

No. 39 December '93/ January '94

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



Time To Party

Comment

World AIDS Day

AFTER MORE THAN TEN YEARS OF the AIDS epidemic in Australia, "A Time To Act" seems a curious, if not insulting, theme for AIDS Awareness Week (nee World AIDS Day). Those of us living with HIV might wonder at the sudden sense of urgency.

Workers and volunteers, our carers, doctors, lovers, advocates, educators and service providers, who have worked hard for and with us for many years, might wonder what it is they've been doing if not acting to end the crisis.

The affected communities, especially the gay community, and the governments which acted swiftly and in partnership to so effectively limit the spread of HIV outside those communities, must wonder what it is they're expected to do now. And while the World Health Organisation has no doubt chosen the theme partly to stir into action those recalcitrant governments around the world which believe they possess that most elusive commodity, geographic immunity, one wonders what the community groups and non-government organisations in those same countries, who have been battling for years with minimal resources, will make of this call to action.

World AIDS Day has always been a problem for people with HIV or AIDS. For us, every day is a time to act. Many of the gains made for people with HIV have been fought for and won by ourselves and our affected communities. People with HIV and their communities have responded energetically, creat-

ively and resourcefully to the challenge of dealing with HIV and AIDS. The cost in terms of lives, hours, dollars, grief and burnout has been enormous, especially in the gay community.

Ribbons and kind thoughts don't create drugs, housing or services. The wider community should not be allowed to imagine that, by allocating one day (or even a week) per year for AIDS, enough has been done.

Ten years down the track, although people with HIV are living longer and better due to our own efforts, better information and the hard work of a variety of practitioners (from GPs to specialists to acupuncturists) we are still no closer to a cure. Discrimination against people with HIV is still rife. People with HIV or AIDS are bashed, sacked, denied services or vilified. Future funding for services is uncertain. Many organisations are battling this epidemic with little or no help from outside the most directly affected communities. People are still becoming infected, while effective prevention education programs and prevention measures are being opposed by some in the wider community.

HIV and AIDS can affect anyone. In Australia, swift and responsible action by the gay community and by governments, often in the face of considerable opposition, has contained the spread of HIV effectively. The very fact of this success means that, for many Australians, AIDS is something which happens to "other people".

Ignorance and fear have resulted in widespread discrimination so that many people with HIV, and especially those outside the gay community, keep their HIV status secret for fear of the consequences of disclosure.

It is time for all Australians to act to create a safer community for people with HIV and AIDS. It is time that the mainstream media told the stories of all people with HIV — gay men, women and injecting drug users — without sensationalising or stigmatising us with such terms as "victim", "sufferer" and "AIDS carrier". (Editors of Australia, act now!)

It is time that the scientific and medical establishments acted to objectively assess, rather than dismiss, the whole range of treatments which many of us use.

It is time for governments to solve the nightmare of drug approval and payment systems and to ensure continued funding for all the services that we need to go on living as well as we can.

It is time to enact legislation to protect us from vilification and discrimination, which recognises the reality and validity of our relationships.

Lastly, it is time to recognise the heroic efforts made by those most affected in the provision of care, treatment and prevention to the benefit of all Australians, and to thank all those who have done so much for and with us over the years.

— Alan Brotherton
Convenor, PLWHA NSW

Contents

- comment **2** national strategy: two views **10**
van yuong — enjoying the moment **14**
crematoria: the inside story **16**
party tips **17** declaration of rights **18**
xmas present ideas **20**
ashm conference report **28**

regulars

- news **4** PLWHA news **8** talkback **9**
gloria's food — vitamins & minerals **21**
party fare **23** fair treatment — gums **25** cd8s **26**
on trial **29** what's goin' on **30** contact list **32**



This Month's Cover

by Phillip McGrath. In a break with tradition, we thought that we wouldn't do a World AIDS Day special this year. Frankly, we're over it. Instead, *Talkabout* invites you to party. Party hints start page 17. And you can start the party season with *Talkabout's* birthday — see page 7 for details.

Quilt

FOR THE FIRST TIME SINCE 1988 the Australian AIDS Memorial Quilt will not be displayed for World AIDS Day this year. The Sydney Quilt Project has been forced to make this decision through lack of funding and resources.

"Cancelling the display has been a terribly difficult decision", said Catherine McGettigan, Convenor of the Quilt Project, Sydney. "Our biggest concern was that our volunteers could be burnt out by the effort of putting on a display now, and that we really need to conserve that energy so that we can continue to operate next year. Our main focus at the moment is to build up a good strong base to work from in future."

On Saturday November 27, new panels can be presented to the project between 10.00 am and 4.00pm at the Quilt office, 2nd floor, 94 Oxford St.

The project is appealing to the community for support. You can help by volunteering, making donations and encouraging friends to become involved.

If you would like to volunteer, call 360 7669. Donations are being channeled through PLWHA. Make your cheque or money order payable to PLWHA Support the Quilt Fund and send to PO Box 1359, Darlinghurst 2010.

Women & progression

RESEARCH INDICATES THAT WHERE access to health care is equal, there is little or no difference in survival time between men and women with HIV. In earlier years of the epidemic it was thought that women progressed to AIDS faster than men, but this appears to be due to women often having less access to good health care.

Several European studies have shown there is little significant difference in progression time, and some have indicated that women

may survive longer than men. A study of long term survivors in the US showed that the mean survival time for women was 20 months, compared to 14 months for men. This study was of a small number of people with very low CD4 counts.

Analysis of data at the US Centers for Disease Control (CDC) has turned up the information that most AIDS defining conditions occur at similar rates in both sexes, except among injecting drug users, where women are more likely to get oesophageal candidiasis, herpes and CMV. CDC analysts speculate that as CMV and herpes are both sexually transmitted, this higher prevalence may be due to a higher rate of sex work by women who are IDUs.

Wasting syndrome was also found to be more common among women.

Source: AIDS Alert September.

Nutrition 1

THE IMPORTANCE OF NUTRITION and lifestyle in preventing the onset of AIDS have been confirmed in a large scale US study, according to Dr Jeffrey Bland, an expert in nutritional research in Seattle. Dr Bland was in Australia recently to address a seminar held by the Australian Council for Responsible Nutrition, which represents manufacturers and marketers of nutritional supplements.

The study, conducted with 2,000 people in Los Angeles and Seattle, examined the effects of particular vitamins and minerals in patients who did not take AZT. Participants also received lifestyle counselling. After five years, the rate of progression to AIDS was about 15%, significantly lower than would have been predicted if the participants had been on AZT. The group also had significantly fewer opportunistic illnesses and those with initially low CD4 counts showed an increase after six months.

The nutrients included zinc, arginine, vitamins C and E and beta-carotene.

Source: Australian Doctor October 22.

Nutrition 2

POSITIVE EATING IS A NEW SERIES OF four booklets on nutrition written for HIV positive people and their carers. The four titles are "Staying Well", a guide to nutrition; "Taking Control", for positive people with nutritional problems, "Continuing Care", for health care providers and "Health & Growth", for parents and carers of HIV positive children.

The booklets cover a wide range of topics, including nutritional needs, food hygiene, special diets, strategies for symptoms such as nausea, weight loss and diarrhoea and a list of useful contacts.

Although targeted at health providers, "Continuing Care" will also be of interest to HIV positive people, as it contains more detailed information such as possible side effects from drugs.

The series has been developed and published by the Australian HIV & Nutrition Project, which is a joint initiative of the Commonwealth Department of Health, Housing, Local Government and Community Services, Monash University and Monash Medical Centre.

The booklets have been developed with the assistance of doctors, dietitians and HIV positive people. They are available from the PLWHA office.

Ozone warning

OZONE THERAPY IS BELIEVED TO have caused the illness pancytopenia in a person with HIV.

The patient, a haemophiliac, had received five intravenous treatments of ozone, the last of which occurred just three days before his admission to hospital with

severe pharyngitis. His condition improved with treatment.

Ozone is not a proven therapy, and the doctors on this case recommend that adverse reaction to ozone therapy should be considered in HIV patients with unexpected complications.

Source: *Australian Doctor*.

Intermate delayed

INTERMATE IS A REVOLUTIONARY drug delivery device that can be used by PWAs to infuse drugs like ganciclovir and foscarnet. With Intermate, PWAs no longer have to be tied down to a hospital every day in order to receive these drugs; instead the drug can be self-administered through a port.

In the US, where the device is already available, PWAs claim it improves their quality of life because they can travel, use it on the beach, etc. Intermate is made by Baxter Health Care, who have applied for marketing approval in Australia.

However, the Therapeutic Goods Administration is stalling the approval by continuing to ask question after question about performance and drug stability. Because Intermate is a therapeutic device, not a therapeutic drug, the TGA is under no obligation to speed up its approval.

Remember that the Baume Report, which resulted in a more efficient and responsive TGA, only reformed *drug* regulation. So while the TGA has a time limit to work on a drug application, there is no corresponding time limit for devices. Score one for the bureaucrats.

— Lyle Chan

Vaccines & pregnancy

PREGNANT WOMEN WITH HIV-1 are being recruited for a vaccine trial at John Hopkins medical Institutions at Baltimore in the US. The purpose of the trial is to



Aboriginal dancing was a feature of the launch on November 10 of a new fundraising card for the Bobby Goldsmith Foundation. The card is a reproduction of "The Lyrebird", (pictured above) a painting by Brett Whiteley. The cards are on sale at \$15 for a pack of ten at BGF, the Museum of Contemporary Art, DJs, the Bookshop, Ariel booksellers, Paddinghurst Galleries, and Bad Sister cards. Photo: Courtesy Ingrid Berg Publicity.

evaluate the safety of the vaccine for pregnant women, and discover whether the vaccine stimulates the immune system. The study will last about two years and may lead to further studies into whether the vaccine can prevent the trans-

mission of HIV from mother to foetus.

The vaccine being trialled is manufactured by Genentech and contains the HIV-1 protein gp120. It does not contain live virus. Five other institutions in the US are

Talkabout

ISSN 1034 0866

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

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

Copyright for all material in Talkabout — text, graphics and photos — resides with the respective contributor.

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

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

DEADLINE FOR THE NEXT ISSUE

January 14

Talkabout Co-ordinator
Jill Sergeant, 361 6750.

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

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

PLWHA Co-ordinator

Annella Wheatley, 361 6011

Administrative Assistant

Claude Fabian, 361 6023

Suite 5, Level 1, 94 Oxford St.
Darlinghurst

Postal Address: PO Box 1359

Darlinghurst, NSW 2010

Fax: (02) 360 3504

6 Talkabout December 1993

also conducting AIDS vaccine trials in pregnant women.

Source: *AIDS Weekly*, October 18, 1993.

Drugs no more

THE FOLLOWING DRUGS SHOULD BE struck off your Christmas wish-list:

- L-697,661 (pyridinone). L-697,661, developed by Merck Sharpe & Dohme, shot to fame in 1992 when reports were released of a triple-drug combination, called convergent therapy, that could stop HIV in the test-tube.

L-697,661 was one of the three drugs. The researchers responsible have since admitted that their experiments were flawed, and Merck researchers have subsequently failed to demonstrate antiviral activity for the drug, which has been abandoned by the company.

- R-247429 (Tat inhibitor). The tat gene is a crucial part of HIV's genetic material that allows it to reproduce effectively. Anything that could inhibit tat would render HIV useless. With this in mind, Roche developed R-247429, which showed some anti-HIV properties in the test-tube. Human trials showed that, at the highest doses that could be tolerated, no benefits were seen. Roche have ceased development of R-247429.

- FIAU. This drug, made by Oclassen, was thought to have activity against both HIV and Hepatitis B. During the hepatitis trials, however, participants died of liver disease that was unambiguously caused by the drug. Needless to say, Oclassen is no longer pursuing FIAU.

— Lyle Chan

Women cruise

A FREE HARBOUR CRUISE FOR POSITIVE women, their kids and their friends — what better way to spend a summer Saturday? Lunch and entertainment are provided, along with a lucky dip and raffle.

The 'Sunrise Star' will be departing at 9.30am on December 11 from the Aquarium wharf at Darling Harbour and disembarking at the Opera House at 2.00pm. To RSVP, call Julia Sideris on 206 2049, or Vivienne Munro on 206 2012.

Housing surveys

TALKABOUT SUBSCRIBERS RECEIVED a survey on supported housing with their October *Talkabout*. If you happen to have one of these still stuck up on the fridge or in the "to do" pile, *now* is the time to send it back. All surveys need to be in by December 5. We are keen to start collating the information as soon as possible.

As soon as any reports are completed the information will be fed back to you through *Talkabout*. Thank you to everyone who has already returned a completed survey.

The housing discussion group for people living with HIV/AIDS, their partners, families and carers, has started in the Northern Sydney area. This group will discuss how the supported housing project is developed and I invite you to attend if you live in the area (that is, from the harbour to the Hawkesbury).

The next meetings will be: Mondays November 29 and December 13, at 6.30pm at the Herbert St. Clinic, Royal North Shore Hospital, St Leonards. If you need transport to attend or would like more information please call me on 858 0725.

— Catherine McGettigan

Country miles

IF YOU'RE A PERSON WITH HIV or AIDS living in the country, you don't need us to tell you about the hassles and expense of having to travel long distances for medical care. But did you know that you may be eligible for financial assistance for your travel?

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), will reimburse you for most of your travel and accommodation costs if you need to travel more than 200 kms for specialist medical consultation or specialist oral surgery. IPTAAS will also pay for an escort if you need one.

You will need to complete an application form, which can be obtained from your doctor, community health centre or health department branch. Ask your local HIV/AIDS area co-ordinator.

Positive pak

YOU'VE TRIED EXPERIMENTAL therapies, now try the experimental condom pak! The PLWHA safe pak, with an image and a message aimed at positive gay men, was revealed to the world at ACON's AWARE Day on November 6.

Starting with an image shamelessly stolen from a Gay Men Fighting AIDS (UK) postcard, the safe pak was developed by PLWHA convenor Alan Brotherton in consultation with anyone who'd listen, with artwork by Louis at The Impressionists.

The main aim of the safe pak is to promote PLWHA in an interesting and appealing way, but we decided to use the opportunity to address some of the issues raised in *Talkabout's* "Positive Sex" issue, in particular that prevention campaigns have been aimed at an HIV negative audience and that there are reasons other than HIV prevention for positive people to practice safer sex.

The packs, containing (surprise!) a condom and lube will be available at a number of places, including ACON's HIV Support Unit, the Sydney and Blue Mountains PWA Day Centres and of course the PLWHA office. We've also distributed a survey to gauge people's reactions. Hopefully, the information gained

will be valuable for other organisations in developing future resources aimed at positive people.

Members will find a safe pak, along with the survey we'd love you to fill out, in this month's special sealed section (that's the white envelope in the back).

South Sydney

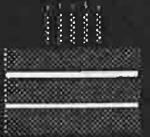
SOUTH SYDNEY COUNCIL IS DEVELOPING a social plan for the future needs of its citizens. The Surry Hills Social planning team has a questionnaire for people with AIDS/HIV. Any Surry Hills residents willing to help can get copies of this from the PLWHA office or from Lance Gowland, 192 Devonshire St Surry Hills, Ph. 699 9369.

Holidays

THIS ISSUE OF *TALKABOUT* IS A combined edition for December/January. The next issue will be out in early February.

Copies of any articles quoted as source material for news items can be obtained by calling Jill on 361 6750.

Happy
birthday
to us



Talkabout turns five!

You are invited to help celebrate this fabulous anniversary at the Lizard Lounge at the Exchange Hotel

Thursday,

December 9

5.00 - 8.00pm

(happy hour 5.00 - 6.00)

Refreshments & entertainment

See you there!

HIV/AIDS
SERVICES IN
CANTERBURY ??

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
Clean fits,
condoms, lube,
information and referral:
Phone 016 288 504
Home Nursing:
phone 718 5305
Drug and Alcohol
counselling: phone 787 3988

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

PLWHA News



WELL, IT'S GIANT SUMMER CLEARANCE Sale time again and I'm agog at the concept of two whole weeks without meetings. Sadly, this Christmas will be a little tarnished by the memory of the appalling smell when we opened Santa Hannaford's present from last year and found it had died some time ago. Never mind, maybe this year, Dorothy . . .

November, being the lead up to AIDS Awareness Week, is always a busy time. PLWHA will be running information stalls featuring *Talkabout*, our glamorous range of t-shirts and an equally glamorous range of PLWHAs and their friends at a number of places about town. We'll be at CounterAID in Pitt Street Mall on Saturday 27th, where you may well find yourself reading this.

If you are, and you're looking for a bit of adventure, you may like to join us at Southside '93, a giant entertainment and information extravaganza to be held in Cook Park, on the waterfront in exotic Kyeemagh on Sunday November 28 (yes, tomorrow). If you can lend a hand, let someone at the CounterAID stall know, or just slip on those red shoes and pop on down to offer a little moral support and have a paddle in Botany Bay.

You'll also find a PLWHA stall at the Darlinghurst Community Fair Day at St John's church on Saturday December 6.

Luckily, we had a practice run at ACON's AWARE Day on November 6, when we launched our safe pak and t-shirt range. Although numbers were a bit low, due either to the weather or the fact that most people rushed

straight to the back room in the other building, the shirts and safe paks went down well, in a manner of speaking.

The Nutritional Supplement Project will be up and loitering, if not running, by the time you read this. Again, a big thank you to Vaughan Edwards, Mark Bagley and Claude Fabian for their heroic efforts in getting this off the ground. Thanks also to the unfailingly fabulous and helpful Hilda High at Albion St.

We've also been engaged in a series of meetings to get our planned Positive Speakers' Bureau started. Interest in this has been very high which is most encouraging. Currently, we have one group looking at developing a training course while another is looking at policies and structure. Thanks to all those who've expressed an interest to date and we'll get back to you with more concrete details in early '94.

The Legal Working Party has almost finished its deliberations and its report will be out early in December. A whole range of important reforms have been recommended, though it remains to be seen if the political will to implement these exists. Unfortunately, the working party would not support the introduction of a full safe sex defence, meaning positive people are still expected to disclose their status to all potential sexual partners, even if they plan to practice safer sex.

Such provisions undermine the safer sex message, stigmatise people with HIV, run counter to the confidentiality principles which prevail elsewhere regarding our status and give people an incentive to not know their status.

In terms of effective HIV prevention and anti-discrimination measures, they are counter productive. Nonetheless, on this one issue the majority of the Working Party seem to have opted for the politically easier approach of confession as prevention. All I want for Christmas . . . (sigh). There'll definitely be more on this later.

Glen Goldsmith has been busy with the World AIDS Day function, Warwick Witt has been involved with the Positive Asian Men's Project (in between and during hospital stays), Robert van Maanen has been developing policies on everything and Annella Wheatley has been feverishly assessing new funding proposals for Eastern Sydney Area Health Service while trying to co-ordinate chaos.

Meanwhile, Chris Connole and Mark Bagley have joined the committee. We look forward to another action-packed year with them.

Finally, a huge thank you to all staff, members, volunteers and committee members who have done so much to make 1993 a productive year for us, and a contemptuous silence for those bigots who continue to make it all more difficult than it needs to be. Happy New Year and watch those stairs!

— Alan Brotherton

Current Committee

Alan Brotherton, *Convenor*
Robert van Maanen, *Secretary*
Graeme Gibb, *Treasurer*
Mark Bagley, Graeme Blair, Chris Connole, Ross Duffin, Glen Goldsmith, David Martin, Kosta Matsoukas, Warwick Witt.

Talkback



Inter-faith

I AM WAYNE WRIGHT, A PERSON living with AIDS. I was diagnosed HIV antibody positive in 1985 at 19 years old. I have been very active in AIDS awareness and education for over four years, mainly within the Churches / religious organisations.

As a person living with AIDS who is involved in the Christian Church and also in a Catholic lay-Franciscan community (the Community of Francis & Clare), I would like to see an HIV/AIDS inter-faith network formed in Sydney. I would like to hear ideas, comments, suggestions etc. from people of all churches / religious organisations regarding ways in which a network could be formed.

If you are interested in helping to form such a network, please write to me at PO Box 936 Darlinghurst 2010

Wayne Wright, J.P.

REQUESTS

IF YOU WOULD LIKE TO BE INVOLVED in the production of an information package designed especially for young men who are gay or bi and HIV+, please contact Ashleigh at ACON on 206 2078, any Wednesday or Thursday. PO Box 350 Darlinghurst 2010.

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

Dear Holiday maker,

A place of healing

IF YOU HAVE HIV OR HAVE JUST been recently diagnosed, come and spend some time at our country retreat.

"Karilya" offers a simple lifestyle in a tranquil garden setting.

You can enjoy leisurely days beside the swimming pool or horseriding is available on the property for those interested in a ride to nearby forest and waterholes.

We are located only 25kms

inland from Byron Bay's tropical beaches and surrounding waterfalls and country villages.

Alternative therapies are easily accessible in our local area.

This is a non-profit co-operative offering accommodation for one or two persons inclusive of all meals. Transport can be arranged on request.

Our nightly rates range from \$17 for pensioners to \$25 for the employed.

For further info call Stephen or Patrick on (066) 88 4338.

PLWHA have a file of cheap holiday accommodation that's available to people with HIV and their partners, friends etc. As the festive season approaches you're probably thinking about where to go & what to do — call us for some ideas on 361 6011.

Life to Death to Life

I have been bitten with the venom of death.

*And in facing my greatest fear,
find myself reborn, renewed.*

*For the ever continuing struggle of life
has only just begun.*

*A struggle filled with triumph and joy,
for struggle is but another word for growth.*

*Despair descended upon my body,
despair descended upon my mind.*

*But hope, life and joy fill my soul.
A soul filled with unquenchable light and life.*

*Death will only triumph if my soul dies,
but light pure light is indestructible.*

*Despair cannot touch that which is beyond flesh,
for the spirit is stronger than ten thousand horses.*

*To live with death is to live with life,
living with the knowledge that life is death and death is life.*

*For ever seeking new paths to life and light will
eternally defeat death's impotent venom.*

- Peter Leslie

The Strategy: two views

THE NATIONAL HIV/AIDS Strategy covering the three year period from 1993-94 to 1995-96 was launched in Canberra on October 27 by Federal Health Minister Senator Graeme Richardson. The National HIV/AIDS Strategy sets out the Commonwealth Government's plan for HIV/AIDS in the next three year period.

This is the second HIV/AIDS National Strategy — the first being launched in August 1989. The second strategy contains far less detail than the first, and has far fewer policy prescriptions. The second strategy represents a continuation of much of the first strategy, although there is more recognition of treatments issues, as in the 1989 Strategy treatments hardly rated a mention.

There is also an increased recognition of the need for education strategies for people with HIV, and that people with HIV/AIDS are also central to prevention.

The strategy sets out a three year budget for HIV/AIDS spending, with annual spending set at \$104 million dollars. Most of this funding is in three major items — AIDS Medicare funding (\$52M), matched funding to the states (\$24M) and the research program (\$13M). The strategy also sets out funding of \$3M per year targeted to state initiatives for Aborigines and Torres Strait Islanders

Hiv/Aids Stratgey fatally flawed Focus on solution simply ignored

By A.C. Kirk

THE SECOND NATIONAL HIV/AIDS Strategy severely challenges the patience and goodwill of people with HIV/AIDS. It could be more correctly called the *National HIV/AIDS Strategy for Everyone Except People with HIV/AIDS*.

HIV positive people want money to be spent on finding a cure. Our vital interests are not being represented fairly in this second Strategy.

The new Strategy announces that the approach will be one of strengthening and consolidating the original 1989 document to:

- allow flexibility for "rapid response to any change" in the epidemic;
- allow for variation in program emphasis;
- clarify roles and responsibilities; and
- improve cost-benefit assessment.

In the face of over 2,500 deaths and the continued wasting of thousands of young lives, all we read is vague, bean-counting bureaucraspeak.

One can only despair, if one is HIV positive, when one reads this shabby excuse for a strategy. A real strategy is a plan of action that will win the war. The second

National HIV/AIDS Strategy does not even have the elimination of the disease as its prime goal.

People with HIV/AIDS have been waiting for years for an organised, well-funded effort to find a cure.

In Australia most resources are being spent on preventing new infections, effectively quarantining those already infected.

Of the \$100 million being spent on HIV/AIDS in 1993-94 by the federal government, around \$5 million is specifically allocated to research into a cure.

Substantial amounts are spent on research that involve epidemiological and social issues, but only around 5% of the annual AIDS budget is specifically allocated to biomedical research that has any possibility of yielding a solution to the problem.

The National Centre in HIV Virology Research received \$4.49m in this year's Budget whilst \$2.6m was allocated for social research and \$3.45m for clinical and epidemiological research. (Money for research is also available through the AIDS Trust and other charities.)

On 8 November the Health Minister, Senator Richardson, announced a further \$1 million in

funding for basic scientific research for 1994. Clinical and epidemiological grants received \$600,000 and social research \$480,000, including two fascinating La Trobe University grants: \$38,950 to study "adaptation to divorce: a longitudinal study of parents and children" and \$35,000 to study "attitudes, knowledge and beliefs about HIV/AIDS and sexual health among Turkish women in Melbourne." No doubt a well-identified, high risk community.

A cure is not going to drop out of thin air. Medical research into HIV/AIDS, like any other focused large-scale effort, such as the Kennedy "Man on the Moon" program of the 60s and the Manhattan Project of the 40s, requires government leadership, scientists, organisation, effort, cooperation, money and more money.

All other measures are stop-gap tactics that merely postpone the final day of reckoning. This is not to say that some of the initiatives have been totally useless in assisting persons with HIV/AIDS with respect to quality of life issues, for example, nursing and hospital care and income support. At the very least we can rest assured that the rent will be fully paid up when we stop breathing.

It is simply a fact that without a cure, a final solution to the AIDS crisis will not eventuate.

At this late stage in the drama, there is need for a dedicated international focus on a cure. Other priorities are less meaningful to people who are already infected with HIV.

Education, social research and administration of programs are all very well for those who are uninfected, and for those intent on building careers in the bureaucracy, but for those who are threatened with impending death it cuts no ice.

The original 1989 *Strategy* said: "The crucial role of research in

the fight against HIV has been recognised in the provision of dedicated funds through ANCA. In 1988-89, \$3.5 million was allocated to research, including funding for the Special Units, i.e. AIDS Virology and AIDS Epidemiology and Clinical Research."

It further claims that: "An effective National HIV/AIDS Strategy must be underpinned by an extensive, co-ordinated and properly resourced research programme." Of the \$3.46m spent in 1988-89 only \$1.07m went to the Special Unit in Virology.

The priorities set by the original *Strategy* for research indicate a preoccupation with transmission elimination and social research such as, "examining the psychological, social and emotional aspects of HIV infection". None of the research priorities is fully focused on a cure.

The priority that comes closest to this aim reads: "development and evaluation of new drugs to prevent or influence the course of

**"It is simply a fact
that without a cure,
a final solution to
the AIDS crisis will
not eventuate."**

infection with HIV and to prevent or treat complicating conditions in people infected with HIV." A high priority, you might think, in this pandemic, but it appears for the first time on page 72 of a 103 page document.

The Australian Federation of AIDS Organisations (AFAO) policy document *National HIV/AIDS Strategy: Beyond 1993* does not even tackle the issue of research funding. And that in a closely-typed, 97 page, A4-sized document with 120 specific recommendations, not one of which relates to more research

funding in order to find a cure.

Are we already spending all we can on research? Expert evidence suggests not.

Dr Ron Lucas, former head of the Clinical Services unit at Fairfield Hospital which had "overall direction" of the Australian research effort according to the first *Strategy*, said recently: "The one area where we didn't have enough money was for research. If we had the time over again, we would put more money into research: sociological, strictly mechanical research, biological research. The money that comes from the state is really service-related. They pay only lip-service to providing money for research."

This archetypal 1980s disease could be the best example of the failure of the market to cater to the needs of the sick and dying. In the USA, during the murderously negligent Reagan-Bush years, the overwhelming source of research effort was to be found in private enterprise.

Although multinational drug companies have indeed spent large sums attempting to make even larger sums from AIDS, recently they have clearly made decisions in board rooms across the globe to switch substantial funding towards preventative vaccine research in an effort to, no doubt, make even more money if successful.

It makes business sense to develop a wonder drug that can be marketed to hundreds of millions of people (a preventative vaccine) as opposed to only tens of millions (a cure). Preventative vaccines are cold comfort indeed to those with less than a half dozen years to live.

Naturally enough, a preventative vaccine is worthless if a cure is found and the disease is no longer a threat to life. If a successful preventative vaccine is developed by private interests there will be a very much reduced monetary incentive for companies

to fund difficult and expensive therapeutic research.

Existing HIV infected people will have to cope as best they can.

The situation has not changed much in terms of the research effort globally over the past few years. It is still dominated by the very large pharmaceutical companies; it is still duplicating effort; there is still wasteful competition rather than cooperation; there is still childish national rivalry and we still do not have any significant prospect of a cure.

There are a number of well-worn arguments against providing more money for medical research into a cure for HIV/AIDS:

1) "it is a complete waste of public money", based on the belief that Australian research efforts have no hope of helping in the fight for a cure because . . .

2) "we do not have the expertise", based on the belief that the multinational drug companies, none of which is based here, that presently control 80% of HIV/AIDS research spending are the appropriate saviours of humanity. This neglects the reality that Australia has a comparative advantage internationally in terms of our medical research capabilities. But afterall . . .

3) "there are better things to spend the money on", based on the very real demands of those who are non-infected to remain so. Thus the government has funded the enormously expensive propaganda campaigns to radically change sexual behaviour.

These campaigns, and their associated administration, swallowed tens of millions of dollars in the AIDS budget over the past eight years and will continue to do so under this *Strategy*. (The National Education Program is allocated \$13.425m over the three years. This does not include funding for State-based HIV/AIDS campaigns such as are run by the AIDS Councils.) This is justifiable because . . .

4) "the uninfected have rights

and demand resources too", based on the "moral" belief that it is better to protect the healthy from the sick before one embarks upon the task of curing the sick.

This "moral" position is understandable, but it does not necessarily follow that persons who are HIV positive must accept it. It is, afterall, contrary to the self-interest of HIV positive people. The correct policy would be to cure the sick first. The healthy at least have longevity on their side.

In the early stages of the disease, when knowledge was thin, it made good sense for the first approach to be heavily slanted towards education.

Today there are very few people who do not know about AIDS and prevention techniques, such as no sex or "safe" sex. To be under-funding scientific research now is nothing short of a national disgrace as far as people with HIV/AIDS are concerned.

Government, as our elected representatives, must readdress national priorities or face the imminent prospect of the non-cooperation of those who have been fundamentally ignored.

Will HIV positive people be joined in their effort to fight the disease, that is the virus itself? Or will the main fight be to "eliminate transmission" as if *that* was the final solution to the HIV problem?

Will the Federal Government reassure us that our cooperation has not been betrayed?

Ideally medical research funds should be additional to funds already allocated to the *Strategy*.

It does not matter how much it costs: \$100 million, \$200 million, or more, we are not talking about building roads or harbour tunnels, or even staging the Olympic Games, we are talking about *the lives of the citizens of the nation*: priceless lives, unique lives, irreplaceable lives, sadly missed lives. Your life.

Research, Health and the National HIV/AIDS Strategy

By Robert Ariss*

THE HIV EPIDEMIC AFFECTS MANY different areas of life, and affects many different people. A well-rounded, comprehensive, and multi-focused research, education and administration strategy is our best weapon for fighting the HIV epidemic in Australia, and in sustaining our position as a world leader in that fight.

The second National HIV/AIDS Strategy for the period to 1995/96 is the product of extensive consultation with all interested parties — including people with HIV/AIDS — as well as a thorough evaluation of the first five years of the original strategy. While it may not please everyone all of the time, this strategy must

take a great deal of credit for informing Australia's response to the epidemic so far — a response which is recognised internationally as a model in terms of prevention and education programs, and in terms of the development of health, support and treatment programs.

The strategy is based on the 1986 Ottawa Charter for Health Promotion, a World Health Organisation (WHO) document which sets down five guiding principles for the pursuit of health:

- promoting health through public policy;
- creating a supportive environment;
- strengthening community action;
- developing personal skills, and

• reorienting health services beyond a clinical and curative focus, to become actively involved in promoting people's health.

The first principle acknowledges the importance of comprehensive policies across all areas of government in the promotion of citizens' health.

The second point suggests that effective health protection and promotion can only occur in a social and physical environment that supports such efforts. Environments which promote violence, poverty, inequality, isolation or provide inadequate resources or amenities are impediments to health promotion.

The third point is based on the belief that health is best addressed and promoted at local, community levels. Big government is out, as are (seemingly) benevolent top-down strategies. For example, post-war aid programs to the third world taught us that technological fixes dropped onto communities in distress are potentially disastrous. The costs of social change are often more traumatic and destructive than the benefits anticipated. Nor are such changes ever politically neutral. Science has a social dimension as well, as many countries who fell into new relations of dependence on the technologically advanced countries quickly learnt.

Point four gestures to the idea that nothing can ever happen in this area unless individuals in stricken communities are given the knowledge, skills, opportunities and supports to make their own personal contribution. Dependency, whether it be on government, welfare agencies, or technological science, is a trap. Change starts at home.

The fifth point signals a broad shift in the way in which health is conceptualised and addressed in the latter part of the twentieth century. WHO defines health wholistically — as encompassing physical, mental and social well-being. Previously, during the flush

of early bio-medical successes with epidemic bacteriological disease, medicine was held up to be the solution to ill health and disease.

This enthusiasm had some objective reality — endemic diseases were reduced, and in some cases eliminated in many parts of the world. But the limitations of

"The millions of dollars spent on anti-viral therapy for HIV has not made a scrap of difference to the lives of the great majority of HIV infected people on this earth."

bio-medicine are becoming evident in time. For example, it is apparent that many of the improvements in health in western countries in the first half of this century were due, not to the development of therapeutic drugs, but to public health programs which improved hygiene in high density living areas. Another example — in the third world we are seeing the re-emergence of diseases such as malaria, cholera and tuberculosis as drug-resistant strains of bacteria evolve. History is teaching us that technological drug fixes are temporary and of limited efficacy.

Consider this: the millions of dollars spent on anti-viral therapy for HIV has not made a scrap of difference to the lives of the great majority of HIV infected people on this earth — that is, the peoples of the non-developed world. Science is for the rich. The rest suffer and die in silence. Until we have effective social mechanisms to evenly distribute the benefits of bio-medical research to all the peoples of our society, to the global community, we will have

failed to effectively address the problem of AIDS.

Medicine is useless, even dangerous without policies which guide how it is developed and used. Scientists are notoriously negligent of the ethical and social implications of their activities. The emerging debate about the ethics of genetic research and engineering highlights this issue. Part of the scientific project of addressing AIDS is determining what kind of research is useful, who will do it and, most importantly, how the results of such research will be used. Scientists alone cannot be entrusted with these decisions. Policy makers, social researchers, educators and members of affected communities must be full players in the process.

The Australian National HIV/AIDS Strategy is the blueprint for our collective response to this dauntingly complex social problem. On the eve of our full national independence, the next five years is a test of the document's comprehensiveness, and of our maturity as a nation.

**Dr Robert Ariss is an HIV positive gay man and works at the National Centre for HIV Social Research.*

Illawarra AIDS Memorial and healing service by candlelight

Wednesday

December 1st

starts 7.30 sharp

Russellvale Community Arts Hall

Keerong Rd, Russellvale

Please bring a candle to hold



Enjoying the moment

By Jill Sergeant

VAN YUONG AND I DISCOVERED, towards the end of our interview, that we had something in common beyond the HIV community: Velvet Underground. No, not the band, the hairdressing salon in Newtown. We'd both frequented the place, although on

different sides of the scissors, and at different ends of the 80s.

We discussed crops and spikes and the trend to long hair. A page of his photo album had feathers slipped under the transparent paper, framing a photo of a white-blond haircut: velvet scalp, feathery over the forehead.

Van is still hairdressing, but he

does it from home now, a small, airy apartment with long distance views over the city, and his own paintings on the walls. A blue and green and gold beach scene hangs beside the dining table. "That one's 'Tranquillity'", he tells me.

Tranquillity seems to be the key word in Van's life, although it hasn't always been easy for him to attain. Diagnosed with HIV in 1985, he "ran away" to Melbourne. After a short time, he returned to Sydney, a bit calmer, to be back with friends and family. In 1989, a suicide attempt during a psychotic episode left him a paraplegic, but four years on he's strong, in control and yes, tranquil.

The roots of Van's tranquillity lie in the Buddhist tradition he was brought up in, but also more recently, and perhaps more importantly for him, in rediscovering both those traditions and the more western ideas of personal development that have been popular in the last decade or so.

When Van originally went to Melbourne he met a guru and started going to his group meetings. "I learned how to get strengthened spiritually. We'd talk about life and how to start enjoying it, and how to love yourself, how to take care of yourself and start living. I learned to use my time better.

"The main concept was that of an inner God. You have to believe in the self. The most powerful healing force is love. Love is energy and power — laziness is the opposite. You have to learn how to be centred where you are and let go of living in the past (which is guilt), and living in the future (which is fear). It's only *now* that matters. If you live like that, you don't worry. The universe looks after everything.

"I had to learn the ability to change — it can be very hard, but it's important to move on and change and look after oneself. I love myself now. I don't need

medicine or a miracle to make me happy. I'm happy, but I had a lot of trouble going through change. The biggest reason was that I was afraid of suffering.

"At one stage I blamed other people for what I was going through, but it's not true. I had to take the power back to look after myself, and blaming someone else takes that power away from you. You have to take responsibility for yourself and give away the victim image.

"I had to learn how to conquer fear — to accept it and let go. Acceptance leads to clarity. I'm not afraid of death. To me, death suggests completion and wholeness. The shorter time you live, the faster you grow. You don't take things for granted any more.

"You need something to strengthen yourself when living with a terminal illness. It can be anything. I meditate. I learned to meditate in Melbourne, for inner peace and inner love. Since I've been back in Sydney I've been in touch with *Kununa*, which is a form of Japanese Buddhism. I go on retreats and meditate. The technique is to focus within yourself and let go of the things that surround you in daily life. It's letting go the past and future and living joyfully in the present.

"I also practice the Alexander Technique, which is concerned with posture and breathing. It's mainly the breathing I'm interested in, and it helps me in my meditation. If you're in shock or under stress your breathing becomes unnatural, and Alexander Technique helps you become more aware of that — awareness of your breath leads you to more awareness of your emotions. I go swimming every day — that's to do with breathing, again. If you don't breathe, you die.

"Now I can also go to the Positive Asian group that's started at ACON. In that group, I can share experiences with people who understand my situation. I learn

about managing living with HIV. We get a lot of support from one another, and it's totally confidential. That's very important for Asian people. Asian culture is a little bit more discreet. It's a shame in our culture for people to know that kind of thing, if it gets talked about in the community. People worry about friends knowing.

"I want to meet other Asians who are going through the same

"The technique is to focus within yourself and let go of the things that surround you in daily life. It's letting go the past and future and living joyfully in the present."

thing as me — who maybe have family problems, like I have. You get a different perspective from someone else's experiences. Everyone has a different story. There are about six in the group at present, but I'm sure there are more positive Asians out there. It's quite international, too. There's Vietnamese, Filipino, Malaysian, Korean — I'm Indo-Chinese, and I grew up in Vietnam. English and Cantonese would be the main common languages, but we have translators.

"We learn about relaxation, diet and exercise — there are guest speakers, like Hilda High from Albion Street, or people from the HIV Support Project. We also meet socially — we call it the Yum Cha group. Last night we went out together to see "Sex Diary of an Infidel".

"It's good not feeling alone. I did feel alone before Positive Asians, especially being in a wheelchair, it's hard going out on my own. I've learned to be more

independent now, instead of being stuck at home feeling sorry for myself.

"The message I want to give people is to start taking charge of your life while you're still well. You need support from friends — let your close friends know while they can help you. Reach out and break the isolation and learn to live with HIV and enjoy life while you can.

"Illness is one's body asking oneself for attention. It's only through illness that you can become healthy, because you become aware of your choices. I didn't take care of myself. I'd go out to pubs and discos and abuse myself. Now I'm giving attention to myself. I haven't had any major illnesses. I don't take any of the conventional treatments. I have acupuncture and take Chinese herbs and have a good laugh every day. I eat well and take vitamin supplements.

"You have to look at yourself in the mirror and pat yourself on the shoulder, give yourself credit when you do something good, forgive yourself of the past. Stop criticising. When you judge people, you're judging yourself too hard. Life is all colours.

The Positive Asian group can be contacted by calling the project officer, Michael Camit on 206 2036/206 2090 or write c/o ACON, PO Box 350 Darlinghurst 2010.

**Medlow Bath Park
Candlelight Vigil
and Naming
November 28
5.00pm.
followed by a BYO
Twilight Tea**
For more info call Julie Ryan,
(047) 84 3049

Asbes
to
Asbes...



Crematoria: what goes on behind closed doors?

By Jacques Monroe

ON SUNDAY, NOVEMBER 7TH, TWO Intrepid Explorers Living with AIDS (IELWA), Tony Carden and yours truly, answered the challenge of an advertisement placed in the *Sydney Morning Herald*. The afore-mentioned advertisement promised "a unique, educational experience... behind the scenes, explaining the complete cremation and memorialisation process." Also offered were "beautiful rose gardens, NSW's oldest working hearse, light refreshments, a ride on a carousel and an art exhibition."

Your two IELWAs arrived at Northern Suburbs Crematorium at midday, having taken a leisurely drive through the harbour tunnel and up the expressway in an open topped Suzuki Sierra (unfortunately *not* in funereal black!).

After negotiating a set of steps (difficult if one is on a walking stick, as I was) we wandered

aimlessly, attempting to find the starting point for the guided tours. We passed the carousel and opted to forgo a ride — the seating was not the expected casket designs we had hoped for (Tony had placed an order for a pink one).

An interesting chat with the Ladies in White followed, during which one reminded me of a funeral they had provided (and I had attended) for a dancer at the Eastern Suburbs Crematorium — where the deceased was given his final encore in the form of the curtains being opened and closed several times (who said only People Living With Hideous Acronyms had black senses of humour?). This woman sold me on her undertaking service, not only with her wicked humour, but also with her delicious Irish brogue (she comes from the county next-door to that my father was born in).

Next your two IELWAs viewed the art exhibition. We concluded that this was Art From

The Other Side. Nothing else could explain the preponderance of funereal blacks, purples and murky greys all executed (pun intended) in *thick* helpings of oil paint. Clutching our purses tightly, we managed to restrain each other from purchasing all the art in sight (to save others from having to look at it.)

Finally, in the West Chapel, we found the guided tour. The charming tour guide assured us that, while she *had* worked for the Crematorium in the past, she no longer did so. The workings of the chapel and curtains were explained and then we were led into the furnace room.

Northern Suburbs has six working cremators although only four (the most modern, which are gas-fired) are used normally. The two older, oil-fired ones are only used when the cremators are working overtime (up to 40 cremations can be done on any one day). The process that is followed to ensure no mix-up of

bodies/ashes was explained in tedious detail and then we got to see inside a burning oven — sorry, Cremator. Only one coffin can fit in at a time, so your ashes won't be mixed in with a homophobe's.

It takes one hour to burn all the contents, which includes all fixtures on the coffin. The Cremators are computer controlled (isn't everything these days?) and burn in the range 700 - 1,000 degrees Celsius. Once the cremation is finished, the contents are raked out and placed in a spin drier-type machine along with six heavy metal balls. This is to grind down any bones remaining. Some of the larger or more dense bones from the body may not completely burn and this machine pulverises them to dust. What we are left with is a smallish box full of greyish ash.

It was also explained that the cremation process is smoke free. The reason that we sometimes see smoke rising from the Crematorium chimneys is that many people have objects placed in their coffin with them (sex toys, drugs, bottles of Dom Perignon etc.) and it is these objects that cause the black smoke!

At the end of all this your two IELWAs were rather parched, so we retired to the refreshments tent. The tea was rather good. Unfortunately, the cake was very dry, leading us to speculate that maybe it had been baked with Aunt Jemima taking the place of flour in the ingredients.

Thus fortified, we bid a fond adieu to our exciting afternoon and weaved our weary way back under the harbour to the ghetto. A fabulously entertaining day and one I would recommend to everyone. You aren't going to be able to lift the lid as they slide you into the cremator so go and view it now while you can.

Next segment in this occasional travel column will tell you all about our visit to the Art From The Other Side studios. Bye for now, darhlings.

Party, Party, Party!!

WELL THE PARTY SEASON IS HERE again!! Christmas, New Year, Channukah, summer solstice, end of year parties, office, work parties, and Mardi Gras is also just around the corner, with its month long of festivities, theatre, shopping, queer art, etc.

All this activity, while welcome, can at times leave us HIV+ folk gasping for air — literally. A certain level of planning can alleviate some of the possible damage we may willingly inflict on ourselves in the name of having a good time.

It's with this in mind that *Talkabout* has gone out and done a little bit of research and come up with some tips.

What follows are some of the things we can do to minimise the possible harmful side-effects, if and when we choose to use recreational drugs, not to mention other party time activities.

- Besides safe sex and safe drug use, the key to survival is **good fluid and food intake**. This is especially important if you're HIV+, because your body already has increased food needs. Try to plan ahead and stock-up your fridge with drinks and prepared food. Make the food easy to prepare, and make sure that some of your favourite treats are part of the stock-pile.

- If you are going to a dance party drink lots of fluids. About two litres of plain water the day before, on the day of the party and before you go to sleep and you'll end up much less tired.

- If using ecstasy, speed and other amphetamines, avoid alcohol as it will dehydrate you even more.

- Plan your big night out. Rest before and after using drugs. Meditate, relax, play some soothing music.

- Take some multivitamin

tablets, before and after taking recreational drugs.

- If using drugs that speed you up try to have something handy that will slow you down, like a mild sedative. Marijuana (dope, grass) works well for lots of people.

- Organise to get a massage when coming down.

- Because it is difficult, if not impossible, to know how 'good' or otherwise your drugs are, try a little before trying a lot. If you know and trust your dealer ask her/his advice. If you don't know the source be aware that the quality may not be reliable.

- When taking drugs have other people around you. If anything goes wrong you have a better chance of dealing with it if you are not alone.

- Some prescribed medications may interact with your recreational drug of choice in ways that will not be pleasant. Check this out with your health care provider.

- Remember to take some time-

Continued page 22

St Vincent's Hospital Pharmacy

will be closed on the following days and as a result outpatient prescriptions cannot be dispensed on these days.

Monday	December 27
Tuesday	December 28
Friday	December 31

1994

Monday	January 3
Friday	January 7
Tuesday	January 25
Wednesday	January 26
Friday	February 11

The pharmacy is also closed on Saturdays and Sundays

The Australian DECLARATION of THE RIGHTS of PEOPLE with HIV/AIDS

This Declaration is made by people with HIV/AIDS, through the National Association of People Living With HIV/AIDS (NAPWA).

The Declaration prescribes measures and recommends practices which are the minimum necessary to ensure that these rights are respected and protected.

HIV infection is a worldwide epidemic, affecting people in every country. People with HIV/AIDS (with or without symptoms) are struggling to stay alive and live with dignity. Our voices must be heard and our special needs met.

This Declaration sets forth the responsibilities of governments, international bodies, multinational corporations, service bodies, private enterprise, health care providers and all Australians to ensure the rights of people living with HIV are protected.

People with HIV/AIDS includes women, children, sex workers, haemophiliacs, injecting drug users, indigenous people, people with disabilities, people of non English speaking backgrounds, young adults, heterosexual, bisexual and transsexual persons, lesbians, and gay men.

We therefore make a public Declaration of the Rights of People with HIV/AIDS and call on all Australians to ensure that they are upheld.

People with HIV/AIDS must be accorded the following rights:

the right to liberty and security of person

the right to privacy

the right to freedom of movement

the right to work

the right to housing, food, social security, medical assistance and welfare

the right to the protection of the law and protection from discrimination

the right to self diversity of the family

the right to education.

1. All governments and health organisations must treat HIV infection positively and aggressively as a life-threatening illness. Ensuring relevant funding levels for access and availability of treatment, care and support must be part of the social and moral obligations of governments and their citizens.

2. HIV is not highly infectious. Casual contact presents no threat of infection. Governments, private enterprise, religious organisations, the media, unions, health organisations, public and private schools, and non-government organisations must dispel these irrational fears of transmission, and educate people about their individual responsibility to protect their own health.

3. All governments must develop a code of rights for HIV positive people including:

A. Representation of HIV positive people on all decision making bodies which have direct impact on us, and for HIV positive people to be fully involved in a working partnership in the development of relevant policies and practices.

B. Broadening of anti-discrimination legislations to include known or assumed HIV infection, providing protection for jobs, housing, access to services, legal services, and from arbitrary and commercially unjustified discrimination by insurance companies.

C. The right to anonymous and absolutely confidential HIV antibody testing. Professional pre- and post- test counselling needs to always be provided.

D. Information required for notification of HIV should be coded and kept confidential to that person and their appointed health and social carers. Information should not be disclosed to a third party without that person's prior consent.

E. No compulsory or coercive testing.

F. No quarantining, detention or segregation of people due to their HIV status.

G. Wide and easy access to quality medical care

and treatment, including complementary and experimental therapies.

H. Recognition of the rights of people with a life threatening disease to choose treatments they deem beneficial to themselves including experimental drugs and alternative therapies, and that access to care is to be unprejudiced by the agreement or refusal to participate in research trials, and that financial reimbursements are implemented.

In respect of the right to medical assistance, and the duty of the government to protect the health of citizens, the Governments need to allocate a necessary proportion of available and envisaged resources towards therapeutic research into HIV infection and conditions associated with AIDS, including therapeutic treatments such as vaccines.

I. Recognition of the right of people with a life threatening illness to choose how they want to die with dignity, including the adoption and passing of legislation to allow people to choose how and when to die, free from medical interference.

J. The right to appropriate housing, including recognition of the need for people with life-threatening illnesses to have priority access to public housing.

K. The right of self diversity of the family, to found and parent a family and to receive full and appropriate counselling and information that respects their rights.

Protection of the reproductive rights of HIV positive women including their right to freely choose the birth and spacing of their children and have the information and means to do so.

L. Protection of the needs of HIV positive injecting drug users, including access to a range of non-judgemental, non-punitive harm reduction services, and maintenance therapy that is appropriate to their needs.

M. A guarantee that prisoners with HIV receive the same standard of care and treatments as the general population, access to drug trials, preventative measures and no discrimination within the prison system.

N. Full recognition of lesbian and gay relationships.

O. The rights to access information or services concerning HIV in language (written, spoken or signed) of a person's choice, through an interpreter if necessary.

P. The continuation and where necessary the

provision of adequate means, through direct financial assistance and provision by appropriate social care agencies, to maintain a reasonable standard of living and especially an appropriate diet.

Q. Education should not be impaired by restrictions on social interaction placed on people with HIV/AIDS in education settings.

R. Children and orphans with HIV must be supported and cared for in everyway possible.

4. People with HIV/AIDS have the right to freedom of movement, and in respect of this, we believe the Australian government must remove its restrictions on the immigration of people with HIV, who meet all other criteria for permanent residency. This restriction is costly to administer, disrupts family reunification, abrogates the rights of refugees, and serves to further stigmatise people with HIV.

Further, the Australian government should advocate for the removal of all restrictions on the international movement and/or immigration of people with HIV.

5. Australia should participate in the creation of an international data bank which must make available all medical information related to HIV. This must include all data concerning drugs and treatments, especially basic bio-medical research and the progress of all clinical trials, along with providing appropriate access to the data service.

6. People with HIV/AIDS have the right to work, and in respect of that right all Australian employers need to prepare and implement policies dealing with terms and conditions, non-testing, non-disclosure or informing, non-dismissal by known or perceived HIV status and including the integration of Affirmative Action.

We believe that these measures are necessary to ensure that the rights of people with HIV/AIDS are protected in a society which respects the value and dignity of its members.

NAPWA

Assistance and advice is available from NAPWA
(03) 483 6700 / (07) 844 1990

Talkabout December 1993 19

The Ultimate HIV Christmas

Present Guide

For your Mum:

- the complete collection of Elizabeth Kubler-Ross.
- condoms (rainbow — without letting your Dad know).
- the latest safe sex book: 'A taste guide to dams' (especially without letting your Dad know).
- a years subscription to *Talkabout* (see page 35).

For your Dad:

- a pair of gay 'jeans' with a big thank you.
- the ACON guide to how to write a will.
- the NAPWA booklet "Information for families, partners & friends".
- some Louise Hayes tapes to calm him down after you've sprung the news.
- condoms (without letting Mum know).

For your pet:

- anti-toxo pills.
- a years supply of hospital food.
- a trained animal therapist specialising in owner reassignment.
- gender reassignment surgery.

For your grandmother:

- the how to knit a homosexual kit.
- condoms and dams with the record "Sisters are doing it for themselves".
- a years subscription to *Quilters International Journal*.

For your neighbour:

- the real estate guide to the next suburb.
- a one-way bus ticket to Broome (it's as far away as possible from



- you).
- the leaked (but fake) plans for a huge new noisy factory to be built across the road.
- a container full of mosquitoes with the newspaper article 'Mossies could spread AIDS'.
- a pair of stereo head phones.
- the badge 'Contract HIV now, ask me how'.

For your lover:

- the book "1,000 expensive gifts

for your lover" (an early Christmas gift from you).

- that fabulous piece of jewellery you want and you know they hate.
- an international travel book highlighting where people with HIV would just love to be taken.

For politicians who break promises about 'All you want for Christmas':

- vilification and long, long memories.
- a fake invitation to Christmas dinner with the Niles (probably the least sought dinner invitation in NSW).
- a little 'outing'.
- a (fake) invitation to the photo exhibition: "Secret Sex Lives of NSW Politicians".

For Yourself:

- a holiday at "Karilya" (see p 9).
- something choosey from your local escort agency.
- a *Talkabout* T-shirt.
- a sumptuous dessert in a Darlo café: 'Chocolate Sex'.

AIDS Requiem and memorial mass

Christ Church St Laurence

George St, near Railway Square

World AIDS Day

Wednesday, December 1st at 6.00pm

Speaker: Fr Tony Noble, Melbourne priest who was the pioneer of AIDS requiems in 1989

Music: Mass by the French organist and composer Maurice Duruflé.

Prayers for the departed, their friends, partners and families and for those living with HIV.

Please phone in names on 211 0560.

Gloria's Food



Vitamins and minerals — where d'ya get 'em?

By Caroline Brooks*

LAST ISSUE WE HAD AN UPDATE ON vitamin and mineral research in HIV. So this issue we're following up with ideas on how to be sure you're having an adequate vitamin and mineral intake.

The best place to start is with food. Variety is the key here. In Australia we have a bountiful food supply with plenty of different breads and cereals, fruits and vegetables to choose from.

If you eat a variety of foods including four to five serves of fruit and vegetables and take a general multivitamin you should be able to achieve the recommendations from the last issue. Fresh food doesn't come labelled with its contents. So see the table for a detailed rundown of the best sources of individual vitamins and minerals.

As you've probably noticed there is a fair bit of overlap of the groups so the results can be easily summarised. Two serves of meat, fish, chicken or legumes, 4-5 serves of bread, and 4-5 serves of fruit and vegetables, including the orange and green vegetables, plus a general multivitamin should provide an adequate diet for PLWHAs.



If your memories of vegetables are of two soggy mush piles from childhood, it's time to look again. In the last decade vegetables have really improved their image. Restart your association in little ways. For example, have more salad on your lunch roll, buy some snack packs of fruit from the supermarket, nibble on some dried fruit, even venture into a fruit shop and try something new.

More and more fruit shops sell prepared vegetables such as peeled pumpkin so you don't even have to do much work! Frozen vegetables are just as nutritious and even less work. There are plenty of recipes around to serve the vegies in an interesting way.

So why get your vitamins from food?

Why not just eat as you desire and take megadoses of vitamins? Well, food is certainly more enjoyable (give me a mango rather than a b-carotene capsule any day!). It's also more sociable — have you ever seen "capsule concoction" on a menu?

Food is also more physiological. That is, the natural chemicals are in amounts and combinations suited to the body. When you put selected natural chemicals into tablet form in amounts larger than you'd find in foods they are starting to act pharmacologically, ie, like drugs. Now that can be a good thing but it also leaves the way open for toxic effects. For example, excess Vit A can cause liver damage and severe headaches, excess Vit B6 can cause numbness and difficulty walking. Zinc may prove to be toxic in smaller amounts than previously thought. A little may be good for you but a lot is *not* always better.

The contents of a particular tablet may be put together in combinations not found in nature and in amounts arbitrarily chosen according to price, not necessarily what is best. So read your packaging, look for amounts that are similar to the recommended daily allowances and check the label to see that all the usual vitamins and minerals are there,

*HIV Specialist Dietitian, the Albion Street Centre.

eg. Vit B6. There may be combinations of minerals that wouldn't occur in a food but which begin to interfere with each other in large amounts, eg. iron may start to interfere with zinc absorption.

Remember to keep your consumer alert antennae out in health food stores. Health food stores can be as susceptible to exaggerated claims as any other store.

Food is a tasty and complex arrangement of molecules. By choosing plenty of fresh orange and green fruit and vegetables you'll not only be protecting yourself if some new evidence comes to light, you'll be enjoying yourself at the same time.

If you are interested in further individual dietary counselling you can make an appointment to see a dietitian at the Albion Street Centre.

Suggested reading: Food Facts. D. Briggs and M. Wahlqvist. Penguin Books.

Sources of vitamins and minerals

Vitamin A: can come directly from animal sources such as fats and oils or liver. Overdosing on these forms can be toxic. (For you trivial pursuit devotees — the worst case of vitamin A poisoning occurred in a group of Arctic explorers living on polar bear livers!)

B-carotene: is converted into Vitamin A compounds by the body. It is found in dark green leafy vegetables and in orange coloured fruit and vegetables such as rockmelon, mangoes, apricots, pumpkin, carrots. (Plenty of choice here!)

Vitamin E: fats, oils and nuts.

Pyridoxine (B6): beef liver, bananas, meat, cheese, dark green vegetables.

Riboflavin (B2): meat, vegetables and wholegrain cereals.

Thiamin: vegemite, wholegrain cereals, brown rice, liver, lean meat, fish and poultry, egg yolks, legumes and nuts.

Niacin: lean meat, fish and poultry, peanuts, yeast, brown rice, milk and milk products.

Folate: yeast, liver, orange juice, dark green vegetables.

B12: meat, fish, chicken, pork, cheese and eggs.

Zinc: liver, meat, seafood, wholegrain cereals.

Iron: liver, meat, cereals, eggs, dark green vegetables.

Selenium: seafood, wholegrain breads and cereals.

Ascorbic acid: citrus fruits, berry fruits, broccoli, tomatoes and capsicum.

Party

Continued from page 17

out while partying. At Mardi Gras and Sleaze Parties you will be able to do this in the rooms provided by Mardi Gras and staffed and organised by PLWHA volunteers. If you have not used them before check them out, they are there for the use of positive people their carers and friends.

• If you have intestinal, stomach or liver problems you will have to be extra careful with what you eat and drink. If possible try to avoid those huge Christmas buffets. When eating, serve yourself what you would like, or are able to eat, and walk away from the buffet table to eat it.

• The festive season can be a very stressful time. Issues like remembering who is not here with us this year, feeling like we have to visit the family, or maybe not being able to visit who we would

like can all be very wet blankets. There are no quick solutions or remedies but a couple of possible strategies could be to speak to your counsellor or close friend/s, plan what you will do around the holiday season with your friends/family, attend one of the many 'orphans' Christmas parties' held around town — or organise your own.

• The holiday season is also a time when we may feel pressured to disclose our status to friends and family. This may be the only opportunity we have to speak to someone who we do not often get to see. You are the best judge of the circumstances, however lots of people advise that holidays, birthdays, anniversaries, etc. are not the best time to disclose things like your homosexuality or HIV status. You could end up spending your entire holiday season counselling other people or dealing with their anger/fear/ignorance. If you intend to

disclose, make sure you have organised some support for yourself.

WE HOPE THAT YOU HAVE FOUND some of these suggestions useful. If you would like to know more about minimising the less appealing side-effects of recreational drugs or more about general nutrition, drop in to the PLWHA office. We have copies of *The Family Doctor's Guide to The Dance Party*, *In The Same Vein*, the new set of four *Positive Eating* booklets, among others. Pick up a copy or stay and read them here in our quiet space.

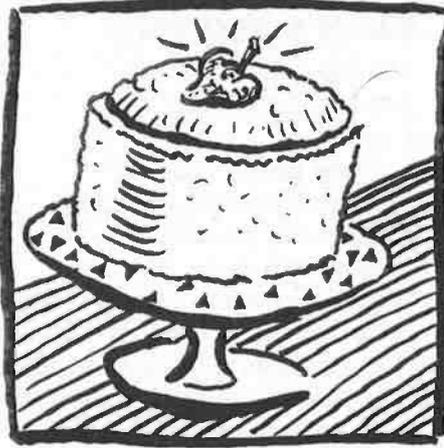
Taking a lot of these things on board can be a stress in itself — do what comes naturally, what you want to do. Have a great holiday season and above all look after yourself.

Compiled from *The Dance Party* and *In the Same Vein* and with the assistance of a few experienced party-goers.

— *Geraldine's sisters*

Forget vitamins, Let's PARTY

What is summer without lots of luscious food? To help you celebrate whatever it is you like to celebrate at this time of year, here's a selection of festive — or just plain indulgent — recipes. What's more, we don't guarantee that they're good for you. Thanks to Phillip Arger for his recipes, and to Narelle at the Albion Street centre for hunting down some others. We've started with the most important feature of any meal: the desserts. Enjoy.



Serve with cream, ice cream, custard, flambé with brandy — whatever suits your own idea of Xmas.

Super strawberry cheesecake

Crumb crust

185g plain sweet biscuits
90g butter (melted)

Crush the biscuits finely and combine with melted butter. Press over the base only of a 20cm springform pan.

Filling

750g cream cheese
1/4 cup self raising flour
2 teas grated lemon rind
1/2 cup sour cream

2 eggs
3/4 cup sugar
3/4 cup milk

Beat together sieved cream cheese, sifted flour, lemon rind and sour cream. Beat eggs and sugar together until light & fluffy, add milk. Gradually beat into the cheese mixture & then pour the lot onto the crumb crust. Bake in a moderately slow oven 1 & 1/2 hours.

Strawberry glaze

1 punnet strawberries
1/2 cup water
1 & 1/2 tabs cornflour
1/4 cup sugar

This is easier than you think. Crush half the strawberries, add the water, cook 2 minutes and strain. Mix cornflour with sugar, stir into strained strawberry liquid. Cook gently, stirring constantly until liquid is clear, about 3 minutes. (You can add some red food colouring to get that pretty pink). Cool slightly.

Cut remaining strawberries in half and once again, give your decorating skills full rein to arrange them on top of the cheesecake. Spoon the glaze over and refrigerate before eating with lots of whipped cream.

Pip's perfect pav

3 egg whites,
pinch salt
3/4 cup castor sugar
1/4 cup granulated sugar
1 tablespoon cornflour
1 teaspoon lemon juice

Beat egg whites and salt until soft peaks form. Add castor sugar gradually. Make sure the sugar is completely dissolved. Mix together granulated sugar and cornflour. Lightly fold into meringue with lemon juice.

Place mixture on lightly greased pavlova tray or large oven proof plate — flat in the middle, with swirly, fluffy sides, use your creativity!

Cook in a very slow oven for approx. 40 - 45 minutes.

Allow to cool. Fill with freshly beaten cream and your favourite fruit. This is a *real* pavlova — the kind that's crunchy on the outside & delectably chewy in the middle, unlike those mass market confections that are all air and no substance.

Xmas pudding for beginners

1 cup plain flour
1 teas cinnamon
1/2 teas grated nutmeg
2 cups fresh white breadcrumbs
1/3 cup soft brown sugar

grated rind of a lemon
2/3 cup glace cherries, chopped
1/3 cup blanched almonds
1.5kg fruit mince
3 eggs, beaten

Grease two 625ml pudding basins and place a circle of greaseproof paper in the bases.

Sift together the flour, cinamon and nutmeg into a large bowl. Add breadcrumbs, sugar, lemon rind, cherries and almonds, mix and then stir in fruit mince and eggs. (Gloria could give you a recipe for fruit mince but honeys — there's plenty of packaged stuff that's just as fabulous and less time consuming.) Mix well with a wooden spoon.

Divide the mixture evenly between the two basins. Cover tightly with greased greaseproof paper and kitchen foil or pudding cloths. Tie the foil firmly in place with string.

Place in a saucepan with water half way up, bring to the boil, reduce heat and simmer for about 4 & 1/2 hours. Top up with boiling water when necessary.

Store with the greaseproof left on but fresh foil or pudding cloth. Now the cook book recommends that to reheat it you boil gently for two hours, but really darlings, who could face it in this climate? Turn your pudding out and heat the individual portions in the microwave.

MOVING ON FROM THE EXCITEMENT of crushing, beating and whipping these yummy desserts, here's a couple of cool numbers for the buffet table.

Creamy potato salad

1 kg potatoes
 1/2 cup french dressing
 3/4 cup sliced celery
 chopped green shallots, parsley, greens of choice
 3/4 cup mayonnaise (home made is best)
 1/2 cup sour cream (optional)
 1 & 1/2 teas prepared mustard
 salt
 1 hard boiled egg

Peel potatoes & cook until tender but firm. Slice or dice while still warm. Toss the pieces in a bowl with french dressing and shallots and let stand for an hour. Add celery. Combine mayo, sour cream and mustard together and mix into potato with salt to taste. Chop through the egg, or grate it on top. Refrigerate until you're ready to serve.

Meatloaf

750g minced steak.
 1 cup fresh breadcrumbs
 1 teas salt
 pepper
 1 medium onion, chopped
 1 egg, beaten
 1 tabs worcesterhire sauce
 2 tabs tomato sauce
 185g can evaporated milk
 2 teas dry mustard
Glaze

1/2 teas dry mustard
 1/4 cup tomato sauce
 1 tabs brown sugar
 Combine ingredients for glaze and set aside.

Mix together all remaining ingredients (mixture will be rather moist) and press into a greased 20cm x 10cm loaf tin. Turn upside down onto aluminium foil lined oven tray, leaving the tin over the loaf.

Bake in a moderate oven 15 minutes. Remove from oven and take the tin off. Brush the meatloaf generously with glaze and return

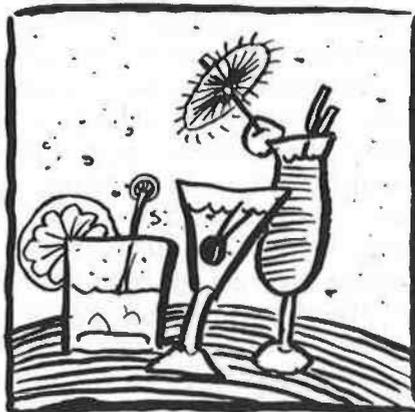
to the oven for another 50 - 60 minutes (sans tin).

Pip's tip: Make it a day ahead and serve cold with salad.

Vicky's Vegeloaf

1/2 cup lentils
 1 & 1/2 cups water
 1 onion
 2 cloves garlic, crushed
 150g mushrooms, chopped
 1 teas curry powder
 3 teas lemon juice
 herbs & spices to taste

Boil & simmer lentils until soft (40 mins - 1 hour), drain and puree. Saute onions and garlic until soft, then add mushrooms and curry powder, cook until tender. Combine all ingredients, mix well and spoon into a greased loaf tin, push down firmly and chill. Serve with cucumber & yoghurt dressing.



Salmon and avocado parcels

(from *Clever With Seafood*, by *Seakist*)

105g can pink salmon (Seakist would like you to use one of their brands, of course)
 125g green peppercorn cheese, chopped
 1 egg lightly beaten
 1/3 cup cream
 1 tabs lemon juice
 1 small onion, finely chopped
 1/2 avocado, cubed
 6 large lettuce leaves
 12 sheets filo pastry
 90g butter, melted

Remove skin & bones from salmon and flake into a bowl. Mix

together cheese, egg, cream, lemon juice, onion and avocado.

Cook lettuce leaves in a saucepan of boiling water for 1 minute or until wilted. Drain well. Place a large spoonful of filling onto each lettuce leaf and roll up, tucking ends under.

Brush 1 sheet of filo with melted butter. Place another sheet on top and brush with butter. Place a lettuce roll onto one end of pastry and fold up to form a parcel. Repeat with remaining rolls.

Place parcels on a greased baking sheet and brush with butter. Bake in a hot oven (200C/400F) for 20 minutes or until golden brown and crisp.

To drink

TO BE HONEST, GLORIA HASN'T given much thought to this, but she did think that it might be worth following up a tip from Gary Dunne's *Shadows on the Dance floor* and experiment with your nutritional supplements as cocktail ingredients. Gloria suggests chocolate flavoured Ensure with Tia Maria as a starting point. Do write in with your *successful* recipes.

On a more sober note, there's nothing like iced tea with lemon and ginger, in a long cool glass, on these hot days. (Gloria is sweltering at 35 degrees as this story goes to press).

And of course, dust off your trusty juicer or blender for fruit juices and smoothies. All that lovely summer fruit around, overburdening the fruit & vegie barrows and just *begging* to be eaten! Go wild, experiment with fruity combinations. Don't forget the humble vegie juice — a great pick-me-up after over-indulgence in all the sweet & rich foods you'll be tempted by over Christmas.

Finally, a simple & tangy snack — buy a bag of sultana grapes, break apart into smaller stems and pop into the freezer. Once they're frozen, you can suck on these little green gems as is, or perhaps pop some into that flute of champagne.

Fair Treatment



Bad gums — What rot!

By Peter Foltyn

IF YOU BELIEVE THAT TOOTHACHE is the only indicator of dental problems, you are wrong. Bad gums — or periodontal disease to give its correct name — causes greater loss of teeth in adults than tooth decay.

Healthy gums are the firm foundation for good oral health.

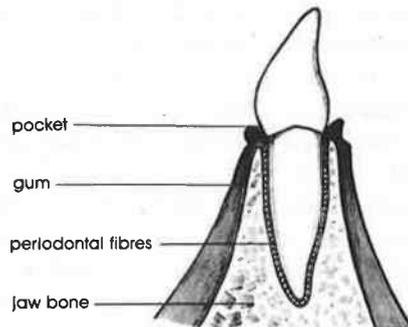
When gums are healthy, teeth are held securely. There is a seal between tooth and gum margins that bacteria does not penetrate. Incorrect or inadequate brushing can allow plaque to form, which is a sticky, sometimes colourless substance that harbours bacteria and builds up around the tooth margins. It may eventually lead to the seal between teeth and gums being compromised causing inflammation, swelling and bleeding — the first signs of gum disease.

Bacteria from the plaque can attack the fine periodontal fibres linking the root of the tooth to the jaw bone. The space that may develop is called a periodontal pocket. This pocket is then open to other bacteria which can actually attack the bone structure of the mouth. This loosens teeth and eventually leads to tooth loss.

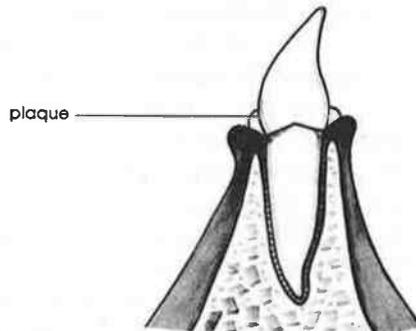
One of the greatest problems associated with gum disease is that the disease generally causes *no pain* until it is too late.

Peter Foltyn is a dentist who knows an awful lot about HIV.

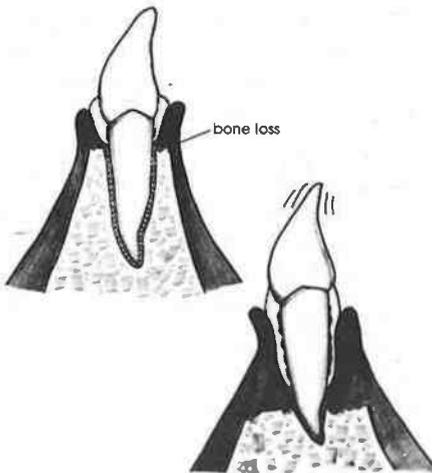
Healthy gums



Early gum disease



Advanced gum disease



Warning signs include:

- Bleeding after tooth brushing.
- Bad breath.
- Gums that are red, swollen or tender.
- Gums that have pulled away from the teeth.
- Pus between the teeth and gums when the gums are pressed. Teeth that are loose or separating.
- A change in the way the teeth come together when you bite.

In HIV infection there appears to be an exaggerated response to dental plaque which may then lead to rapid bone loss and mobile teeth. HIV related periodontal disease has been accorded the status of an opportunistic infection and may be one of the earliest clinical signs of disease progression.

It is likely that there is greater opportunity for HIV related periodontal disease to occur in a mouth where the periodontal health is poor to start with but this is not always the case. Even a mouth that has been well looked after may break down. Advanced periodontal disease may compromise the immune system further and lead to more rapid progression of HIV infection.

Every person with HIV infection should see a dentist regularly so that periodontal disease may be eliminated and good oral health established.

If HIV related periodontal disease is present, see your dentist often for cleaning so that the impact of this opportunistic infection is minimised.

A new kid on the block: CD8 transfer

"I want my story told. I've been given hope by what's happened to me. Too many people give up, but there is hope. Other twins have to find out about what happened to me."

THIS STORY IS A DOUBLE PROFILE: it's a profile of a gutsy young man called Jamie Richards, and a profile of a new treatment called autologous transfer. The stories are told together here because Jamie's case is the first to show that autologous transfer, a pipedream of scientists for many years, has definite benefits.

Autologous transfer is a fancy name for taking blood cells out of a person and infusing them back later. The theory behind autologous transfer is like this: in early stage HIV infection, a person's CD8 count is generally much higher than normal. The immune system generates more CD8 cells in response to HIV because these cells both slow down the rate of HIV replication and kill the infected cells. But during the later stages of HIV infection, a person's CD8 cells decline in number (reasons unknown) and thus the immune system is no longer able to control the HIV in the body.

In autologous transfer, a small quantity of CD8 cells is taken out of the body (a process called *leukapheresis*) in early stage infection when there are many CD8 cells present. These cells are stored and artificially multiplied in the test-tube. Then when the person's CD8 cells decrease in later stage illness, the multiplied cells are reinfused, in order to maintain a high CD8 count and thus to control viral replication.

The process sounds reasonably simple (if expensive: keeping

human cells alive outside the human body is no mean feat, and involves much high-tech equipment). However, not many scientists in the world have embarked on it, for various reasons ranging from the expense to lack of interest from biotechnology companies. The one person who is on the cutting edge of autologous transfer is Professor John Dwyer, who happens to work in Australia (Prince of Wales Hospital, Sydney).

Since autologous transfer is a new approach, there are virtually no data on its benefits. Dr Dwyer has been performing the leukapheresis, but has not yet reinfused any of his 50-odd patients, because none of them is at the stage where their CD8 counts are decreasing. However, based on the natural history of HIV illness, Dr Dwyer estimates that he will need to perform a reinfusion within the next six months to a year.

Jamie Richards, a patient of Dr Dwyer, is under a slightly different set of circumstances. Jamie is twenty years old and has been a person living with HIV since early 1991. In what seems to be a condensed version of HIV illness, Jamie started becoming sick only 2 years after becoming infected. His p24 antigen level has been consistently high (above 200) and his CD4 count began slipping dramatically to less than 300. Clearly, something needed to be done in a hurry.

"I was referred to Dwyer by a

friend. At first, I just wanted to store my CD8 cells like everyone else. But when my CD8 cells were tested against the virus, they found out that they didn't work [i.e. had no anti-HIV effect]. My p24 level became 280 after 1 year, and my CD4 and CD8 counts were decreasing to nothing. It was scary. Eight months ago, I was getting very bad [results from] blood tests. I felt myself inside dying, and I was very prepared for death."

Jamie has an identical twin brother who is HIV negative. Dr Dwyer suggested that the following version of autologous transfer be performed: take CD8 cells out of Jamie's brother and infuse them into Jamie. Since Jamie and his brother are genetically identical, Jamie's body would not reject the cells from the brother, as would happen if cells were transferred from anyone else.

The procedure was done eight months ago, and so far the results are extremely encouraging. Jamie's CD4 count was restored to normal, his CD8 count was higher than normal, and his p24 antigen level became undetectable, and Jamie's general feeling of well-being improved dramatically. These results have been sustained for over eight months. This benefit isn't expected to last forever, and perhaps eventually the CD4 count might slip and the p24 level rise again as the CD8 cells get depleted.

"Within a couple of weeks I felt better, my general well-being improved and I had more energy. As a result I was good mentally. I

definitely look better, my appearance is better."

But the procedure could be repeated, and various improvements on the procedure performed: cells could be taken out of Jamie's brother again, but instead of infusing them immediately into Jamie, they could be multiplied in the test-tube. Then when Jamie needs an infusion later, the stored cells can be used and it wouldn't be necessary for Jamie's brother to donate them. And perhaps, after a second infusion, CD8 cells could be taken out of Jamie's body as well. The advantage in doing this is that these CD8 cells, originally from the brother, have now been exposed to HIV and thus become "activated," or primed to recognise and destroy HIV-infected cells. The activated cells could in turn be expanded in the test-tube and stored for later infusions.

Obviously the procedure is in its infancy. But Jamie's case shows that some very concrete benefits can be gained from autologous transfer. There are many remaining questions, of course. Do the infusions work as well each time, or are the benefits smaller and smaller with subsequent infusions? Will autologous transfer help a person live longer, or prevent opportunistic infections? (There's a report that autologous transfer can decrease the size of Kaposi's Sarcoma lesions in some people). How long can the cells be stored for and still retain their potency? (Cells are stored using a freezing technique called cryopreservation).

Needless to say, most HIV-positive people don't have genetically-identical twins. Most people would have to opt for taking cells out of themselves and reinfusing them later. It's hard to say what the differences between the two methods are.

Theoretically, your own cells would work better in your body.

However, you have to leukaemise at a relatively early stage of illness, so that the broad range of CD8 cells can be "captured". Left too late, some types of CD8 cells would have disappeared, and the remaining types only have limited ability to target HIV. The advantage in taking cells from an HIV negative, genetically identical twin is that the full range of CD8 cells would always be present (because there is no HIV in the body to destroy the cells). However, these CD8 cells, having never seen HIV before, are not activated and may not have anti-HIV properties.

The logical future for autologous transfer is to not only take CD8 cells for expansion, but to take bone marrow as well. The bone marrow produces new CD4 and CD8 cells, and successfully transferred bone marrow can allow for a new set of immune system cells to be grown in the body. Some of the people in Dr Dwyer's program are storing their bone marrow as well. There is even less information on bone

*Jamie's case shows
that some very
concrete benefits
can be gained from
autologous transfer.*

marrow transfer than CD8 transfer, but people on the program regard it as a kind of 'insurance': there's no harm to be done from it, and some good may come from it.

HIV positive people with an identical, HIV negative twin and who are interested in autologous transfer should contact Dr Dwyer at Prince of Wales Hospital (phone 399 2752). Jamie's is the first of its kind, but is only one case. In order for meaningful data to be gathered, the procedure must be performed with another five or six pairs of twins. If there are twins who

would like to speak to Jamie about it, they can contact Jamie through *Talkabout* or the ACON Treatments Officer (Lyle Chan 206 2015).

More of Jamie's words follow. In quoting Jamie, this article does not aim to give a sensationalist "this-wonderful-thing-happened-to-me-and-it-can-happen-to-you-too" tabloid viewpoint, but instead to give a realistic reason to maintain hope in what is really a dreary moment in the history of AIDS treatments.

— Lyle Chan

I WAS 19 YEARS OLD WHEN I WAS diagnosed. I became very destructive, and lost all ambition in life. I felt there was no point in doing what normal teenagers do—do I spend six years at [university] to get a job? All I wanted was to survive. I used drugs a lot after I was diagnosed. Drug use was an escape for me, from HIV mental torture. Now I feel a lot better about myself. I don't have to escape. Things are different. I feel I've been given a chance to live so that I can carry out a mission, so that I can tell people that there is hope.

I don't know how I became infected. It could have been through using drugs, or through sex with [a former lover] who lied and said he was HIV-negative. I got no support from the gay community because I wasn't sure that I got it sexually. The gay community thinks "You're a junkie—you deserve it." I see a lot of prejudice in the gay community. When I first came out [as a gay man], I was told nobody would sleep with me because I was overweight and recovering from child abuse. There's discrimination against people who use drugs—it's all right to smoke, drink and use marijuana, but not to use other drugs.

The only people who have been supportive are some friends, Professor Dwyer, and my lover

Craig. I wouldn't be here if not for my lover. My lover is HIV negative, and he can't understand what it's like to be HIV positive, but he's a person living with the virus too. HIV negative lovers need support, but they don't get it. People think, "there's nothing wrong with you," but they're going through a lot. What about when their lovers die on them and leave them behind? I've never had a boyfriend before and I'm lucky to have Craig.

I also find the medical community very supportive. I know the medical community is doing its job. People ask, where's all the money for AIDS going? It's going into research like what happened with me. The research is not just being done for the heterosexuals.

I want to dedicate my life to fighting AIDS. Now I want to give talks to young people and tell them, young guys catch HIV too—look at me. I want to go to schools and tell people about AIDS. I want to be a facilitator [for the HIV Support Project at ACON] and run a support group for young people with HIV. I want to run a support group with NUAA [NSW Users and AIDS Association] for people who use drugs.

When my friend Wayne suicided because his needs weren't met, I became more aware that young people with HIV don't fit into the [currently available] services. It's hard for them to get something out of a support group when everyone else is fifteen to twenty years older. That's why I want to help Glen Goldsmith set up SOPY [Support of Positive Youth], I want to be deeply involved in SOPY.

I think about the future. I think about getting a bone marrow transplant from my brother and being able to live longer, live long enough to see the cure. [I don't] regret the past. I have a future now.

Conference Report:

Australian Society for HIV Medicine

EVERY YEAR, THE AUSTRALIAN Society for HIV Medicine holds an annual conference mainly on the medicine and science of HIV disease. This year's conference was held in Melbourne in late October.

The international guest list was impressive — although a little too dominated by scientists from the United States. The main topics were the same as the international AIDS conference in Berlin: pathogenesis (or how HIV causes AIDS), antiviral treatment and prevention vaccines.

The plenaries were dominated by the international speakers — mostly from the US — which gave an interesting view of the American spin on anti-virals after the European Concorde trial (due to be finally published in January). The workshop streams mainly featured Australians and covered a broad range of areas including epidemiology, social research, clinical medicine, basic science and other areas of health care delivery.

There was a very strong basic science stream. This conference was held in conjunction with the National Centre for HIV Virology Research, and basic science is an area where Australia has an international record. To a non-scientist like me, the advances in knowledge in basic science at the molecular level in this so-called 'molecular age' seem staggering. This huge increase in knowledge seems to offer the hope of small incremental advances in clinical care. This has not happened so far — and partly that's because there is still so much more to learn.

One major area of discussion seemed to be how to incorporate lots of the new knowledge into the design of new clinical trials.

There is a complex and not yet completely understood relationship between a number of factors

that can be measured such as viral load (how much virus can be found), the CD4 (or T-cell) count, characteristics of the virus, and even the viral genetic pattern.

Many of these things can be measured and are known to be related to clinical outcomes. However, what is cause and effect, and which measurable event or change happens first and how various drug treatments may affect these events is not well understood. The tests to measure many of these things are currently very expensive.

Large clinical trials are often set up to measure one difference (eg AZT versus ddI). They don't examine very well what appears to be a complex multi-factorial model of disease. Small pathogenesis studies seem to have an important role to play.

This all becomes important given the current trend to talk about 'individualising therapy'. The results of clinical trials have made the rules on which treatment decisions are based more complex and somewhat less clear.

According to Prof. Paul Volberding, from San Francisco General Hospital, many people are being 'undertreated' (ie not using antivirals) and 'overtreated' (ie staying on antivirals too long after the benefit has expired). While therapy should always be 'individual' the data on which to make decisions still, to me, seems unclear.

Basic science may hold the key to unlock the next major advance — and it's hard to report advances in basic science. The profile in HIV/AIDS science seems to have moved from clinical trials back to basic science. Let's hope that the basic science soon translates into new clinical trials.

— Ross Duffin

On Trial

Name of therapy: p24-VLP (therapeutic vaccine)

Condition being treated :
Asymptomatic HIV Infection

Code-name for trial: CHATN005
Type of trial: Phase II safety and efficacy study

Arm 1: AZT (600mg daily) +p24-VLP
Arm 2: AZT alone (600mg daily)
Arm 3: p24-VLP alone

Duration: 1 year

Major entry criteria: CD4 > 500
Major exclusion criteria: p24 antigen positive

Sites: For a list of general practitioners and hospitals call CHATN 332 2485

p24-VLP (therapeutic vaccine) Symptomatic HIV Infection

CHATN006
Phase II safety and efficacy study

Arm 1: p24-VLP (1000ig daily) + antiretrovirals (i.e. AZT, ddl, ddC) of patient's choice
Arm 2: p24-VLP (500ig daily) + antiretrovirals of patient's choice
Arm 3: placebo injection + antiretrovirals of patient's choice

Duration: 1 year

Inclusion: CD4 < 350
Exclusion: active opportunistic infection,

For a list of general practitioners and hospitals call CHATN 332 2485

Other/comment: This study is almost full

AZT, ddl, ddC in combination HIV Infection

Two trials: Delta I and Delta II
Phase III efficacy study

Arm 1: AZT (600mg daily) + ddl (400 mg daily)
Arm 2: AZT (600mg daily) + ddC (2.25 mg daily)
Arm 3: AZT (600mg daily)

Duration: 2 years

Inclusion: CD4 between 50 and 350 and either never taken AZT before (Delta I) or have tolerated AZT for more than 6 months (Delta II)

Exclusion: intolerance to any of AZT, ddl, ddC; rapidly progressing disease

For list of hospitals and general practitioners, call Michael Rawlinson, St Vincent's Hospital, 332 4648

Valaciclovir

Prevention of active CMV disease

ACTG 204
Phase II safety and efficacy study

Arm 1: Valaciclovir (8000mg daily)
Arm 2: Acyclovir (3200 mg daily)
Arm 3: Acyclovir (800mg daily)

Duration: 2 years

Inclusion: CD4 < 100, CMV antibody positive
Exclusion: Active CMV disease

St Vincent's Hospital (David Cooper 332 4648), Prince Henry Hospital (Phil Jones 694 5240)

Granulocyte-Colony Stimulating Factor (G-CSF)

Side effects of chemotherapy
(for Non-Hodgkin's Lymphoma)

Phase I safety and efficacy study

Group 1 & Group 2: both finished
Group 3: G-CSF + high dose chemotherapy (still open)
Duration: up to 63 days

Inclusion: early stage lymphoma HIV related, confirmed by biopsy
Exclusion: active opportunistic illnesses, primary cerebral lymphoma

St Vincent's Hospital and Prince Henry Hospital (For both: Elaine Tomkinson 332 4648)

All trials listed in the November *Talkabout* are still enrolling. If you are trialling a complementary or alternative therapy and would like to advertise it here, call Jill on 361 6750.

What's Goin' On



Heterosexual and HIV? **CLASH**

We are a confidential group of HIV+ heterosexuals who support each other by taking away some of the hardship of being alone

Drop into a good thing
phone the CLASH support line (free call)

1 800 812 404

ACON's HIV Support project
presents another

ANTIBODY PARTY

this will be a positive space party for
positive people and their friends

Sunday, December 5

Venue to be announced

Watch the gay press or give us a call on
206 2000 for details

See you there

Positive Space Illawarra

Are you HIV positive or living with AIDS?
Would you like to meet other positive people?

Positive Space offers a confidential meeting
place to chat, listen and share with other
positive people in the Illawarra area.

Don't hesitate to call (042) 26 1238

to chat with or meet others

Wednesday and Fridays

12.00pm - 5.00pm

Carer's group

For parents, partners, friends and relatives of PLWHAs
9 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.

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. (Catch 470 Bus).
Entry through the back door in Mt Vernon St
Call Claire on 516 6111 page 6437
or Pedro on 660 5455.

ACON MEDITATION GROUP

*The meditation group meets the first and third
mondays of every month at 6pm, ACON
Oxford Street.*

INQUIRIES: CALL DAVID ON (02) 358 1318

Western AIDS Fundraiser dance

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

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

**INVITATION
FREE LUNCH**

(for people living with and
affected by HIV/AIDS)
Every Monday

Doors open at noon
Lunch served at 12.30

Bar service at reasonable prices

**THE LIZARD LOUNGE
EXCHANGE HOTEL**

Daintree Loft

Cow Bay, Queensland

A retreat for the AIDS Network ...
Dedicated to cure AIDS.

Sponsored by
the AIDS Network Relief Foundation
Sydney: (02) 360 5913,
Cairns: (070) 98 9104

People Living With AIDS (Vic) and 3CR present
Positively Primed

in commemoration of World AIDS Day & AIDS
Awareness Week

Positively Primed is a magazine style radio program
which will go to air nationally during AIDS Awareness
Week on more than 58 community radio stations.
Contact your local station to find out if and when they
are broadcasting.

**Western Sydney AIDS Prevention
& Outreach Service**

Open 7 days. Free & confidential

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

Parramatta: 26 Kendall St, Harris Park 2150
Tel. 893 9522 Mobile 018 25 1888 Fax. 891 2087

Blacktown: Unit 7, Marcel Cr. Blacktown 2148
Tel: 831 4037 Mobile: 018 25 6034

Helix Christmas party

Dance and show

Saturday December 4th

Mosman Town Hall

7pm - 1am

Presenting Cinderella, a comedy musical
production as you've never seen before
\$15/\$10 BYO

Bookings Pat 974 5136, Frank 923 2016,
or Rocky at the Pickled Possum

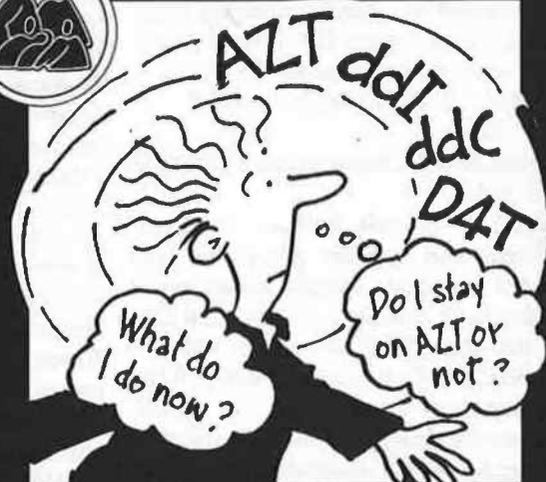
All funds raised donated to Stanford House,
which provides crisis accomodation for PLWHA

"HIS PLACE"

"HIS PLACE" was established by Chappy Rayson
— a Catholic priest — as an open house that
welcomes people with HIV, their families,
carers and friends.

Spiritual, emotional and social support, trust and
respect, a quite relaxed space to be yourself, a
safe place to pray, cry or chat.

Call us on 552 3518 or drop in after 9.00am to
163 Bridge Road, Glebe



**For clear, up-to-date
HIV treatment
information contact:**

**The South Western
Sydney HIV
Outpatients Clinic on
02 600 3584**

Contact List



GENERAL

AIDS Council of NSW (ACON) Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst.

206 2000, fax: 206 2069.

(For Branches, see **Outside Sydney**).

ACON's Rural Project Provides info on HIV health services, gay networks/advocacy and encourages the adoption & maintenance of safe sex practices in the country.

Call Nik or Nigel 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

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

ACT PLWA GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

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

PO Box 1272, Darlinghurst 2010.
211 2044.

Albion Street Centre Information Line 332 4000.

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

Australian Federation of AIDS Organisations (AFAO) Umbrella organisation for Australian state and territory AIDS Councils. (06) 285 4464.

Civil Rehabilitation Committee Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders.

Call Pam Simpson 289 2670..

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 provide 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 support, referral and advocacy for injecting drug users and their friends. Needle exchange services. 369 3455.

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.

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. Lunches on some days. (free or donation). Massage also available. Some group meetings. 20 William Lane Woolloomooloo. Inquiries 357 3011.

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 (Prince of Wales Hospital AIDS Centre). Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. No medicare card required. 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. Darlinghurst 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 HIV outpatient, day treatment, medical consultations, inpatient services, counselling, support groups, sexual health clinic, testing. 438 7414/7415. Needle & syringe exchange 906 7083. Pacific Highway, St Leonards (adjacent to railway station).

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.

Taylor Square Private Clinic Management of STDs and HIV medicine, participation in drug trials, counselling and social welfare services, home visits. Health care card holders and financially disadvantaged are bulk billed. Call 331 6151.

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.

CLASH Confidential group for HIV+ heterosexuals. Meets fourth Friday every month. Call (1 800) 81 2404.

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.

HIV Awareness and Support (HAS) is an open group for HIV + users, their friends, partners etc. Meets every Wednesday 7pm at 15 Ice St, Darlinghurst. Contact via HIV support

worker at NUAA, 369 3455.

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.

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.

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.

Dog grooming 1 at reduced rate for PWAs Call Ben on 550 6553 (w) or 319 1829 (h).

Dog grooming 2 Free to PWAs on limited incomes. Call Judy on 808 1238.

Funeral celebrant Free in cases of financial hardship. Call Patrick Foley on (018) 61 1255.

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.

Pets The Animal Welfare League will help with Vet. care, food & advice. Also take animals you can no longer care for or provide pets.

Referrals through BGF 360 9755.

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 Tuesdays 2.30 - 9.30 (light dinner served), Thursdays for lunch & activities from 11.00am to 3.00pm, Sundays 2.00 - 6.00 for Jazz & coffee. (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 HIV testing and treatment. Call (066) 20 2980.

North Coast Positive Time Group A support and social group for PLWHAs 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.

South Coast

ACON Illawarra PO Box 1073, Wollongong 2500. (042) 26 1163.

Bega Valley HIV/AIDS Volunteer Supporter Group Emotional and practical support to PLWHA, their family & friends living in the Bega Valley area. Call Greg Ussher or Ann Young (064) 92 9120

CSN Wollongong Call Daniel Maddedu, (042)26 1163.

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.

Illawarra Positive Space Wednesdays & Fridays, 12.00 - 5.00pm. Call (042) 26 1238.

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

Dubbo (Orana and Far West region) HIV & sexual health service. Free and confidential. Testing, advice, monitoring, treatment and support. Call robert (068) 85 8999.

Griffith HIV Support Services (069) 62 3900.

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

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

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

Yass HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Yass area.

Call Victor, (018) 486 804.

Young HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the Young area.

Call Victor, (018) 486 804 or Valerie, (063) 821 522.

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

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

JOIN US IN THE FIGHT AGAINST AIDS. SUBSCRIBE NOW.

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

Help yourself and others affected by HIV to create a positive, friendly and supportive environment in which we can all live with HIV & AIDS — join PLWHA.

FIRST NAME _____ LAST NAME _____

POSTAL ADDRESS _____

POSTCODE _____

PHONE (W) _____ (H) _____

I wish to apply for membership of PLWHA Inc. (NSW)

I wish to subscribe to *Talkabout*

I wish to renew my subscription

I wish to make a donation of: \$ _____

I enclose a cheque/money order for \$ _____

In the interests of your confidentiality

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

I am publicly open about my membership Yes No

Annual rates

Membership \$2

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

Individual	members \$10	Non-members	\$15
Organisation	Concession (PLWHA organisations, community based organisations)		
	(up to 6 copies) \$30	(up to 10 copies)	\$40
Organisation	Full price (Interstate, Government agencies, private businesses)		
	(up to 6 copies) \$40	(up to 10 copies)	\$60

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

Overseas Concession \$A20 Full \$A40

Please specify number of copies _____

All *Talkabout* subscribers receive or free the quarterly *With Compliments*

Please forward this completed form to PLWHA Inc. (NSW), PO Box 1359, Darlinghurst NSW 2010.

Make all cheques payable to PLWA Inc. (NSW). Donations \$2 and over are tax deductible. We will send you a receipt.

SIGNATURE _____ DATE _____

The T(alkabout) -shirt get yours now!



PLWHA's new T-shirts have just hit the streets and are modelled here by PLWHA committee members and volunteers (Mark, Vaughan, Robert and Alan) with Jill, your friendly *Talkabout* Co-ordinator. Three of them feature famous *Talkabout* covers on the front: "Bigots Beware", "Gay Talk" and "Positive Women". On the back they display the *Talkabout* masthead. All three are black on white only.

The fourth T-shirt, in tasteful 'ghetto grey', has the PLWHA logo in red, blue and yellow over the right breast, and a larger version of the logo on the back.

Sizes are S, M, L & XL.

All the T-shirts are available from the PLWHA office at \$15.00 for PLWHA members and \$20.00 for non-members (no other concessions). Drop by to our office and pick one up (Suite 5, level one, 94 Oxford St, or write in with your order (add \$5.00 postage to your cheque).



Photos: Graeme Blair

Make cheques payable to people Living with HIV/AIDS Inc (NSW) & send to PO Box 1359 Darlinghurst 2010.

(Please fill in and circle as appropriate)

Please send me T-shirts in bigots/gay/women/plwha design, size

I am already a member of PLWHA/I wish to join PLWHA

I wish to subscribe to *Talkabout* Yes/No

I enclose cheque/money order for \$..... which includes \$5.00 postage/ membership fee of \$2.00/ a subscription for *Talkabout* of \$10.00

Name:

Address: