

No.41 March 1994

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



***Fanny flings for us***

# *Antibody — “full blown & living”*

ON SUNDAY FEBRUARY 20, THE HIV SUPPORT PROJECT AT ACON HELD an ‘Antibody’ positive space party at the Midnight Shift. The party was quite successful and a great night was had by most.

There were many notable talents performing at Antibody that night. The wonderful Beverley’s Cavalcade of Beauties, starring Beverley Hills, Amelia Airhead, Wanda Aimlesslee, Miss Bobbi Pinn and Addy Ross provided the entertainment for the evening. Also there was an appearance by Bonnie, aka Miss Fair Day ’94 (“witty rather than pretty”) and an inspiring special guest appearance by Miss Fanny Farquar. Thanks to all the performing Divas!

Fanny Farquar has been a never ending source of support for Antibody. She agreed to a special last minute performance. Her first number ‘What a feeling’ literally had the audience screaming for more. During the performance she unveiled a gorgeous red sash with ‘Full Blown & Living’ inscribed on it. That’s what you call empowerment sweeties! Her second unscheduled performance took every one by surprise. Performing to the song ‘Carry On’ she had the crowd in raptures, not to mention the compere (or dare I say it — the lady on the mike) who didn’t even realise that Fanny had brought along a second frock!

Fanny has been quite an outspoken member of the positive community for some time and her openness is certainly an inspiration to those of us living with HIV/AIDS. Her support for people living with HIV/AIDS was further demonstrated on Saturday February 26 at “Fanny Farquar’s Fabulous February Fashion Fling” at the Lizard Lounge.

As Fanny was quoted as saying at Antibody, queens just love to be able to buy decent frocks, but to be able to buy a frock with a gin and tonic in hand is the ultimate! The Fashion Fling was a great success with all the money that was raised, used to buy tickets for people living with HIV/AIDS to go to the Mardi Gras party.

Fanny made the point that in 1994, “why is it that we have to hold fundraisers to help send people living with HIV/AIDS to our own party”. I couldn’t agree more, thank you Fanny!

We here in the Support Project would like to convey special thanks to Colin and Darren at Goodfellas restaurant and Sydney Gay and Lesbian Mardi Gras for their donation of generous door prizes.

Also a special thanks to the Midnight Shift, to the DJ’s Steven Hales & Tony Svehla, and to Charlie on lights for all their support and help in staging this party.

Finally, a very warm thanks to Fanny for the success that you helped make Antibody, and for your great effort to raise money for Mardi Gras tickets at your fabulous fashion fling. Hopefully next year Mardi Gras will be in a better position to donate more than 20 tickets for those of us with HIV/AIDS to attend our party.

— Les Szaraz

# Contents

positive messages **13**  
+/- opinion piece **14** mum's the word **16**  
mardi gras poem **17** minor bupluerum **19**  
country moves **20**

## regulars

news **4** plwha news **8** talkback **9**  
fair treatment — pap smears **21** on trial **24**  
tooth talk **25** what's goin' on **26** contacts **28**



### **This Month's Cover**

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By Mazz Images.

The fabulous Fanny Farquhar at Antibody on February 20. (See story opposite).

## New protease trial

FOR A LONG TIME THERE'S BEEN news about potential new anti-viral drugs which act in different ways to AZT, ddI and ddC. One class of these drugs is the protease (or proteinase) inhibitors. The first trial of this type of drug is due to commence in Australia in the very near future.

This class of drugs attacks the life cycle of HIV in a different way to existing antivirals. All of the anti-viral drugs that have so far been tested or approved in Australia act by preventing the genetic material of the virus from being copied into that of a new cell. These drugs have no effect on cells that the virus has already successfully infected, (often called chronically infected cells).

The protease class of compounds are different because they do act in such cells. They inhibit a HIV enzyme known as protease, which is used by HIV to make proteins which are essential for its functioning. This means the cell cannot manufacture more HIV that can then infect other cells.

The proteinase inhibitor that will be tested in Australia is manufactured by Roche. It is called RO 31-8959. Many other companies are developing compounds of the type, but the Roche compound is currently being examined more extensively in humans than the others.

Small overseas trials have examined the safety and activity of this compound. These show that the compound, so far, appears to be very safe with very few definite drug related adverse effects.

Three small trials in France, Italy and England looked at safety and also to see whether there was any impact on things like viral load (the amount of virus in the blood) and CD4 cell counts. The French trial looked at using the protease compound on its own in

people who had prior AZT use and between 50-250 CD4 cells. The Italian trial compared AZT to protease to combination protease and AZT in people with less than 300 CD4 cells. The English trial was similar to the French trial, except that people had to have no prior use of AZT. Results of these trials were presented to the Berlin International AIDS conference.

It is not possible to draw conclusions from these trials about the clinical use of this compound because of the small number of subjects and the relatively short length of the trials. However, each trial showed that the protease compound was having an impact on the CD4 cell level, and at the higher dose an impact on viral load. These results justify further trials that are designed to draw firmer conclusions about the wider use of these compounds. The Australian trial is part of the further testing of this compound. See *On Trial*, p. 24 for further information.

— Ross Duffin

## Acyclovir approved

ACYCLOVIR IS AN ANTI VIRAL compound that is used to treat herpes infections. It has now been recommended for approval in Australia for people with HIV infection. This is a world first. However, final details of the conditions surrounding this approval are not available. Further, while approval has been recommended, it is still necessary for the new conditions to be covered by a payment scheme like the Pharmaceutical Benefits Scheme and this probably won't occur for a few months.

An Australian trial of high dose acyclovir has indicated that it gives people a significant survival advantage. This supported an earlier Australian trial which showed that there was a trend for people on acyclovir and AZT to

do better than people on AZT alone.

The results of these trials have been greeted with some scepticism internationally, particularly in the US. This could have been a case of the well known 'if it didn't happen here, it didn't happen'. However, recently the large MACS (Multicentre AIDS Cohort Study) group, a long term observational study of over 4,000 people based in the US, reported that acyclovir use was associated with clinical benefits. This places acyclovir firmly on the international agenda as a potential antiviral for use in treating HIV — even though why and how it works is still not totally clear.

Herpes infection and the recommended use of acyclovir to treat herpes outbreaks in people with HIV have also recently featured in the media. This follows a report that showed that herpes infected cells in active herpes outbreaks may contain significant amounts of HIV in people with both herpes and HIV infection. This has led to conjecture that there may be an extra HIV transmission risk in people with HIV and active herpes lesions.

One of the common complaints of people with HIV on acyclovir is both the number of pills they have to take and the unattractive shape and colour of the pills.

The number of pills needed may decrease if testing of an acyclovir prodrug proves successful. A prodrug is a drug which is metabolised in the body to the active form of the drug. This can result in achieving an effective dose more easily, if, for example, the prodrug is better absorbed from the gut. The prodrug is currently being tested in Australia in a National Centre trial.

— Ross Duffin

## Enjoy this

IF YOU READ *TALKABOUT* COVER TO cover (and of course you do!) you will have seen the back cover of

the last issue and perhaps wondered what it was all about (apart from the obvious).

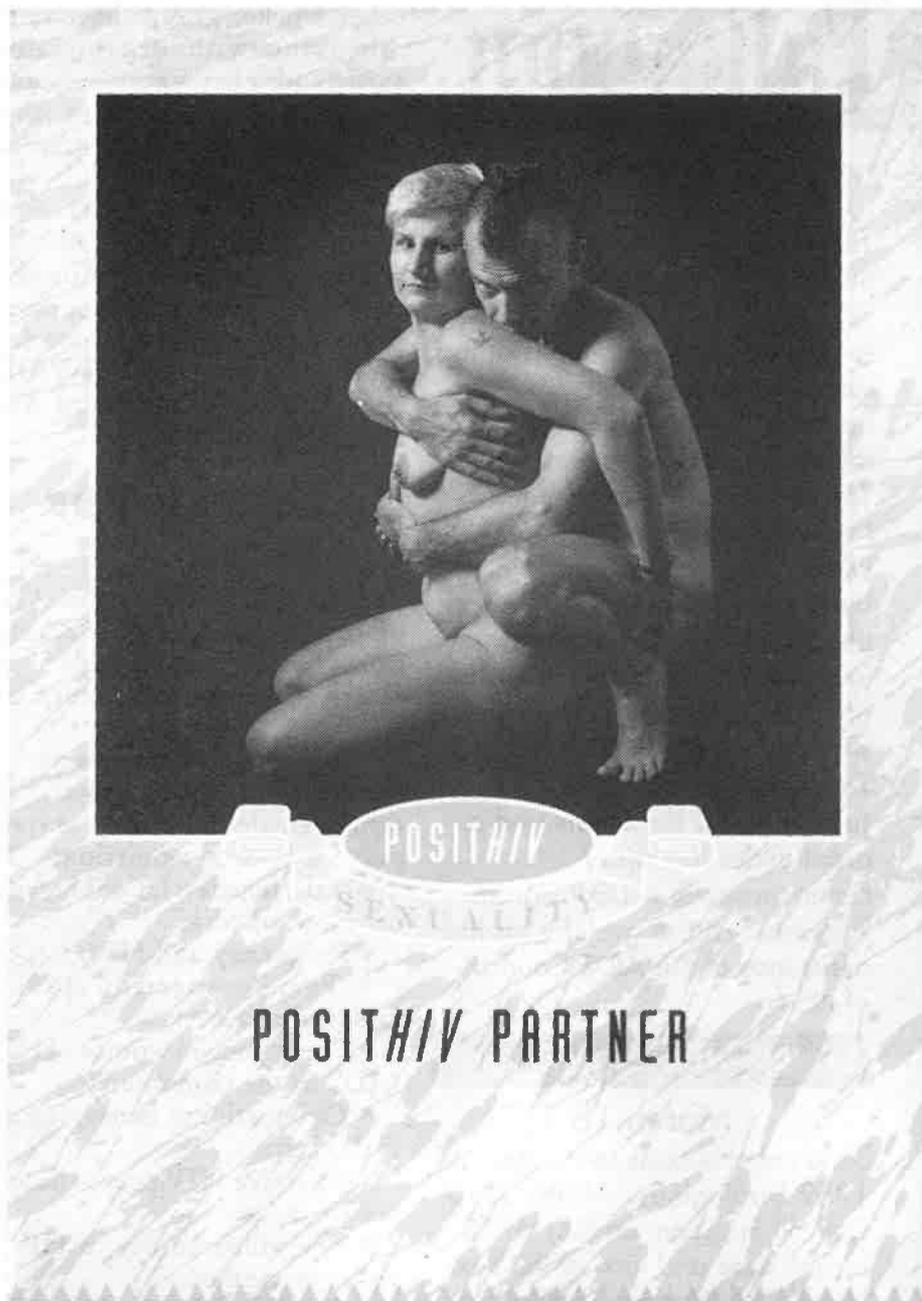
The ad is one of four that make up the "PositHIV Sexuality" campaign that has just been launched by ACON and PLWHA. The campaign consists of four postcards and two posters and by now you may have seen these around quite a bit.

PositHIV Sexuality was a direct development from the *Talkabout* "Sex" issue last year. Andrew Morgan, who originally thought of the idea of illustrating the issue with pictures of openly positive people in sexual scenarios, wanted to take it further. Andrew had long talked of creating a campaign that was by positive people and for positive people and worked hard to get this campaign off the ground.

Andrew says "PositHIV Sexuality is about people with HIV infection reclaiming their territory in the sexual arena. Through societal ignorance and fear of infection there has been a failure to recognise HIV positive people as sexual beings and a failure to include us in education strategies, whereas logic tells us that we are essentially an integral part." He adds "for too long people living with HIV/AIDS have been receiving messages that tell us we shouldn't be allowed to be sexual beings after receiving a positive diagnosis. This misconception has to change".

The campaign is a group of images of people living with HIV/AIDS in intimate and sexual poses. The images and text illustrate HIV positive peoples' sexuality, humour, desires, love and eroticism. It is a campaign that doesn't have "safety" as its primary objective. It's a campaign that says we should continue to think of ourselves as sexual beings and we should be proud of it.

The entire campaign has been produced on a very small budget. All the money used has come from funds raised by ACON. None of



it was funded by any state or commonwealth monies.

— Mark Hoskins

## Japan Conference

THE ORGANISING COMMITTEE FOR the next International Conference on HIV/AIDS, to be held in Yokohama in August, has released some information on Japanese immigration policy:

No-one will be denied entry to Japan on the grounds of HIV status, no question about HIV status is asked when applying for

a visa, and no HIV testing is required.

Individuals using methadone can import it for their own use (none is available in Japan). You will need to apply for permission to do so — for details on how to do this, call Dave Burrows at NUAA, 369 3455.

The conference secretariat is not very forthcoming on the subject of sex workers — in Japanese law it is illegal for them to enter the country. This means sex workers wishing to attend the conference will basically have to lie in their visa applications.

# Talkabout

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## DEADLINE FOR THE NEXT ISSUE

March 18

Send contributions to PO Box 1359 Darlinghurst, NSW, 2010. Call Jill Sergeant on 361 6750 for the date and time of the next Newsletter Working Group meeting.

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

Talkabout Co-ordinator  
Jill Sergeant 361 6750  
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: 360 3504

6 March 1994

Sex worker groups have raised this issue with organisations participating in the conference and asked them to register their concerns with the Conference organisers.

Earlier suggestions of a boycott do not appear to have attracted widespread support. In Australia, this is mainly because of concerns about jeopardising the success of the first international HIV/AIDS conference to be held in the Asia/Pacific region.

## Research for women

THE GLOBAL PROGRAM ON AIDS of the World Health Organisation recently established 11 research priorities for women and AIDS.

- The development of microbicides (used vaginally) and other female controlled ways to prevent HIV transmission;

- Male/female relations in sexual decision making;

- Pregnancy and HIV/AIDS;
- Female specific epidemiological research;

- The impact on women of HIV/AIDS in the community;

- Occupational behaviour and HIV risk;

- Effective HIV prevention for sex workers;

- The vulnerability to HIV of younger women;

- Traditional/sexual practices and HIV;

- Integration of STDs into other health services for women;

- Rapid and cost effective diagnostic tests and algorithms for STD diagnosis and treatment.

Now correct me if I'm wrong, but most of these seem concerned with prevention of HIV transmission, which is understandable, when according to the WHO women are becoming infected with HIV at the rate of two every minute. By the year 2000, they estimate, over 13 million women will have been infected and over 4 million of these

will have died. All the more reason, then, for the GPA to add a few research priorities to their list that are specific to women who are already HIV positive. What do you think?

Source: *Global AIDS NEWS No.4 1993 & WorldAIDS November 1993.*

## AZT & pregnancy

A US STUDY HAS FOUND THAT AZT dramatically reduces transmission of HIV from HIV positive mothers to their babies. The findings were considered so significant that the study, which began in April 1991, was stopped in February so that pregnant women who had been on the placebo could start taking AZT.

The chance of passing HIV on to the baby is about 25%, but in women taking AZT for the study, this rate dropped to 8%. There was no indication that AZT caused any birth defects, or that it affected the babies' health in the first eighteen month follow up period.

The US centres for Disease Control estimate that 6,000-7,000 HIV positive women give birth in the US each year.

*The AIDS Letter*, a British publication, reports a small recent study has demonstrated no difference in the benefits or the toxicity of AZT for women as compared to men.

Source: *New York Times*, reprinted in *Sydney Morning Herald* 22.2.94

## Survival clues 1

YOU MAY REMEMBER THE STORY about Kenyan sex workers who appeared to be immune to HIV (*Talkabout*, November '93). Researchers have identified a genetic marker common to all the women, known as HLA (molecules on the surface of cells which help the immune system distinguish the

body's own cells from those of invaders).

The interesting thing about HLA, from a positive point of view, is that different patterns of HLA may have something to do with rapid progression to AIDS or long term survival. A ten year US study has shown that HIV infected men with a particular HLA pattern were less likely to have developed AIDS compared to those with other patterns. Another pattern was common to men who progressed quickly to AIDS.

Experts caution that people who have tested HIV negative after possible exposure to HIV should not take this as a sign that they are 'immune' to it.

Source: *World AIDS* January 1994.

## Survival clues 2

MOST PEOPLE DO NOT DEVELOP AIDS until ten years or more after becoming infected, and a number have lived with HIV for 13 years or more, without developing AIDS, according to the University of California, San Francisco (UCSF). Researchers speculate that progress in HIV treatments and development of support programs have increased survival rates twofold since 1984.

Surveys have found agreement among survivors that lifestyle changes have been of great

importance in prolonging symptom free infection. Personal attitudes and the ability to cope with infection also seem to play a role in extending periods of symptom free infection. Common characteristics of long term survivors include optimistic, yet realistic outlooks on life, and taking responsibility for maintaining one's health.

Similarities among people infected by the same person indicated that the genetic virulence of specific HIV strains may also be a factor in long term survival. *From: AIDS Weekly, January 24, 1994*

## Quilt still with us

DESPITE CONTINUED FUNDING pressures, the Quilt Project is endeavouring to keep the Quilt visible as possible, and to maintaining the Project's services.

The recent twelve block display in Devonport, Tasmania, was very successful. Anti discrimination issues were a key element in this display, and each of the blocks had some Tasmanian connection.

The entire Quilt will visit many major cities this year, as well as smaller regional displays. The Entire Quilt will be displayed in Adelaide, March 6, Brisbane, March 26 & 27, Fremantle, April 16 & 17 and Melbourne, April 21 & 22. There will be further

displays later in the year.

We are grateful for the local and national support which has been offered, which has enabled displays to take place.

Thanks are due to the Adelaide Festival, the AIDS Council of South Australia, IPEC, ANSETT and the QLD Health Department for their support of the Adelaide and Brisbane displays. Fund-raising activities and sponsorship have also permitted the WA Group to progress with plans.

So, despite the funding pressures, the Quilt is still out there, offering comfort and support, and continuing its role in breaking down the barriers of discrimination and prejudice, until like in Berlin, they do not exist any more.

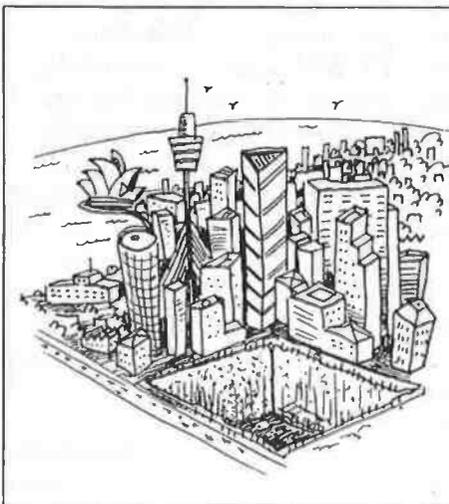
— Terry Thorley

## Daintree

AN ARTICLE APPEARED IN THE *Sydney Star Observer*, (25.2.94) entitled "Lofty ideals sold playwright on Daintree scam", which repeatedly refers to *Talkabout's* role in "promoting" the Daintree Loft — and by implication, the scam which has been revealed, in which Alex Harding lost \$50,000.

PLWHA and the *Talkabout* Editorial Group (TEG) are very sorry to hear of Alex's misfortune.

I would like to clarify *Talkabout's* role in this case. Chris O'Reagan, who was promoting the Daintree, approached *Talk-*



## Black Hole Needs Filling

This testament to recession must be filled before the year 2000. Sydney is so desperate to put on a facade for some little sports event that's rumoured to be happening about this time that it will pay you for the pleasure of relocating to this exciting underground location.

**Unlimited opportunities** for expansion — both below and above ground.

**Great scope** for making this dull end of town fashionable once again.

Even if filling holes is not your thing, do your civic duty and help remove one of the great holes and eyesores of Sydney. We won't pay you as much as corporate crime ripped off in the eighties, but our terms are so generous even poor but well funded community organisations could afford it.

For more information about the orifice for you, contact Mr B. Door on the island of Majorca on 666 6666.

about with a request that we publish an article to publicise the Loft. This is not an unusual request, particularly from new organisations/projects. He emphasised the "retreat" aspect of the Loft in our discussions and seemed to be above board.

*Talkabout* regularly publicises new projects and groups on the principle that PLWHAs should have access to as wide a variety of information and resources as possible.

*Talkabout* is the newsletter where PLWHAs "Speak for Ourselves", and as such it is often difficult to screen articles which are offered for publication by PLWHAs. The TEG does its best to screen out anything which appears to be "crank" or fake, (in this case it seems we failed). If we went too far in this direction we might well be accused of censorship, it is a tricky line to tread. It is impossible for the TEG or PLWHA (NSW) to entirely endorse everything we advertise or publish in *Talkabout*, it is also up to readers to make their own judgements.

We didn't become aware of the possibility of a scam until the December issue of *Talkabout* was at the printer and it was too late to withdraw the notice which still advertised the Loft.

The TEG will be carefully reviewing its editorial policy in order to avoid any more unfortunate events such as this.

— **Jill Sergeant**  
*Talkabout* Co-ordinator

## Current PLWHA Committee

Alan Brotherton, **Convenor**  
Robert van Maanen, **Secretary**  
Graeme Gibb, **Treasurer**  
Mark Bagley, Grahame Blair,  
Chris Connole, Andrew Darling,  
Ross Duffin, David Martin,  
Warwick Witt.

There is one vacancy on the Committee.

8 March 1994

# PLWHA News



IN RETROSPECT, FEBRUARY REALLY wasn't the best month to hold a planning day for any organisation which has even the faintest connection with Sydney's gay and lesbian community. Nonetheless, PLWHA NSW managed to do just that on February 12.

Thanks to Keith Marshall's suave, supportive and subtly glamorous facilitation, the day was a great success, sorting out priorities and setting clear guidelines for the coming year. The day was attended by the PLWHA committee and staff, interested members and staff members from ACON's HIV Support Unit and Mid North Coast Branch.

There'll be more detail on just what it is we're hoping to do, and why, in next month's *Talkabout*. Broadly, we're aiming to continue to raise the visibility of people with HIV and the issues which affect us, to involve more people in PLWHA NSW, to expand our presence outside Sydney and to help build an empowered HIV community by a number of means.

The good news is that PLWHA has received funding to continue the Nutrition Supplement Service established last November and to establish a Positive Speakers' Bureau. This last is an exciting development, as it gives us the means to represent ourselves directly to the wider community as well as build skills and involvement in PLWHA.

Other activities planned for the year include forums and workshops for positive people and training in lobbying and advocacy skills for people with HIV and AIDS involved in these areas.

We also met with members of

CLASH, a support and advocacy group for HIV positive heterosexuals, on February 15 to discuss ways of working together and sharing resources.

Committee member Glen Goldsmith has resigned. Thanks are due to Glen for helping organise the Time Out rooms at last year's Sleaze Ball, the World AIDS Day function at Darling Harbour and for representing PLWHA at NAPWA.

Careful planning has, of course, been followed by frantic activity as we gear up for Mardi Gras. Vaughan Edwards and David Martin are co-ordinating a parade entry which, at this point, looks like it'll be our liveliest and most colourful yet.

Claude Fabian has been co-ordinating a ticket subsidy scheme, generously supported by Mardi Gras and ACON, which will allow people with HIV who wouldn't otherwise be able to go to the party to get there. We're also co-ordinating viewing rooms for the parade for up to 100 people in the building at 94 Oxford St as well as the Time Out rooms at the party itself. And, finally, we were at Fair Day on February 13, promoting *Talkabout* and PLWHA and cheerfully and positively flogging t-shirts.

This frenzy of visibility and community development just wouldn't be possible without the dedicated efforts of staff, committee and a host of volunteers. Thank you, everybody. After this, setting up a Speakers' Bureau should be a piece of cake.

— **Alan Brotherton**  
**Convenor**

# Talkback



## Fairy ride

I HAVE DECIDED TO MAKE A POSITIVE, public statement about being Hiv positive. As such, and being absolutely healthy and fit, I have decided to not only go public about being Hiv but also try to bring home the message about having Hiv doesn't have to mean death. It can mean change, life and growth.

So I'm going to go on "The Great Ocean Bike Ride" which is an eight day bike ride from Port Fairy (pardon the pun) to Melbourne. It goes from 17th to the 24th April, 1994 and I will inform the press of Australia so they can follow my ride. What I'd like to know is if there are any positive people who would like to ride with me.

I got funding through Hiv compassionate businesses here in Adelaide. Please give out my address to any interested parties.

Also the aim is to raise money for Multiple Sclerosis. If word could be spread for sponsors I'd appreciate that too.

Mike

You can contact Mike through the PLWHA office. Call 361 6011.

## Scandalous

RE: ARTICLE ON PAUL YOUNG BY Robert Ariss (*Talkabout* #40). Isn't this a trite smug (sic)? I never knew Paul Young to be a scoundrel, I knew him as a manager of DSS Bondi Junction, who:

a) fought his own bureaucracy to have AIDS posters displayed in his own office and for general information for the public;

b) assisted others with disabilities in the community

beyond his responsibilities, regardless of their sexuality;

c) was a caring person, who said what he thought and did what he thought was right at the *time*;

d) always found time for others, even when he himself was ill.

If this is being a scoundrel, three cheers for scoundrels; some of us have to stand up and be counted, so the Robert Ariss's of this world can write about us when we are dead and cannot speak up for ourselves.

If being individual is eccentric, then having been told I am eccentric, then three cheers for us, we'll leave clonism to those who follow us, then write some snide

remarks of the dead.

One does of course wonder what they may write about Robert Ariss, perhaps "Butter wouldn't melt in his mouth!", or Robert Ariss complacently complacent.

If we were all the same clones how boring life would be.

Would Mr Ariss please enlarge on the "scoundrel", so we are all disillusioned or was this a bit of jealous bitchiness?

Mike Winter

*Robert Ariss replies:*

SCOUNDREL, SCALLYWAG, ROGUE... any of these will do, in my view, as affectionate celebrations of (one aspect of) Paul Young's particular

## Totally untouched by tasteless attempts at modernisation



*This charming little number is more than a renovators delight, just waiting for that spare million to be turned into a totally modern community centre.*

### Features include:

**Spacious Dungeon** A large dank leaky hole in the ground just waiting for soundproofing for noisy committee meetings and for 'backroom' party events;

**Air conditioned attic** Totally open to the environment for that natural feel — suitable for executive accommodations;

**Many balconies** no fencing and that authentic colonial Australian look, just the place for those projects or staff members that you want out of sight, out of mind with ideal exit route for those clients from hell;

**Gorgeous first floor** Featuring moving walls that sway in the breeze and roof boards that drift past and destroy telephone systems — just the excuse you need.

The ideal, safe working environment for an organisation with lots of staff.

**Totally friendly entry level** The lack of floorboards may seem intimidating, but at least you know your clients have run your intelligence test to get to reception.

Phone the broad minded Richo & Wretch on (069) 696 96969.

genius. If we have to censor our memories for fear of the dead, Mr. Winter, how boring *that* life would be. Perhaps you could return the favour and explain why I'm bothering to write this at all if it will only serve to further "disillusion" readers.

— Robert Ariss

## A new room?

*An open letter to Ron Spencer, Chief Executive Officer at St Vincents Hospital.*

DEAR SIR,

This afternoon I attended St Vincents Hospital Immunology B Treatment Room for my regular four-weekly, two hour dose of IV Pentamidine to find the treatment room has been moved from the ground floor Ai Kenhead to the second floor of the very old De Lacey building.

Many of the men and women attending the treatment room are there daily and may be there for as long as four hours. I am appalled at the conditions you provide in this 'new' treatment room.

The old room had a very pleasant outlook into the gardens, and might I say how relaxing it was to have a peaceful outlook under such circumstances; far more comfortable than the four bland green walls, with all sorts of ironmongery hanging off the ceiling, of the new room. One could watch the passing parade from the old room and it helped the time to pass. Now one is subjected to the same four bland walls and the noise and pollution from a busy Victoria Street.

It is so far removed from other services (pharmacy, ImB Clinic, etc.) that it is extremely inconvenient and even more so for one who might be incapacitated. On occasions when one is in the treatment room it is necessary to ask questions of/consult the Registrar of Immunology, but he is still down in the Ai Kenhead Building, in an office adjacent to the old room,

and is required to trek back and forth all day. It was also a comfort to know that the Registrar was next door should anything amiss happen during the course of one's treatment.

Within 45 minutes of my arrival it was necessary for me to resort to sitting on the floor, as I was in a lather of sweat and my shirt and pants were wet through from sitting on the vinyl chair. These chairs never caused a problem in the old room as it is air conditioned. To add to this, Pentamidine causes me to have hot flushes.

When I found the 'new' room I inquired as to the reason for the move. I was astonished to hear it is because of the hospital administration's concern regarding the possible transmission of TB in the closed environment of the old room.

This is something I find extremely difficult to understand. The Ai Kenhead building is but a new building: was the air condition system incorrectly designed? There are air conditioning systems in infectious disease wards/hospitals and operating theatres all over the world. Similar systems are used in hi-tech electronic laboratories where the air is filtered and extracted to the atmosphere and not recirculated. If such an adequate air conditioning system is not in place then why not upgrade what is there? Or is such expense not warranted on people living with HIV?

I ask what is to happen when winter is upon us; the new room will need to be closed up and heated, which according to my reckoning puts us back in a closed environment. Ideal, I believe, for the transmission of TB.

I cannot believe that this move is because of the air conditioning. Might I suggest that since the move the number of 'AIDS patients' at the main entrance of the hospital has decreased, making it much more aesthetically pleasing.

I have always commended the staff in the treatment room for their support, and now even more so under such adverse conditions; the care and compassion they have does not go unnoticed by their patients. They have always been reassuring with what can frequently be a traumatic experience, and now they are working against all odds. 'Tis a pity the administration does not have a similar attitude.

David Edwards

## Research funding

*In the February Talkabout an open letter was published from A.C. Kirk to Senator Richardson. Following is the Ministry's reply to Mr Kirk's letter.*

DEAR MR KIRK

Thank you for your letter of 1 December 1993 to the Minister for Health, Senator the Hon G.F. Richardson, concerning funding for AIDS research in Australia. Senator Richardson has asked me to reply to you on his behalf.

The Government has reaffirmed its commitment to AIDS research in Australia by committing \$39.6 million over the next three years, on top of the \$45 million that has been spent by the Government on AIDS research to date. This will enable Australian researchers to participate in the international research effort on AIDS, including the search for a cure.

Virology and immunology comprises the major part of the Australian research effort. However, it is legitimate that other areas be investigated — including social research that could lead to a better understanding of ways to prevent further spread of the virus. Considerable effort is being expended in Australia on research that might lead to ways in which the effects of the virus could be suppressed, including trials that have commenced on a 'prophylactic vaccine' that stimulates the immune system to fight the virus

in infected people.

The significant sums of money that have been spent by the Government have been provided at a time when economic conditions have forced the Government to exert stringent controls over its expenditure. It must be recognised that limited resources are available for all forms of research.

Nevertheless, AIDS research has been funded at increasing levels despite the numerous other pressures on public resources, including other areas of medical research. Indeed, the Government has frequently been criticised for spending too much on AIDS research. The continuation of funding for AIDS research guaranteed by the new National HIV/AIDS Strategy reaffirms the Government's commitment to supporting this important work.

*Michael Crawford,  
Senior Adviser*

## The Cure Project

I AM LOBBYING THE MINISTER FOR Health to adopt, as national policy, a research program to find a cure for HIV/AIDS.

I have called this the Cure Project. The campaign is being carried forward by the specialist body, Positive People.

This brief describes what Positive People is up against in our quest to have the goal of a cure recognised as national HIV/AIDS policy and provides some advice for immediate action should you be so inclined to become an activist.

There has been some hostility to our work from within the AIDS industry, but can the Cure Project be opposed ethically? (We make the assumption that human life is worth saving from life-threatening disease.)

Opposition to the Project:

1) implies a desire for no cure to be found;

2) equates spending money on research with waste based on the

prejudice that a cure is impossible; 3) may be personality-based and not directly related to the issue at hand at all;

4) may reflect a state of inertia (status quo) and the institutionalisation of the processes of thought (bureaucracy);

5) may be an expression of hatred and fear of those with HIV/AIDS.

Each of these opposing arguments is weak and each could not be sustained in debate, however together they present a formidable barrier to be knocked down if we are to succeed.

Also, arguments could be raised concerning the 'selfishness' of HIV positive people and people dying of AIDS wanting money spent on themselves when there are many other people in similar situations who simply die without creating such a fuss.

The whole cancer business comes immediately to mind. Although the sums spent on cancer research in Australia actually dwarf AIDS research, it is also true that many more people die from cancer than AIDS.

I find it rather strange and

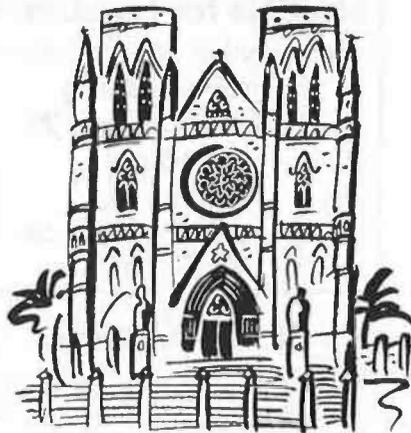
slightly objectionable that the mere numbers of people threatened by a disease should in any way relate to the funding it receives from government. I know that government is driven by numbers and that having the numbers is a politician's livelihood, but when it comes to disease and illnesses surely we are talking about the absolute outcome for each individual and not the politics of playing a larger group off against a smaller group?

If sheer numbers are what the government wants to see before it acts then it's up to us to spread the HIV message liberally around. Naturally such advice would not be considered reasonable even under the present difficult circumstances. And reasonableness is the 1994 watchword for the second generation of AIDS activists; so we eschew such dramatic gestures.

There are more effective methods available to make our point. To start with we should begin by withdrawing from the traditional medical system.

Testing and more testing is doing no-one any good. Often

## Pensioned out cathedral looking for a new life



If your organisation has people who think they're Godlike or even that they are God, then what better accommodations could you find?

No telephones are necessary as the in built extraterrestrial voice transferring and message system

remains available to the new tenants. This is rumoured to be more effective than the latest Telecom / Optus business systems. Indeed talking is not even necessary as thoughts go by this system as well.

The cathedral has been the site of tasteful frocks and cross-dressing, so if you're the sort of organisation that likes to present a good face to the world and likes the odd party or parade, what better place to have fun?

The cathedral is situated amongst parks, gardens and art galleries — just the 'domain' for organisations into out door activities or for those into culture and mind expansion.

For more information phone Sister Bertrice before this offer flies away.

the results merely ruin one's day. Why not try some of the complementary therapies on offer if you're feeling unwell? Complementary therapies include such marvels as meditation, affirmation, visualisation, massage, strange herbs, crystals, aromatherapy, acupuncture and so on. The *With Complements* newsletter, published by the HIV Complementary Therapies Collective, has some groovy ideas.

By not financially supporting the orthodox medical model we will be sending a powerful message to that establishment indicating our dissatisfaction with their failure with respect to HIV/AIDS. After all why would anyone continue to pay for services not rendered?

The second essential action is for all positive people to forget about being positive. Take your mind back to when the whole ghastly mess wasn't even a Hollywood movie. I know it's quite tricky, but one does have to overcome to get on with it.

We already have an ideal expression for handling the psychology, which is, 'I'm over it!' This cute little catch-phrase will be invaluable to anyone who is suddenly confronted with HIV paranoia. Just say 'Yeah!' to life that is.

Inflame yourself with the notion of health. The immune system is the body's arbiter of the 'self' (that old body you call your own). Its intelligence defines and mercilessly defends that self against all alien things which interfere with the smooth operation of the organism. HIV attacks the organism by weakening our subtle ability to define the self, leaving the body open to all and sundry to have a go. HIV is not invisible to the body's defences, but it is more powerful than our ability to neutralise its effects, at present. The self must be strengthened and redefined anew. This can be accomplished by the will and by love of the self

at the conscious level.

You do have to put the effort in for the magic to work though. If you can't invoke with the appropriate passion then I would suggest you try more hot sex, dance parties and mind-altering drugs. You should get the hang of it, and if not, at least you'll have had a good time.

These courses of action should be sufficient for the time being. However individual initiative is rewarded tenfold so do your own thing, as always.

Most of us will see this thing through. Just you wait and see dear fellow travellers!

— AC Kirk

*"Positive People" is a new group established for the sole purpose of campaigning for a cure. It is not affiliated to PLWHA Inc. (NSW) in any way.*

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

### **AIDS — Alternative Therapies and the Struggle for Legalisation**

(reviewed in Feb. *Talkabout*)

**Free screening**

**Tuesday, March 29**

**8.15 pm**

Heffron Hall

(cnr Palmer & Burton Sts  
Darlinghurst)

### **Rodd Knowles**

RODD KNOWLES, WHO FEATURED IN the February edition of *Talkabout*, died in late January. I didn't find out about his death until a few days later, when *Talkabout* was already being printed. I apologise to Rodd's friends for any distress the perhaps unexpected appearance of his interview may have caused.

— Jill Sergeant

## **PERSONAL**

LARGE COMMUNITY BASED HIV/AIDS organisation seeks attractive, spacious premises to house expanding workforce. Central 2010 location preferred, with discreet shopfront access, stylish facade and good air conditioning.

### **POSITION VACANT**

*People Living With HIV/AIDS Inc (NSW) is a community based organisation which represents the interests of, and advocates for the rights of, people infected and affected by HIV and AIDS in NSW. PLWH/A is committed to the ideal of equal employment and will not discriminate against applicants or employees on the grounds of race, sex, marital status, physical or intellectual impairment, sexuality, religious belief, political conviction, HIV status or any other ground that is not relevant in determining the best applicant for any position. Persons with HIV are encouraged to apply.*

#### **Talkabout Co-ordinator.**

We are seeking a dynamic, self motivated person to produce *Talkabout*, our high quality monthly magazine; including soliciting contributions, preparing articles, editing, layout and distribution. This is a full time temporary position for 7.5 months starting mid April to cover maternity leave. There may be a chance for further part time work. The successful applicant will be employed through the AIDS Council of NSW but functional control will rest with the PLWHA committee through its convenor.

**A duty statement, terms and conditions of employment and selection criteria must be obtained before applying. Please telephone Anthony or Tegan on (02) 206 2000 after 11 am.**

**Salary \$33,548 p.a**

**Closing date: 22 March 1994.**

**No agencies please.**

**Contact for further enquiries:**

**Jill Sergeant 361 6750**

*PLWH/A is an equal opportunity employer and has a policy of non-smoking in the workplace.*

# Positive messages

+ positive ..... artists addressing a.i.d.s.

Campbelltown City Art Gallery  
4 February - 6 March 1994

OF THE 200,000 PEOPLE LIVING IN the Campbelltown / Macarthur area 48% are under 25. Because the rate of transmission is still unacceptably high amongst young people it is important that HIV/AIDS issues be addressed at every opportunity.

Curator Suellen Luckett explains in her introduction to the exhibition that "the prime objective of + positive is to present a selection of AIDS-related issues to a wide cross-section of the community in order to increase AIDS awareness". It is clear through the work of the nine artists represented in the show that there is a commitment to end the epidemic. Whilst not assuming anyone's HIV status, this exhibition is clearly about being HIV+ and while it addresses issues such as living with the virus, safe sex, safe injecting, discrimination, death and grieving it also sends positive messages about living with the virus, prevention, education and caring about and for people with HIV/AIDS.

Bronwyn Bancroft's striking and brightly coloured gouaches were commissioned by the National AIDS Campaign to be used by Aboriginal communities. *Education About AIDS* deals with the need to educate people about needle exchange and safe sex. Flowers represent counselling and education groups which spread "good information" about prevention and education. *Prevention of AIDS* shows two people enclosed in condoms where they are safe from the potentially dangerous fluids around them. This work also indicates the

importance of protecting unborn children from the virus. In *Caring for People With AIDS* the message is that we can safely care for family and friends. The centrepiece of this work is an eye looking to the future "when, hopefully, a cure will be found".

We are seduced by Phillipa Playford's bright, happy images. Make no mistake, her underlying message that we all have to take responsibility for AIDS is serious. *Hot Love* is about lesbian safe sex. Another work proclaims boldly, "You are not a homosexual, you are not a hemophiliac (sic), you are not an intravenous drug user. You think you are safe, but you are in danger. Respect yourself."

Like many Koori artists, Harry Wedge is a story teller. His text accompanying each image comments on attitudes to the epidemic. *Gay Lovers* is a typically powerful story. "... (gays) are just like other people sitting down talking like friends. But sometimes you can hear people calling them weird names ... Them people got feelings too, how do you think they feel being called names, they don't like it very much at all. They just want to be treated like everyone else — with a bit of respect. Because of AIDS coming out now how do you know the homosexuals caused AIDS. It started from overseas, people not having baths and so on, that's my opinion anyway. Or it could have started from the monkeys in laboratories, or the CIA. So next time you see the lovers walking past try to think of nice things about them instead of putting them down in the gutter." Harry Wedge's work in the exhibition also deals with transmission through heterosexual sex as well as through blood transfusion.

Simon Mark also draws

attention to our vulnerability to the virus regardless of our sexual preferences. In his painting of two dancing figures one is obviously male whilst the other is without gender.

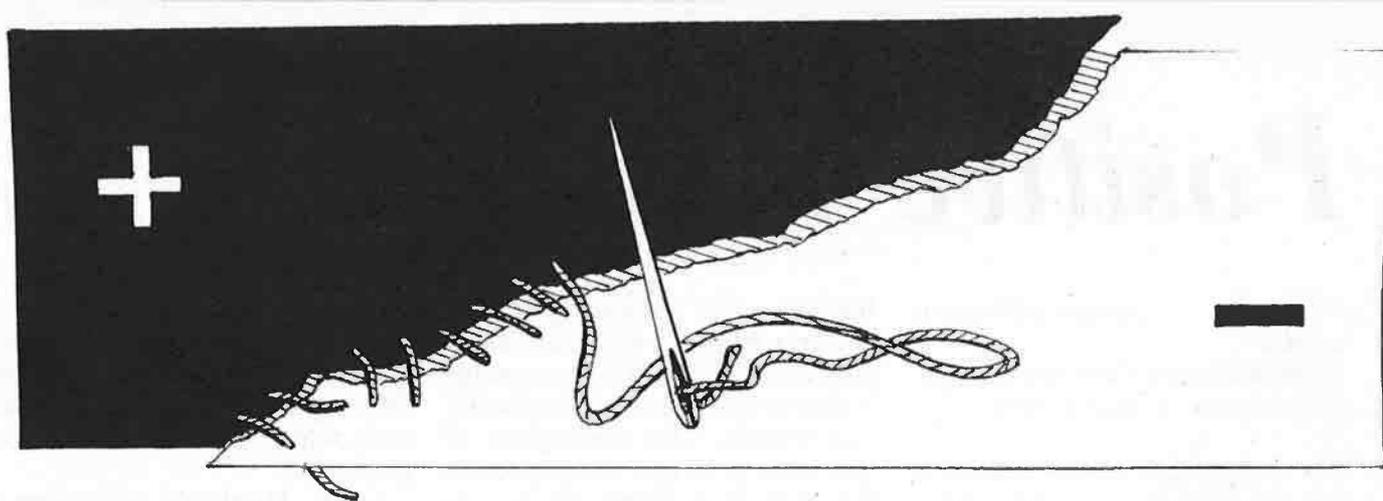
Jamie Dunbar's photographs will be well known to regular readers of *Talkabout*. His work clearly displays a deep understanding of HIV/AIDS issues, an understanding which can be gained only through a personal and loving involvement with people living with the virus and a total commitment to ending the epidemic. The pictures selected for this exhibition are from the series *PositHIV Sexuality*, a collaboration between the artist and HIV+ people. They challenge the equation HIV+ = illness and death.

Brad Levido's paintings deal with death and seem to suggest unresolved feelings about sexuality. In one picture the male figure is bound while in another men are partially hidden behind a fence. *Graveyard* is a monochrome like most of Levido's work, except for two central headstones which are red. These identical headstones are placed together. In her catalogue essay Suellen Luckett proposes that "the close juxtaposition suggests a continuity wherein death is essential for life, that change is inevitable, as is death."

Brad Levido died in 1993.

Steven Royster also attempts to present life and death, not as opposites, but simply as stages in a continuum. His works on paper are the result of a collaboration with people living with HIV/AIDS. They were displayed at the Taylor Square Private Clinic

Continued page 15.



By Ross Duffin

WITHIN THE AIDS AFFECTED communities, the sometimes complex relationship between people with HIV and people who are HIV negative has often been the subject of tension and discussion. This tension is often reflected in organisational dialogue about 'who speaks for people with HIV and AIDS'. It is an issue that is sometimes fraught with high emotion and thus, for me, quite difficult to write about.

What's prompted this piece is an article in the February issue of *Burn* magazine which is about the impact of the HIV epidemic on HIV negative gay men. Quotes in the article raise the notion of separatism by people with HIV, yet I've never seen a person with HIV and AIDS, or their organisations advocate political or personal separatism.

For me as a person with HIV, one of the most important things in adjusting and coping was meeting and talking to other people with HIV. I had been involved in AIDS work before I knew what my serostatus was. Finding out I was positive made me question many of the assumptions underpinning the safe sex education of the time and also our assumptions about 'community'.

Safe sex was not erotic and having sex knowing you've got this virus is immensely difficult. Most early community campaigns

targeted what was perceived to be the highest risk activity — unprotected anal sex — and mostly ignored 'safer' but not 'safe' activities such as oral sex. As a strategy for achieving the most possible reductions in transmission that may have been correct. But for an individual with HIV the grey areas of safe sex became much more important — and information that you could feel confident about was, and still is, hard to find.

These difficulties meant that for me it was easier to try to find partners who were positive. Yet this challenged the assumptions that underpinned current education strategies. One of the early arguments about testing was that it would result in a divided community. Safe sex for all was the motto. If you were going to form sexual liaisons based on serostatus, then that meant revealing your serostatus — and at the time the rule was meant to be 'don't ask, don't tell'. As soon as I knew I was positive, this did not work for me.

Many of my friendship network now were people with HIV and AIDS. While this new personal strategy offered me many things, it also meant having a friendship network that was often sick, dying or in emotional stress. About three years ago, I needed to diminish the impact of this in my personal life — and I stepped back. This is not unique to people who were positive, as the *Burn* article points out — and as it is clear this

epidemic is to continue into the next century, learning how to deal with the emotional consequences of what we're living through is something we must do regardless of serostatus. However, the implication in the *Burn* article that people with HIV have services and programs to deal with and process these issues, while HIV negative gay men don't, does not accord with my experiences. People with HIV are also struggling with and grappling with these issues.

In order to cope, it became necessary for me to have some friendships and emotional supports that were not solely based around positive serostatus. My friendship and support from other people with HIV is not the only thing that is vital to my 'living well', but having our own spaces and organisations is just as important for HIV positive people.

Any sensible response to AIDS would foster and encourage the development of organisations and groups for people with HIV and AIDS. Unfortunately, such strategies are sometimes greeted with claims of separatism. On a personal level, there seems to be something threatening about people with HIV getting together, as if people who are negative are somehow being rejected or being told 'they don't understand.' Me thinks a deal of projection is going on here — because that's not what's happening.

People with HIV and AIDS do

have a set of experiences to inform and improve the response to AIDS. We are, and have to be, partners in prevention.

The need for autonomy to make our decisions and for our own organisations to represent us, seems to me to be self-evident. Yet sometimes AIDS organisations conceptualise PLWA organisations as rivals and competitors and threatening their territory, and sometimes they speak on behalf of people with HIV and AIDS without sufficient consultation and dialogue. Sometimes, these things work well. Some of the reasons for this are historical — by and large PLWA groups were set up well after community based AIDS organisations. In the early response to AIDS, there were very few open people with HIV. By the time slogans like 'talk with us, not about us' appeared, and the PLWA 'empowerment' movement began, the new organisations were seen as threatening the territory of existing AIDS organisations. Further, the new organisations had to compete for funding at a time when most of the AIDS funds were committed — and the stated priority of the time was said to be prevention.

There are no easy answers to many of the issues that AIDS has thrown at us. Many of the issues are common to all people affected by AIDS. Many of the issues are unique depending on your serostatus — and for me, finding I was positive led to a challenge to my some of my beliefs which was similar to what I experienced when coming out as a gay man.

While many people who are HIV negative can intellectually understand and conceptualise what it must be like to be positive, that doesn't necessarily translate to a gut level emotional or experiential understanding. For me, that's why there needs to be space for all of us affected by AIDS to deal with the issues, in whatever groupings we need.

## Glamorous Hotel Seeks New Life



In its former life this gorgeous neo-classical hotel has been a favourite hang out of wharfies and truckies, but following the guppification of the local area it needs to find a new mission in life — so it would be simply fabulous for organisations who think that a good mission statement is the solution to their problems.

The hotel is an equal opportunity building and welcomes organisations regardless of sex, sexuality (although it is not without opinions about heterosexual batters who complain about it), intellectual challenges, height challenges, sight challenges, weight challenges, serostatus challenges, religious beliefs (although ideologically sound ones are preferred), race, and any other challenge you can think of.

Obviously this building suits those with a bureaucratic bent (the emphasis on bent, of course).

The old beer cellars would store enough old useless memos and position papers to destroy many a rain forest — an archivists delight.

So roll out the barrel for this one — it's a building with a mission for a community organisation.

## Positive messages

*continued from page 13*

where people wrote and drew on them. One work, *Brabage*, had a poem written on it by a person who died three days later. In much of the work the masculine spirit is honoured by intertwining archetypal masculine imagery with spiritual symbols.

The difficult issue of beats and how to educate the predominantly bisexual men who use them is one of the subjects Michael Butler deals with in his paintings. Because many men who use beats do not identify, even to themselves, as homosexual they lack AIDS awareness and don't believe themselves to be vulnerable to infection. There are also several paintings featuring beds used for love and sex. Michael Butler's final poignant image is of an empty bed.

Photographer William Yang has been documenting aspects of

Sydney life for about twenty years. He has two works in this exhibition. One, *Allan*, is a documentation of the death of a close friend. It is a series of photographs, most made during the progress of his illness. The artist has added his observations and comments as text. This gives an insight into his relationship with Allan and makes the work extremely personal. William Yang's other work, *An Asian Affair*, is derived from a poster commissioned by ACON to increase AIDS awareness amongst young gay Asian men. This project was designed to overcome the dangers of ignoring cultural aspects in AIDS education.

Congratulations to the Campbelltown City Art Gallery Trustees, Director and Curator for taking the bold step of presenting what is probably Australia's first exhibition about HIV/AIDS issues in a public gallery.

—David Urquhart

March 1994 15

# Mum's the word

By Julie Fuad

PEOPLE HAVE ASKED ME "WHAT WAS the hardest thing you had to deal with whilst caring for Mel?" which is a hell of a question, really, to ask a parent after their daughter has died from AIDS! But aside from the obvious answer that someone I love with all my heart is getting sick and is not likely to recover, the question does have some merit, because there were, when I think about it, all sorts of smaller dilemmas and difficulties that I had to work through on that journey.

So to answer that question in one phrase it would have to be that the hardest thing for me to do was to support her totally in all her decisions even when I didn't agree with them.

The first test was when she rang me from Central Australia.

"Jules, I'm coming home. I'm going to live with you and Dad and concentrate on my health"

"Fantastic! When?"

"I've decided to ride back on my motorbike. I want an adventure. So however long it takes". Pause. This 25 year old woman had so few T-cells she could have named them individually, and needed an afternoon nap on most days. "You don't think it's a good idea, do you?"

"Give me some time to think about it."

I thought it through, agonised over it with her dad, put aside visions of her slight body battered by the roadside and rang her back.

"If it's what you want to do, go for it!" We talked maps and plans and she was excited at the challenge, and pleased to have our support.

A week later she rang to say she thought she'd fly home. She'd been talking to locals and been studying maps and it really would

be too much. The bike would be sent over by road transport. Of course I was incredibly relieved, but I could also acknowledge that for her it was just another adaptation that the virus had forced on her, and that it was painful and disappointing. It also had to be her decision, and no-one else's.

She did get in a mini-adventure some time later on her bike, riding up the North Coast with lots of stops and rests. She had a dry, racking cough that I didn't think would be helped by the wind

**"I don't deny it  
was hard to  
surrender what I  
thought was best  
for her . . ."**

velocity on her chest, but I kept my thoughts to myself, asked her to phone regularly, and told her she was fantastic. She had a good time and was pleased with herself for achieving it. She caught a train home.

The next test was a few months later. She'd lost a heap of weight, and was getting breathless walking to the corner shop. She had oral thrush.

"I've decided to go off all medication. I hate all these toxins in my body." She was on AZT and Bactrim. I thought about the dangers of getting PCP without a prophylaxis, but knew that she was as informed as I was, and that she must have thought it through.

"OK, that's fine".

She went to a naturopath who advised her to go on a very strict candida diet for the thrush. For the next two months Mel lived rigidly on no yeast, no fruit, no sugar, no dairy products, and her

weight plummeted even further. The thrush had taken hold and wasn't budging, her mouth was sore, and eating was painful. It broke my heart to see her measuring and preparing this soulless food, when a pill (as I saw it) would have cleared up the condition. I also saw, however, that she took pleasure in monitoring exactly what she put into her body, and that she got pleasure from telling her doctor that she wanted to take this particular course of action.

I don't deny it was hard to surrender what I thought was best for her, but by this time I could say to her, and mean it with all my heart, "I support you totally in whatever choices you make."

She followed through having control over her life right to the end, refusing treatment for possible liver cancer, and signing a 'living will' that she didn't want medical intervention if she wasn't able to make that decision for herself.

We had a golden time, the three of us, those last few months. We never had a moment's conflict. I look back now with such gratitude that we found, in all the sadness and pain of this virus, a remarkable relationship founded on unconditional love and acceptance.

## ACON MEDITATION GROUP

*The meditation group  
meets every Monday  
of every month  
at 6pm, ACON,  
55 Oxford Street.*

**INQUIRIES: CALL DAVID  
ON 358 1318**

# Lesbian and Gay Mardi Gras Dreaming

Part IV of a song cycle by David Engelbrecht

*All is in darkness: there is no light;  
there is no tinsel or tulle.  
We stop in that place: we remember.*

*As the great parade reaches Taylor Square,  
all falls to silence.  
All falls to silence — a terrible silence —  
as we stop to remember.  
We stop to remember an untimely death,  
visited upon our friends and companions of the past.  
We remember the name of that death:  
AIDS.*

*We think upon those friends and companions,  
in that lonely moment;  
in that dark silence.  
It envelopes us all, touches us all, gathers us all in the arms of sweet  
memories.*

*Those memories are like a vast patchwork quilt —  
a coat of many colours —  
wrapped about us.*

*That quilt has sequins sewn onto it.  
It has feathers and leathers,  
chain, tulle (and lots of it).  
We carry that quilt in a great procession,  
past pubs and clubs,  
up Oxford Street toward the Showground.  
When we reach Taylor Square,  
we stop.*

*We stop in that place, and unfold the great quilt.  
When we unfold that quilt we see  
friends and companions of the past,  
dancing in that place.*

*They dance in their feathers, in their leathers,  
in chain, in tulle (and lots of it);  
they blow moonmist magenta kisses to us all,  
out of the glitter and silence;  
a moonmist magenta silence that envelopes us all.*

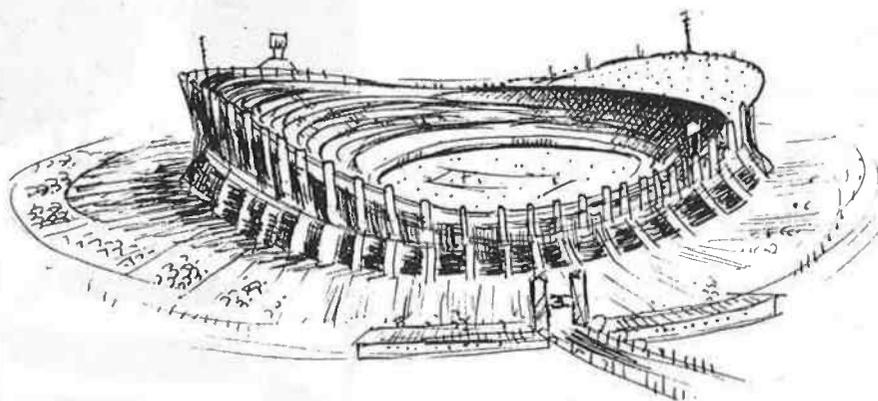
*They burst out of that silence,  
in an eerie explosion of queer.  
They burst out of that untimely death,  
into sweet health and wholeness.*

*That sweetness is very dear to us;  
it gathers us all: it sweeps us up in its arms.  
Those friends and companions are always with us.  
Our memories float up from the silence:  
they float up from out of a vast silence,  
contained in a lavender coloured sequined handbag.  
Those memories reflect a languid light,*



*like a mirror ball turning in a lavender light:  
 like a full moon shrouded in mist.  
 All is in darkness: there is no light.  
 There in that darkness is a moonmist magenta light,  
 that envelopes us all.  
 That light is like the sweet taste  
 of delphinium china blue lipstick.  
 It is like the purest, refined briar rose powder,  
 collecting in drifts, like snow on Kilimanjaro.  
 Each fleck of powder is like a languid full moon,  
 hanging there in the darkness, shrouded in mist:  
 sweet, soft mist;  
 sacred, holy, mystical.  
 Each fleck collects in a magic mirror,  
 and drifts down upon us like ambrosial dew.  
 Each fleck is like a silken thread,  
 sewn into panels of a vast quilt.  
 That quilt is like a magic mirror reflecting a languid light;  
 a thousand mirror fragments reflecting that queer light.  
 That quilt is like a dream in which we find ourselves.  
 There in that magic quilt there are fragments of life,  
 drawn together.  
 Those fragments are our hopes and fears, loves and sorrows: our queer  
 cosmetic reflections, moonmist and lavender,  
 our sequined struggle: our silken liberation.  
 There is light in that magic, refracting through a queer prism.  
 That queer prism is like a pink triangle.  
 When light passes through that queer prism  
 it refracts into a languid rainbow, hanging magically above us.  
 We step out of that light to dance with friends and companions,  
 past, present, and future.  
 We step out of the silence into our lives,  
 into a rainbow quilt of hopes and fears,  
 loves and sorrows.  
 And now the great parade moves on toward the Showground.  
 We carry that quilt out of the silence, into life.*

### **'Sports rort' stadium neglected**



Affectionately known to the neighbours as White Elephant Superdrome, this stadium has not been graced by many supporters. Built with government subsidy,

the stadium is seeking tenants to help subsidise its activities. The stadium would suit organisations who fantasise about former sports glory or football

players. Redecoration and renovations are welcome, so this could be truly fit for a queen. Details about the funding history of this stadium are not encouraged, nor can guarantees be given about structural soundness. We don't care about any sporting preferences your organisation may have. Indeed we don't care about any preferences. No, we're just desperate. And our, being desperate could be to your advantage.

*So please call Mr N.S.W. R. Wing and it could be a deal — because deals are our way.*

# Home Front



## Peter's minor miracle: Minor Bupleurum combination

*Home Front is an occasional column where readers share experiences with treatments and treatment decision making. Anyone is welcome to contribute.*

By Peter Blazey\*

HAVING TRIED THE TRADITIONAL Chinese medicine Minor Bupleurum combination for about a year, I can testify that it is a minor miracle. I look better, feel better and in the last year haven't once had the flu! Of course, this may be helped by other factors like improved diet, exercise, meditation and acupuncture, all those holistic things your average western doctor hasn't got time to talk about.

But still, for this long term HIV survivor (diagnosed in 1984), who's still asymptomatic, and who's been through the antiviral mill, Minor Bupleurum has transformed my life.

For one thing it comes as a brown granular powder. No more boiling up yucky sticks and leaves and uttering imprecations in the kitchen as if you're one of Macbeth's witches.

Very briefly, traditional Chinese

*\* Peter Blazey is a columnist on OutRage magazine.*

medicine (TCM) has a different attitude to the body than western medicine. Instead of trying to locate the disease and knock it out, TCM is concerned with the patient's total health, with strengths and weaknesses in the person's yin and yang. The western method of a bazooka-like attack on the virus with antivirals has failed since it ends up poisoning the patient (although Western medicine has been successful with prophylaxis).

Minor Bupleurum is a herbal preparation made up of eight ingredients including ginseng, ginger and licorice. It acts as an Immuno-moderator, helping tonify the vital energy of the body. It strengthens digestion, so that you gain maximum results from food, and it also has an antiviral type action which helps stop opportunistic infections.

Significantly, it *seems to stop replication of the virus*, through the anti-reverse transcriptase action of a flavanoid called bacalein in one of the ingredients in the formula called scutellariae radix.

In other words, it does all the antivirals claim to do — but since it actually strengthens (not weakens) the patient's immune system, it does a great deal more.

Peter Townsend, a TCM

practitioner of Chinaherb Co, is cautiously optimistic. He says that serious research on Bupleurum is now happening in Japan, where it is called SST and where \$700 million worth of it is consumed annually, with only three cases of adverse reaction, he says.

"I've seen cases where it can cure cases of Hepatitis B and C completely. It's better than Interferon because there's never any rebound".

He claims he's noticed T cell counts go up by 20 per cent among the people in his clinic. Further, these people show improved looks, diet, energy and optimism.

Townsend claims that a person who has had an AIDS-defining illness can be restored with certain Chinese herbs and that TCM is excellent for diarrhoea. He adds that many young gay men who spend time at dance parties, have a bad diet and/or take drugs are in a state of severe immune depletion: "Their yin is exhausted, they need a tonic."

He makes the point that TCM uses food as medicine.

"The general thing is to eat a well balanced diet with lots of complex carbohydrates — rice, potatoes, with well cooked vegetables plus proteins, low fat beef, chicken, pork and fish." Townsend says he has had 30

telephone inquiries since the TCM issue of *With Complements* was published in November. (for copies call 358 1318 or drop by the PLWHA office.)

As writer of the present article, I should say I haven't had my T cells checked since I started on Minor Bupleurum 10 months ago (about 360), but I'm sure they'd be up. I've been taking a small teaspoon (about 2 grams) three times a day. Although it has a slight mud-like taste, it's quite pleasant. But now that I feel 100 per cent, I don't wish to return to the taking-antivirals-as-you-watch-your T cells-go-down syndrome. This deeply depressing condition, not to mention the extreme toxicity of AZT, only knocks your immune system to bits. And mental health is as important as physical — even western doctors agree with that!

As reported in the February issue of *OutRage*, the use of antivirals went down by 25 percent over 1993. Martyn Goddard estimated that of the 13,000 to 18,000 seropositive Australians, fewer than 3,000 are now on any type of anti viral therapy. That is, less than 2,500 are now taking AZT, with 700 on ddI and 300 on ddC, many being on a cocktail of all three. Goddard reported this as if it were bad news. On the contrary, if people have switched to alternative and holistic therapies, it's good news.

I strongly recommend Minor Bupleurum, along with exercise, sensible diet and acupuncture, for any asymptomatic person. In fact, I've staked my life on it.

*Chinaherb (02) 281 2122 offers Minor Bupleurum at \$29.90 a package, which lasts a month. They are located at 29A Albion St, Surry Hills, NSW. But if you call, you should ask to get a checkup from your nearest TCM practitioner. He or she will diagnose your general fitness. You can find this person by asking for Chinaherb's 'National TCM Referral Service.'*

## Escaping city stress ?

MORE AND MORE THESE DAYS, HIV+ people are moving to rural areas to escape the stresses and strains of the city rat race, especially those who are retired. This is a great idea and I feel imperative to maintaining what's left of ones health.

I moved from Sydney to Coffs Harbour in October '93 and it has certainly been a wise move. I feel more alive (believe it or not) and am definitely less stressed out. I would recommend it to anyone who is contemplating moving.

However there are some problems with moving to a rural area that people may not be aware of. Care and support services, although improving, are nowhere near the standards of Sydney. For example ACON Mid North Coast (Coffs Harbour) was set up only for education and prevention and although the staff do as much as they can to assist people requiring care and support they are fairly limited in what they can do. If you decide to move to the country I suggest you choose an area that has support networks set up. Information on the services available may be obtained from any of the ACON branches.

There is also the problem of people's attitudes. As we all know there can be a few problems with narrow minded people no matter where you live. In a small country town where everybody knows everyone else's business so to speak, it can become a problem if you let it, so I suggest you choose wisely who you tell and how you tell them that you have HIV.

There is little public transport in rural areas so if you don't have your own transport, it would be better to live close to or in town, so that if ever you need assistance it is more easily accessible.

Other problems include a lack of specialists. If for example you need to see a particular specialist

that is not available in the area you will have to travel to Sydney. Assistance can sometimes be given through IPTAS, (Isolated Patient Travel Assistance Scheme) and BGF (the Bobby Goldsmith Foundation).

You may also find that many of the every day essentials are more expensive in rural areas, such as food, clothing, electricity, petrol, etc. I don't wish to put anybody off moving to the country, but I feel it's important that people know of some of the downsides of living in a rural area before making the decision to move.

If you are thinking of moving it would be wise to move while you are relatively well, so that you can enjoy some of that famous country comfort from the many wonderful people such as I have had the pleasure of meeting. Besides, life in the country does not mean isolation and boredom, there are gay social groups as well as many other things to see and do. But please, gather as much information as possible before making a decision!

— Chris

*See pp. 30 - 31 for contacts outside Sydney.*

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### Banking tip

BRICKBATS TO THE ST GEORGE Building Society, which recently introduced bank fees on accounts that drop below \$250 in the month — just like all the banks! This is bad news for pensioners of course. The only alternative St George is offering is a no fees account which you need \$2,000 to open. However, one of *Talkabout's* readers has shopped around and tells us that the Commonwealth Bank have a no-fees Savings Investment Account. The drawback to this is it's a passbook only account.

# Fair Treatment



## Preventing Cervical Cancer: Pap smears explained

Part 1  
by Risa Deneberg\*

IN MY EXPERIENCE AS A CLINICIAN, I have found that many women come to the health clinic for Pap smears, knowing that it is important to their health, but often they do not really know what the test is for.

This proves that our medical settings fail to provide women with the information that they need to participate fully in their own health care. Women often hate to have the test, because many have been treated roughly or with insensitivity in the past.

Common complaints that women have include: the provider doesn't speak to them before the exam, they are asked to "assume the position" before meeting the doctor, the speculum is cold, it is inserted roughly, the provider doesn't make eye-contact, or even makes odd comments or jokes during the examination, and little or no information is provided about the procedures, the medical findings or the follow-up care. These conditions must be changed by educating medical providers.

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\* This article is reprinted from an American publication, *PWAC Newslines*, December 1993. Because it is American, terms used and circumstances described may not exactly match up with Australian experiences.

### What you need to know about Pap smears

The Pap smear (named after Doctor Papanicolaou) is an early screening test for cervical cancer. It is one part of the female pelvic examination. It involves collecting a sample of cells by gently scraping the cervix with a wooden stick that looks something like a tongue depressor, and by twirling a q-tip or tiny brush inside the cervical canal to pick up more and different types of cells. The cells are spread on a glass slide, prepared, and sent to a laboratory for examination.

In order for the test to be accurate, the medical provider, the woman, and the cytologist 'reading' the slide all need to understand and follow some basic principles. A woman should prepare for a Pap test by scheduling it when she is about two weeks before her next expected period. If her periods are absent or infrequent, the appointment is scheduled, but the women should call to inquire what to do if bleeding starts unexpectedly. In addition, a woman should not use tampons, douches, medications, creams or suppositories, or have intercourse (sexual activity involving the outer genital area is fine) for 2-3 days before having a Pap smear test.

The medical provider should be careful not to disturb the cervix before taking the smear, and should not use lubricant (K-Y jelly) on the speculum. The slide must be sprayed ('fixed')

immediately, not a few minutes later. Of course it must be labeled properly to avoid mistakes. The sample cells must be taken from the right areas with the correct technique.

The cytologist should be affiliated with a laboratory that follows federal guidelines for reading Pap smears, and should report using the current Bethesda system, which has standardized the language so that there is less confusion (In the old system, a class 2 might mean different things to different labs). The Bethesda system will report the slide with one of the following terms:

### Inadequate or insufficient for interpretation

This slide lacks enough cells or fails to show cells from inside the cervical canal. It should be repeated in 2-3 months. (Note that a Pap smear should not be repeated in less than six weeks, in order to increase the likelihood of getting an adequate sample).

### Atypia or Squamous Cell Atypia

These cells show minimal changes, and may be 'atypical' due to use of oral contraceptives, presence of a vaginal infection or condition, or a failure to obtain the smear under the best conditions. Any problems that are identified should be corrected, and the smear should be repeated in 2-3 months. Recurrent atypias require colposcopy. Some clinicians will

schedule colposcopy on all HIV positive clients with atypia.

### **CIN (Cervical Intraepithelial Neoplasia)**

These reports are graded as CIN 1, CIN 2 or CIN 3. This is the condition that is also called DYSPLASIA (means 'abnormal development') and may be referred to as "pre-cancer." Another term that is used for this condition is Squamous Intraepithelial Lesion (SIL). The grade represents the extent of the problem — In a CIN 1, one third of the sample has dysplasia, in a CIN 2, two-thirds of the sample has dysplasia, and in a CIN 3, the entire sample shows cells with dysplasia.

### **Carinoma-In-Situ (CIS)**

This report means the same thing on a Pap smear as a CIN 3, in other words, the entire sample shows dysplasia. The sample shows no signs of invasive cancer.

### **Other Conditions**

The Pap smear may report additional conditions that may affect the accuracy of the smear. The term 'inflammatory changes' is commonly used and refers to many findings that can interfere with a good view of the cells.

Vaginal infections such as yeast, trichomonas, bacterial vaginitis, and other germs may be noted as present on the slide. Inflammation can be due to hormonal changes (such as in menopause), use of birth control pills or other medications, or recent douching or intercourse. All conditions identified on the smear must be corrected or treated before obtaining another smear.

The Pap test is a very good, safe, non-invasive screening test that all women should have at least once a year. HIV positive women, because of increased rates of abnormal Pap smears, should have a Pap test taken every six months.

Screening is preventative health care. All screening tests have limi-

tations. They are inexpensive, simple, public health measures for testing large numbers of people for a condition that is common in the general population.

A screening test should only be used if it can identify a condition in which early detection and treatment is beneficial. Screening tests are judged to be most useful

### **HIV positive women, because of increased rates of abnormal Pap smears, should have a Pap test taken every six months.**

if they identify the condition in question only when it is really present (specificity), and don't fail to identify it when it is really present (sensitivity). This means the test should give very few false negative or false positive results.

The Pap test is a good screening test, but some research suggests that the false negative rate may be higher than desirable. However, if everyone does their part correctly, the Pap smear is likely to be accurate.

It is also important to look for and treat any vaginal condition or infection before obtaining a Pap test. This greatly reduces the likelihood of obtaining a smear that will need to be repeated, or cause concern for the client. Any bleeding, semen, vaginal discharge or other condition may result in a less than accurate Pap smear.

Many providers take Pap smears under less than ideal conditions, with the thought in mind that the women may not be willing to return for the Pap test at a later date. When women are given proper information most want to make sure that medical tests are done correctly so that the results can be reliable.

There have been recent reports of increased rates of false negative

smears in HIV positive women. These reports should be confirmed by additional studies, however it is unclear what conditions would account for a difference in accuracy between HIV positive and HIV negative women. More frequent smears, and prompt referral for colposcopy must be available to HIV positive women. At present, it seems somewhat alarming to suggest that HIV positive women cannot obtain accurate results from Pap smears if they are done conscientiously.

The Pap smear alone cannot diagnose cervical cancer, only pre-cancers. Colposcopy alone also cannot diagnose cancer. To accurately diagnose cancer, a biopsy must be obtained. But, a biopsy should not be performed unless an abnormality is apparent. If a pre-cancer is rated on the Pap smear, only a proper evaluation and biopsy will determine what the problem is. The Pap test is not a proper evaluation for women with symptoms of cervical cancer, or with an abnormal looking cervix. These women must always be referred for evaluation with colposcopy and biopsies.

### **What you need to know about cervical cancer**

Cervical cancer is a disease that is related to sexual activity, specifically sexual intercourse. This has been known for over a century, since the pattern of disease was observed to be most common in married women, rare in nuns, and infrequent in Jewish women, whose sex-partners were likely to be circumcised men (uncircumcised men pass sexually transmitted infections more readily).

We now believe that the vast majority of cervical cancers and pre-cancers are linked to a sexually transmitted virus, the human papillomavirus, or HPV. HPV is the virus responsible for growths we call warts. These may appear on the skin, in the mouth, as plantar warts on the feet, on the

hands, as well as on the genitals.

Men often get warts on their penis, most commonly on the shaft, under the foreskin (if uncircumcised), or on the prepuce (the loose skin surrounding the head of the penis). They can also be present on the scrotum and around or inside the anus.

Women can get warts on the vaginal lips, inside the vagina, and around or inside of the anus. Warts look like firm, raised, white or grayish lumps that form separately or in clusters. They are often compared to the appearance of a cauliflower.

The presence of warts is not directly associated with cervical cancer and they are usually due to a virus subtype that is less likely to be found in cancer tissue, but the presence of warts certainly indicate that the individual has been exposed sexually to at least one strain of HPV.

It is also important to point out that a woman may develop cervical cancer without ever seeing warts on her genitals or on her partner's genitals. Warts are simply one form of infection. It is estimated that one million visits are made to doctors each year for genital warts, most often by female patients.

It is also an estimate that at least 10-20 percent of all sexually active persons show exposure to some strains of HPV. This is likely to be an underestimate, since the infection can be asymptomatic, and may last for years in a latent form. It can also resolve (disappear) on its own, without treatment. The latest research has even identified the types of HPV (there are more than 60 subtypes of HPV) that are most likely to be present in cancer cells.

As a general rule, cervix cancers remain localized, and treatable, for many years. However, in conditions of immune compromise such as HIV infection, the condition may get worse more rapidly than usual. Clearly, it is a confusing and complicated medical problem.

A general description of what is believed to occur when cancer develops is that first the woman is sexually exposed to the more virulent strains, or mixed strains of HPV through sexual intercourse. It is reasonable to assume that women can be exposed through other activities as well, including through woman-to-woman sex, although the cervix is less likely to be affected by other mechanisms.

The virus enters, lives, and reproduces in the cells that are exposed to it. Repeated exposure probably is responsible for increased proliferation, or growth, of the viral infection. At some point the cells will contain changes that show up on the Pap smear as abnormal.

When these early changes are present, one of three outcomes will occur, if the woman does not have any treatment. The cells can heal on their own (called a remission), they can remain abnormal without getting any worse, or the changes can get worse and spread to nearby cells (called progression). It is probable

**Now that cervical cancer has been added to the CDC's list of AIDS defining conditions, hopefully we will be able to collect more data about its prevalence in women with AIDS.**

that women who are not re-exposed to the virus are more likely to have remissions.

When the problem progresses (under specific conditions which are not entirely known), the virus containing cells begin to produce a growth that very slowly grows outward. This growth may look like a wart, or it may look like an

ulcer or sore. When it can be seen and felt during a pelvic examination it is called a tumor. Gradually, over years, more and more tissue is displaced by the growing tumor. Invasion of surrounding tissue including the vagina, the rectum, the nearby lymph nodes ('glands'), and eventually more distant organs such as the bladder will occur if the tumor is left untreated.

Even in women with HIV infection who are diagnosed with cervical cancer, the process is a fairly slow one, with opportunity for successful treatment if detected before invasion of surrounding tissue occurs. The woman with cervical cancer may have no symptoms, or she may experience vaginal discharge and bleeding between normal menstrual periods. In a woman who has stopped having periods due to menopause, any vaginal bleeding should be promptly evaluated.

Cancers and pre-cancers related to HPV are most commonly found on the cervix, but may also be found in the vagina, on the vulva, at the anal-rectal area, and, in men, on the penis or rectal area.

The American Cancer Society provides estimates for incidence and mortality rates of cancers. Previously, there has been no central location of data for deaths from cervix cancer other than estimates from the American Cancer Society. Now that cervical cancer has been added to the Centers for Disease Control and Prevention's list of AIDS defining conditions, hopefully we will be able to collect more data about its prevalence in women with AIDS.

*This article will be continued next month. Part Two will describe diagnosis and treatment of abnormal Pap smears, including colposcopy, biopsies, treatments and followup care.*

# On Trial



## RO 31-8959

### *HIV Infection*

**Name of study :** SV-14604  
Phase III safety and efficacy trial

**Arm 1:** RO 31-8959 (1800mg daily)  
**Arm 2:** AZT (600mg daily)  
**Arm 3:** RO 31-8959 (600mg daily) + AZT (600mg daily)  
**Arm 4:** RO 31-8959 (1800mg daily) + AZT (600mg daily)

**Duration:** 2-3 years

**Inclusion:** No previous therapy with AZT, ddl or ddC;  
CD4 cell count between 50 and 300

**Exclusion:** Laboratory abnormalities outside normal limits

**Other/comment:** This trial is about to commence. For further information call Michael Rawlinson, St Vincent's Hospital, 332 4648

## p24-VLP

### **(therapeutic vaccine)**

### *Asymptomatic HIV Infection*

#### CHATN005

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

**Inclusion:** CD4 > 400

**Exclusion:** p24 Antigen positive

**Comment:** The CD4 entry criteria for this study has changed from a low level of 500 to a low level of 400

For a list of general practitioners and hospitals call CHATN (Community HIV/AIDS Trial Network) on 331 6320

## Interferon Gamma and Combination Antibiotics for Mycobacterium Infection

### *MAI infection*

Phase III Efficacy Study

**Arm 1:** Clarithromycin + rifabutin + ethambutol  
**Arm 2:** Clarithromycin + rifabutin + ethambutol + interferon gamma

**Duration:** 16 weeks

**Inclusion:** Diagnosed MAI (MAC) infection

**Exclusion:** Current systemic chemotherapy for cancer

**Contact person:** Dr Kate Clezy NCHECR, 332 4648.

## Valaciclovir

### *Prevention of active CMV disease*

#### ACTG 204

Phase II safety and efficacy trial

**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)

## 935U83 + ddl

### *HIV Infection*

Phase I/II safety and pharmacokinetic trial of 935U83

**Arms:** Participants receive ddl (400mg daily) and 935U83 at either 300mg, 600mg, 900mg or 1500mg per day

# Tooth Talk

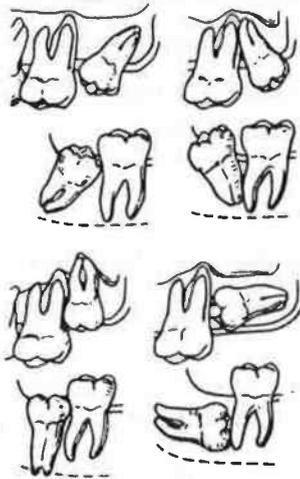
## Wising up on wisdoms

*Peter Foltyn addresses some common questions about impacted wisdom teeth and explains why you should not ignore them. This article originally appeared in Talkabout in May/June 1991.*

YOUR WISDOM TEETH, OR THIRD molars, are the last teeth to erupt. On average they make their presence felt between the ages of seventeen and twenty one; however, eruption of wisdom teeth in someone in their early teens can occur, as can the eruption of wisdom teeth in those well into their nineties.

Primitive humans had larger facial bones than we have today. Their wisdom teeth served a functional role by providing an additional area for coping with the demands of chewing tougher, uncooked foods. As modern humans evolved, the facial bones became smaller, yet we still retained the same number of teeth.

Any tooth in fact can be impacted, which is the reason why



it is important to retain deciduous, or baby teeth as long as possible. Should deciduous teeth be lost prematurely other teeth may drift into the space and block the new permanent tooth from coming through properly.

Impaction simply refers to the inability of a tooth to fulfil its destined functional position in the mouth. The actual form of impaction can differ quite markedly. The most obvious is where another tooth prevents the

orderly eruption of the impacted tooth.

Pictured at left are examples of impacted upper left and lower right wisdom teeth.

If you are HIV positive there are additional problems when considering wisdom teeth. Often infection can occur around these teeth which may compromise your immune system further.

The wisdom teeth shown in this diagram would not be expected to erupt into a functional or useful position. It would be better to have them removed before they cause you any problems.

At St Vincent's Hospital there have been a number of patients with AIDS who were quite ill at the time their wisdom teeth started to play up. The infection, subsequent extraction and delayed healing in these cases complicated their medical management.

Make sure your mouth is not a source of infection. Don't abandon your dentist. If you are HIV positive dental health is more important than you think.

### Trials continued

**Duration:** 12 weeks

**Inclusion:** CD4 < 500

**Contact person:** Dr Andrew Carr, St Vincent's Hospital, 332 4648

*This listing does not include all current trials. For further information refer to recent **Talkabouts**, or call CHATN (331 6320) or NCHCR (National Centre in HIV Epidemiology and Clinical Research) on 332 4648. The Peptide trial referred to in the February **Talkabout** is closed.*

## ACON Housing Project

206 2039/ 206 2029

We offer help & advice about public housing, in particular: accessing priority housing, transfer, and the special rental subsidy, as well as housing discrimination, harassment and homelessness. Call Fred, the Housing Officer on 206 2039 for an appointment

The Housing Project also has a number of houses & units available to clients who are waiting for public housing. You must be eligible for priority housing and in the process of applying. To be placed on the waiting list, call the Kim, the Tenancy Co-ordination officer on 2062029.

# What's Goin' On



## St Vincent's Hospital Pharmacy

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

Friday March 18, Friday April 1

Monday April 4, Friday April 2

The pharmacy is also closed on Saturdays and Sundays.

## Western AIDS Fundraiser dance

First Saturday of every  
month at

Golfview Hotel,  
Rawson Road, Guildford

## HIV Community Strategy Working Group

A working group of  
ACON Committee of  
Council

Meets second Tuesday  
of the month,  
6.30pm

ACON Oxford Street

Inquiries: Call Gerald  
Lawrence 331 6360

HIV/AIDS  
SERVICES IN  
SUTHERLAND ??

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 018 277716  
Home nursing,  
clean linen,  
equipment loan:  
phone 350 2955  
Drug and alcohol  
counselling: phone 525 6055

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

## 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

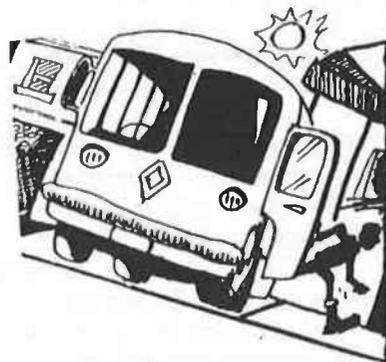
Don't hesitate to call  
(042) 26 1238

to chat with or meet others  
Wednesdays and Fridays  
12.00pm - 5.00pm

## Tiffany's Transport pick up line 206 2040

Tiffany's provides transport  
for PLWHA to hospital or  
clinic appointments. The  
service operates 7.00am  
to early evening,  
Monday to Friday.

For more info or to make  
a booking, please call us  
on 2062040.



## Carer's group

For parents, partners, friends and relatives  
of PLWHAs

19 Audley St. Petersham  
(just near Eversleigh Hospital)  
every second Tuesday 2.00 - 3.30pm.  
(catch 428 bus)

Call Danielle Chedel on 560 3866.

## Drop in support group

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

Every Tuesday, 3.00 - 4.00pm at  
Glebe Town Hall (catch 470 bus).  
Entry through the back door  
in Mt Vernon St.

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

## 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

## Western Sydney AIDS Prevention & Outreach Service

Open 7 days. Free and confidential

- Needle Exchange • Condoms
- HIV & Hep B testing • Education
- Counselling • Outreach
- Support services

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

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

## "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 quiet 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

## INVITATION FREE LUNCH

for people living with and  
affected by HIV/AIDS

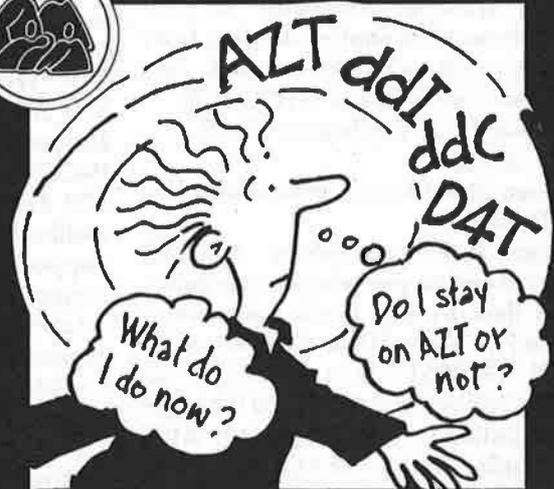
Every Monday

Doors open at noon

Lunch served at 12.30

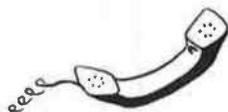
Bar service at reasonable prices

**THE LIZARD LOUNGE  
EXCHANGE HOTEL**



**For clear, up-to-date  
HIV treatment  
information contact:  
The South Western  
Sydney HIV  
Outpatients Clinic on  
02 600 3584**

# Contacts



## GENERAL

**AIDS Council of NSW (ACON) Services** in education, welfare, support and advocacy to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst. 206 2000, fax: 206 2069.

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

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

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

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

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

Call Phil or David on (06)257 4985.

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

PO Box 1272, Darlinghurst 2010. 211 2044.

**Albion Street Centre Information Line** 332 4000.

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

**Australian Federation of AIDS Organisations (AFAO)** Umbrella organisation for Australian state and territory AIDS Councils. (02) 231 2111.

**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. 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.

**Injecting Drug Use** Gay & lesbian Injecting Drug Use Project (GLID UP) is based at ACON. Outreach, information & referral. We are sensitive to the issues faced by lesbians & gay men who inject drugs. Call 206 2096.

**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 Mark Cashman 206 2000.

**National Audio Visual Archive of PLWA** NAVA (PLWA). People telling their stories on video. Call Royce 319 1887 (after 1 pm).

**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)** PO Box H274 Australia Square, Sydney 2000.

**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. Call Anthony Shembri or Pina Commarano on 661 0111.

**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 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 2pm - 6pm, Sat - Sun. Outreach bus 8pm - midnight, 7 days. 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 Vincents (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 CrossBTS: 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. PO Box 497 Alexandria 2015.

**Family Support (city)** A support group for family members of people with AIDS. Regular short term groups. Call Helen Golding on 361 2213.

**Family Support Group** for relatives of people with HIV/AIDS. Meets evenings on a regular basis in the outer Western suburbs. Call Claire Black or Kevin Goode at Wentworth Sexual Health and HIV Services on (047) 24 2598.

**HIV/AIDS Youth Health Worker** Support, counselling and practical help for young positive youth in the Central Sydney area. Call 690 1222

**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 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 2nd Monday of the month. For info write to PO Box 1152, Castle Hill 2154 or call Heather, 899 1101, or Mollie 630 5681.

**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 woman. 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.

**Support of Positive Youth (SOPY)** 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, special rental subsidy, 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.

**CSN Western Sydney** (incl. Blue Mountains & Hawkesbury) 9 Charles St. Parramatta.

Call Pat Kennedy, 204 2040.

**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).** See regional listings for branches.

**Albion Street Centre Information Line** (008) 45 1600.

**Community Support Network (CSN)** See regional listings for branches.

**Rural Gay Men HIV Peer Education Training Workshop** held in Sydney every four months. Call 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). 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 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 Pat Kennedy, (02)204 2040.

**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 PLWHAs, 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, 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** 11 am-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.

**Hunter Area HIV Support/Action group** 6.30pm, 4th Wednesday every month at ACON, level 1, Bolton St Newcastle. Inquiries call (049)29 3464.

**John Hunter Hospital** (Clinical Immunology Ward) Lookout Rd, New Lambton, Newcastle. (049) 21 4766.

**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.

**Chaps Out Back** Coffs Harbour. Assistance & advice for PLWHAs. Also CSN type help from "Hands & Hearts". Drop in centre/coffee shop each Thursday 10.00 - 4.00, support group every second Saturday 2.00 - 4.00. Behind ACON, 93 High St. Coffs Harbour, (066)51 4056.

**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 Eastern Sexual health Service** HIV/AIDS support, needle and syringe exchange and HIV education. For more information contact (048) 27 3148.

**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 Alan, (018)48 2671.

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

Call Alan, (018) 48 2671 or Valerie, (063) 82 1522.

**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
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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

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SIGNATURE

DATE

## **hiv fatigue, stress & nutrition**

**wednesday 9 march 6.30pm to 8.30pm**

- reducing hiv "tiredness" with exercise
- stress management, beyond meditation
- eating well to maximise well-being

## **opportunistic infections**

**wednesday 16 march 6.30pm to 8.30pm**

- what is an opportunistic infection?
- can they be prevented?
- can they be treated?

## **current drug trials**

**wednesday 23 march 6.30pm to 8.30pm**

- what drug trials are being conducted in sydney?
- dr don smith will speak about what chatn is up to
- dr michael rawlinson from the national centre in hiv will talk about current trials

## **euthanasia**

**wednesday 30 march 6.30pm to 8.30pm**

- to be confirmed please check sydney star observer for further details

AIDS Council of NSW  
Ground Floor  
188 Goulburn Street  
Darlinghurst NSW 2010

for further information  
call  
(02) 206-2011

**Hiv information forums are free just turn up  
the only silly question is the one you don't ask**