIDS issues, particularly an awareness of sexuality issues relevant to HIV positive gay men. The worker will be employed for three months and will be involved in research and community consultation. Location of the position is negotiable.

Under affirmative action and peer education guidelines, this position has been designated for employment of a person living with HIV/AIDS.

Copies of the position description and selection criteria can be obtained by contacting the National Coordinator, Mark Boyd, on (09) 221 3002, or by fax on (09) 221 3035. Applications close 13 October, 1993.

NAPWA

National Association of
People Living With HIV/AIDS

GPO Box 8440 Stirling St PERTH WA 6849

The Positive Sexuality Project is funded by the Commonwealth Department of Health under the auspices of the Australian Federation of AIDS Organisations (AFAO). The project is being managed by the National Association of People Living With HIV/AIDS (NAPWA).

Drop in support group

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

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).

Call Claire on 516 6111 page 6437,
or Pedro on 660 5455.

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.

The interview will be confidential.

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.

Hello Albury!

North East Victoria and N.S.W. Riverina

*are you someone living with HIV/AIDS?
Did you know that there is support and care for
people with HIV/AIDS in Albury and the surrounding area?*

Phone in and help us plan future services.

Sat.16th Oct:- Fri.22nd Oct. 9am to 9pm
008-640 314 (confidential and anonymous)
contact Greg on 060 230340

Daintree Loft

Low Bay, Queensland

retreat for the AIDS Network ...
dedicated to cure AIDS.

inspired by

AIDS Network Relief Foundation
Phone: (02) 360 5913, (02) 281 9750
Faxes: (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

Address: 26 Kendall St, Harris Park 2150
Phone: 893 9522 Mobile: 018 25 1888 Fax: 891 2087

Address: Unit 7, Marcel Cr. Blacktown 2148
Phone: 331 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.*

**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).**

Western AIDS Fundraiser dance

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



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..

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.

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.

Positiv Pump Advice and assistance with training programs for plwhas and their partners only. Bondi Olympic Gym, 284 Bondi Rd from 8pm Saturdays. Free entry, 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 PWA 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.

Sydney South West Needle Exchange For access and locations call

601 2333 or Mobile 018 25 1920.

Voluntary Euthanasia Society of NSW Inc. PO Box 25 Broadway, 2007.

Call 212 4782.

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.

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. **SOPY Support of Positive Youth** drop in groups for young people with HIV/AIDS meet every Thursday. Girls and guys welcome. Call 318 2023

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.

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. 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 PLWHAs (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, Education and Support. Call Gerry or Keven, (066) 79 5191.

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 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
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(H)

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