No.42 April 1994

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

Courage of whose convictions?

By Alan Brotherton*

IT WAS ALWAYS AN OPEN QUESTION in my mind as to just which recommendation of the NSW Ministerial Review HIV/AIDS Legal Working Party report, released last week, was going to cause the most outrage, and who'd be crying out the loudest. Would it be the recognition of same sex relationships, the repeal of self administration offences or perhaps the inclusion of "gender orientation" as a ground of discrimination?

As it turns out, last week's winner was the proposal to consider placing condom vending machines in high schools, and the loudest shouting seems to be coming from the right rear corner of Macquarie Street. Once the critics actually read the report (and the quality of criticism suggests most of them haven't), however, the shouting could get louder. The report is sweeping in its recommendations on laws relating to, among others, same sex relationships, prostitution, drug use and discrimination issues. There's a lot to offend an earnest bigot there.

The report, titled "The Courage of Our Convictions" is in fact a much-needed review of NSW laws in the light of the IGCA Legal Working Party's report, which recommended a series of reforms at federal and state level to support HIV/AIDS care, treatment and prevention initiatives. Far from being 'radical', it's the least we should expect and one of the most unsightly spectacles to date is that of senior government members sprinting to distance themselves from a report which only requires them to fulfil their commitments under the national HIV/AIDS strategy.

The report itself gives a good picture of where the process of legal reform to support the strategy is at. From the point of view of people with HIV and AIDS, it's clear that while a lot has been done in NSW, particularly in the areas of privacy and confidentiality, a lot remains to be done.

Legally, gay men and lesbians are allowed to be discriminated against under a whole range of Acts, many to do with the death of a partner. Given that so many people with HIV are gay men, it's these laws which need to be changed to allow us to live (and to die) with dignity.

Some of the recommendations, such as changes to the Anti Discrimination Act to remove exemptions for small business, sporting clubs and religious bodies should happen at the usual pace of legislative change.

Others, however, seem unlikely to happen without a titanic struggle, if at all — for example, most of the recommended changes to NSW's appalling approach to HIV and AIDS in prisons. And while marijuana has a clearly demonstrated therapeutic use for people with HIV/AIDS, it'll be a long time before we see that recognised in law.

If nothing else, at least the report puts these issues on the public agenda. It may be a battle to keep them there, though.

Even without the outcry, implementing this report was never going to be easy. A closer look at some of the apparently 'supported' bits gives an indication of the long and tortuous road ahead, with various departments supporting changes "in principle" and often dependent on other departments' approval.

Between right wing obstruction, government timidity and bureaucratic inertia, many of the report's vital recommendations could easily get lost. In the meantime, the lives of people with HIV and their carers and partners will continue to be more difficult than they need be, and prevention efforts will continue to be hampered by out of date laws. No doubt it'll again fall to us, gay men, lesbians and people with HIV and AIDS to lobby, push and persuade various politicians and bureaucracies to have the courage of their convictions, to the benefit of the entire community.

** Alan Brotherton is Convenor of PLWHA NSW and was a member of the NSW HIV/AIDS Legal Working Party. This article originally appeared in Capital Q.*

Moving . . . moving . . . moved!

The National Treatments Project, a project of the Australian Federation of AIDS Organisations, which has been housed at ACON until now, has moved in with the parent body now that AFAO has moved to Sydney.

New address: Level 8, Kindersley House, 33 Bligh St Sydney

New phone: 231 2111

Contents

regulars

This Month's Cover

By David McDiarmid. This month *Talkabout* explores the highs and lows of relationships where one partner is HIV positive and the other is not. Turn to page 13.

Interleukin

INTERLEUKIN-2 IS A CYTOKINE OR chemical messenger of the immune system which is normally secreted by CD4-cells. Results from a small group of people where interleukin-2 had been used as a therapy to boost the immune system attracted considerable interest at the Berlin International AIDS Conference. A trial of Interleukin-2 is due to start in Australia in the first half of this year.

The most common way of attempting to fight HIV infection so far has been to target the replication of HIV itself, which is how the anti-viral drugs such as AZT, ddI and ddC work.

A completely different approach is to try to boost the immune system's ability to fight HIV — this is called 'immune based' therapy. An example is the therapeutic vaccine.

Recently, a lot of interest has focussed on the role of cytokines in HIV disease. Interleukin-2 is one such cytokine, which is considered helpful in the overall immune response to HIV infection. As HIV disease advances, the overall amount of interleukin-2 secreted by CD4 cells tends to diminish.

In the small group reported in Berlin, interleukin-2 was infused for five days every two months to a group of ten patients with CD4 cells above 200. This strategy was followed for periods ranging from 38 to 72 weeks. Six of the group experienced significant CD4 cell rises (one participant went from 450 CD4 cells to over 2,000). Sixty people are now under study.

At this stage, there is no evidence that this strategy provides benefits such as fewer AIDS related illnesses or an increased survival time. There are also considerable side effects during the period of infusion. These include a strong flu-like illness and a mild decrease in blood pressure.

The Australian trial will be the first randomised trial comparing two different methods of administering interleukin-2 to people who are also on antiviral therapy. The trial will not look at clinical endpoints, but is examining the safety of the two different methods of administering interleukin-2 and the impact of the treatments on CD4 cell levels.

120 people are to be recruited for this trial. Participants will be randomised to one of three arms:

- interleukin-2 administered by continuous infusion plus antiretroviral therapy;
- PEG-IL2 (Polyethylene Glycol modified IL-2) administered by subcutaneous injection plus antiretroviral therapy;
- antiretroviral therapy.

Recruits must have between 200-500 CD4 cells and have been on licensed antiretroviral therapy for at least two months before commencing the trial.

There is an important practical difference between the first two arms of the trial. People on the first arm will need to be in hospital for the five days of the infusion. This will occur for five days every eight weeks.

The strategy of attempting to modify the immune system has attracted considerable interest from community groups, particularly in the United States from the San Francisco treatment advocacy and information organisation Project Inform.

The continued involvement of Australia in trialling such therapies is welcome. It means that people with HIV in Australia should be able to access these treatments more quickly should they prove successful.

— Ross Duffin

AZT news

THREE RECENTLY PUBLISHED STUDIES from the United States provide more information about AZT.

A study published in the Journal *AIDS* examined the effect of reusing AZT in people who had been taking it, but had stopped using it for some time. Both in the US and Australia this group constitutes growing number of people. This study showed that AZT was, on average, still offering a small clinical benefit to people when it was reintroduced.

A second study is a large observational study called the Multicentre AIDS Cohort study or MACS. Unlike a clinical trial, an observational study observes what people are doing and doesn't try to look at the effect of one treatment strategy or compare two different treatment strategies.

MACS involves over 2,000 people with HIV. Their observations show that AZT confers an average six month survival benefit in people who commence AZT within three months of their first 'AIDS' illness. People who commenced AZT before their first illness showed two benefits. Firstly, there was a delay in the time it took to develop their first illness. Secondly, there was a survival benefit in starting early. This survival benefit was greater than if people had commenced AZT when their illness progressed. This study gives a different result from the 1993 Concorde study which showed no difference between early and late AZT therapy. In the MACS study numbers of people did not take AZT at all, a group that was not included in the Concorde trial.

A further study published in the *New England Journal of Medicine* produced different results again. This study was based on over 1,300 people and did not show a significant survival benefit for AZT in the group studied.

The authors of this study questioned the benefits of AZT, particularly when they are weighed up against the observed side effects.

These studies add to the volumes of information on AZT, but do not provide a clearer picture of what has become very muddy

since the preliminary publication of the Concorde trial results. The prevailing opinion is that AZT offers benefits, but that these are time limited.

More locally, a new study has begun at St Vincent's Hospital in Sydney which is designed to look at the relationship between the concentration of AZT in the blood and the effect of AZT at the cell level (as measured by the level of AZT related compounds in the cell). It's possible that by understanding this relationship the dose of AZT could be better individualised for people on AZT therapy. The study aims to recruit 100 people who are taking AZT. It involves having blood taken once and completing a short interview on your health. For more information contact Sarah Moore or Sue Tett on 361 2368.

— RD

Unknown Mardi Gras beauty. PHOTO: JAMIE DUNBAR

Delavirdine

THE AUSTRALIAN TRIAL TESTING THE safety and activity of this new anti HIV compound was due to finish at the end of February. It has now been extended. Delavirdine is one of a set of compounds which directly bind onto the viral enzyme reverse transcriptase and hence stop HIV from replicating (for details see "On Trial" p29).

Northern news

A "LIVING WELL" CLINIC HAS opened for positive people on the Mid North Coast. At present it is operating out of ACON premises in Coffs Harbour on Thursdays by appointment.

The clinic will be run by Clinical nurse specialist Sandra Williams and will offer health monitoring, nutritional advice, information and advice about medication and natural therapies and referrals to other agencies. Call (066) 51 4056/ 51 4528 for an appointment, or for more information call Sandra on(066) 59 1444.

Also new to the lower mid north coast is a designated HIV/AIDS worker covering the area between Eungai and Laurieton. Call Craig Gallon on (065) 62 6155 ext. 205.

Candlelight

THE NATIONAL THEME FOR THE Candlelight AIDS Memorial & Vigils in 1994 is "United in Remembrance, Hope & Action". Organisers are co-ordinating all the Candlelight events across Australia for the first time with the assistance of Australian Federation of AIDS Organisations.

Candlelight will be held in Sydney on the international date of Sunday May 22 starting at 6.30pm. Last year an estimated 9,000 people attended the Sydney memorial procession and rally. With an expected increase to 12,000 in 1994 we have had to make several changes.

The procession will start from Forbes St near Bourke St instead of Green Park. This has been forced on us by changes to traffic in Darlinghurst Rd. We will proceed along the traditional route but this year we will end at the Domain.

Volunteers who can assist in crowd control, publicity, merchandising (on the night) or other areas before the event like banner painting, mailouts and clerical etc are needed urgently.

For the first time a part time paid co-ordinator has been appointed to organise the event. Gerald Lawrence the Co-ordnator can be contacted at ACON on 206 2000.

Candlelight Rallies are also planned in the Tamworth area, Newcastle, Wollongong & Coffs Harbour.

Memory trees

THE COMMUNITY SUPPORT NETwork has received approval from South Sydney Council to establish a commemorative grove of trees in Sydney Park in memory of people who have died of AIDS.

The first tree planting is scheduled for Sunday, May 15 from 10.30am to 4.00pm at a site near the Council's nursery. The Council will be providing suitable trees. The park is accessible via trains to St Peter's station or the 422 bus from the city to Tempe. There is plenty of parking and the site is accessible by wheelchair.

For further information call Mannie de Saxe on 718 1452. If you wish to plant a tree, please call before April 30, or write to Box N289 Grosvenor Place, Sydney 2000.

Talkabout

ISSN 1034 0866
Talkabout is published every month by People Living With HIV/AIDS Inc. (NSW). All views expressed are the opinions of the respective authors and not necessarily those of PLWHA, its management or members.
Talkabout is produced by the Newsletter Working Group of PLWHA Inc. (NSW) and printed by Breakout Printing, ph: 281 5100. *Talkabout* is made possible by subscriptions, donations and a grant under the State/ Commonwealth AIDS Program. *Talkabout* is also grateful for the assistance of the AIDS Council of NSW.

DEADLINE FOR THE NEXT ISSUE

April 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 Support Officer
Claude Fabian 361 6023
Suite 5, Level 1, 94 Oxford St, Darlinghurst.
Postal address: PO Box 831 Darlinghurst NSW 2010.
Fax: 360 3504

Thanks from BGF

THE BOBBY GOLDSMITH FOUNDation have had a bumper season with Mardi Gras fundraising, raising more than $249,000. This money was raised from the Red Ribbon Bike Ride, Shop Yourself Stupid, the Happy Mardi Gras badges and the reserved raised seating at the Parade. (Final figures are not yet in.)

"We are very pleased at the amount raised, which was only achieved by the tremendous community suport, donations of goods and services, and the many hours given to us by our loyal volunteers", said David Austin, BGF President.

Africa drugs

A BELGIAN PHARMACEUTICAL ORganisation has agreed to give the World Health Organisation a large quantity of miconozale and ketoconazole, two anti-fungal agents used to treat oral and oesophageal candidiasis (thrush). Nine tenths of Africans with AIDS get oral thrush within a year, and up to one third develop oesophageal candidiasis, which can prevent eating and drinking and can be fatal if not treated.

The company, Janssen Pharmaceutica, have donated enough to treat about 300,000 people over five years. Janssen will deliver the drugs to each country in proportion to the number of AIDS cases reported.
From: Global AIDSNEWS No. 4, 1993.

The good oils

A SMALL SCALE STUDY IN DAR ES Salaam, Tanzania, has reported favourable results from treatment with essential fatty acids. Twelve people with AIDS were given a mixture of evening primrose oil and fish oil. After twelve weeks they reported weight gain and improvement in their symptoms with a reduction in diarrhoea and an improvement in skin rashes. A larger placebo controlled study is now underway in Dar es Salaam.
From: World AIDS November 1993

Thora Thrush tells all

WOMEN'S HEALTH CENTRES HAVE long been fond of promoting acidophilus yoghurt douches as a treatment for vaginal thrush (candidiasis). But had they ever *tried* it? Yes girls, just insert yoghurt using a squirty tomato sauce bottle and then hang upside down from the clothesline for the rest of the day so it doesn't dribble out — and you thought bitter melon enemas were a treat!

You may not have to resort to this strategy if you can prevent the thrush from flaring up, however. According to an article in the Canadian *BCPWA Newsletter* (March 1994), just eating eight ounces of lactobacillus acidophilus yoghurt each day can help prevent oral thrush — and the other kinds too, I guess.

Not all yoghurt has this friendly bug, the brands to look out for are: Jalna, Hakea, Bornhoffen (acidophilus only), two goats milk yoghurts, Alpine and Carnochan Farm and a sheep's milk yoghurt, Jumbuck.

The article also suggests you try acidophilus by itself, but it must be kept in the fridge or the culture dies. Recommended doses for people with T cells of over 250 are from 50mg three times a week to 100mg once a day. This is available in tablets or powder. Some brands are: Blackmore's, Natural Nutrition, Bio Organics and Nature's Way.

— JS

Thanks

TO CLAUDE FABIAN FOR SOME FABUlous February fundraising — without his efforts seeking sponsorship, *Talkabout* would have had a drab ole black & white cover that month.

HIV/AIDS Legal Service

Left in the lurch

By Paul van Reyk

THERE ARE MORE CLIENTS FRONTING up to HIV/AIDS legal services now than ever before. Many of them are now at the point where they need to access benefits and services, and many of them are confronting the worst forms of discrimination.

The Commonwealth Disability Discrimination Act, just one year old, covers HIV/AIDS related discrimination, and now is the time for testing it. The development of disability standards under the Act is going to be of critical importance to people with HIV, particularly in areas like employment and insurance and superannuation. Now is the time for us to set those standards.

But it is now that the effectiveness and integrity of the Legal Project of the Australian Federation of AIDS Organisations is under threat. And that puts at risk our capacity to respond to the emerging needs.

The Legal Project is currently funded for three positions. There's an advocacy officer, combining one-to-one casework with policy and law reform. There's also a legal research officer, particularly responsible for producing *Legal Link*, the only national legal bulletin specialising in HIV/AIDS law, and "Legalese", the monthly legal section in the *National AIDS Bulletin*. And there's a project assistant who gives back-up support for the other two positions, and works with the HIV/AIDS Legal Centre (HALC) run through ACON.

"What in effect we've had operating is a centre of expertise in legal issues," says Don Baxter, Executive Director of ACON. "That means we've been able to give people excellent, sound case-work advice. We've been able to give government good advice on policies and have extensive input into at least three or four very important inquiries into HIV/AIDS legal issues. The NSW Anti Discrimination Board inquiry into HIV/AIDS related discrimination is a very good example. That's happened because the Project has had that combination of first hand case-work experience and a policy role."

Changes to the Commonwealth funding for the Project place this integrated response to legal issues at risk. The Commonwealth has decided that it won't fund a legal position with AFAO that does casework. They will continue to fund a legal policy position. They've decided that legal casework should be picked up through State government funding. But that's very much in doubt in most States, and any decisions will be 12 to 18 months away.

Legal case-work still will go on as it does now, through private solicitors or through the voluntary legal advice services like HALC. What's lost is the direct case-work experience in AFAO that can give the sound basis to its future legal policy work.

The future of *Legal Link* is also uncertain. With a modest print run of 750, the bulletin has a very good reputation and national distribution. One of its emerging values is as a resource for HIV/AIDS legal workers in South East Asia and the Pacific, a value of considerable relevance to Australia's place in the Region. Funds for *Legal Link* will stop in June this year, unless the Commonwealth agrees to fund it from a new pot of money somewhat grandly titled the National Priorities Program. Funding under that may only be for a further 12 months anyway.

"The reason for doing it (changing the funding arrangements) is entirely to do with administrative decisions about the respective responsibilities of Commonwealth and State funding," says Baxter, "and not at all to do with the performance or outcomes of the Project. The Commonwealth is shooting itself in the foot. It's going to lose the quality input into its legal policy development which it's had from the Project so far."

But the ultimate losers will be people with HIV/AIDS and legal workers in the area.

PLWHA News

MARDI MARDI MARDI MARDI GRAS. PLWHA had a big presence at this year's parade and party, helping to make the party more accessible to positive people and generally trying to make us visible. Our parade entry comprised about twenty marchers and a gaggle of rainbow hued pyramids sporting images of our work. We were joined on the night by Positive Women.

We also set up and co-ordinated a 'Sponsor A Ticket' to Mardi Gras scheme, which, with the generous help of Mardi Gras and ACON, allowed around 90 people with HIV who wouldn't otherwise have been able to go to the party to have a fabulous night at the Showgrounds. Around 120 people watched the parade in catered comfort from our viewing rooms at 94 Oxford St and the Time Out rooms at the party were as popular and comfortable as ever.

Thanks are due especially to Claude Fabian, David Martin and Vaughan Edwards for their heroic efforts in bringing it all together, and to the staff, committee and members who all volunteered in various capacities on the night and before. A number of organisations also helped in making the night a success — in particular ACON, Mardi Gras, GLRL, AVP and South Sydney Council. Thanks are due to so many people that we can't list them all here.

Positive Women and friends at Mardi Gras. PHOTO: JAMIE DUNBAR

The post-MG lull turned to be less lulling than we expected. In the past couple of weeks we've started evaluating our Mardi Gras involvements, given a talk to a group of nurses on a HIV/AIDS training course, took part in a public consultation by Macquarie University researchers and addressed the launch of Work Cover's HIV/AIDS in the workplace training package and video. Among other things . . .

In the next few weeks, Mark Bagley will be building links with and trying to sort out problems with a lack of service for positive people in Coffs Harbour, Chris Connole and Annella Wheatley will be working on issues of transport service in Eastern Sydney Area and also addressing concerns about the new treatment room at St Vincent's. Meanwhile, we'll all be working on our post-planning day obligations (see p12.)

Les Szaraz has also joined the committee. Les works as an HIV Support Officer at ACON and brings a wealth of experience and skills to the committee.

— Alan Brotherton, Convenor

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, Les Szaraz, Warwick Witt.

POSITIVE WOMEN
would like to thank Frank, Gemma & Groovii for all their energy and imagination resulting in
QUEERCUS PARTY!
at the Moore Park Bowlers Club. $2,440 was donated from ticket sales & the cloakroom to PositiveWomen
You are wonderful, we love it!
THANK YOU

Tribute

Jen Websdale

Vivienne Munro and Kath, Members of the Sydney Positive Women's Support Group, shared these reflections on Jen's life at her funeral in February.

JEN JOINED THE SUPPORT GROUP, a determined spirit, before fridge magnets and T-shirts were the vogue. She had stepped out of her own community to reach for the support of other HIV positive women. She used the strength and acceptance she gained from the group to encourage her community to acknowledge and support her.

While some people were still thinking that HIV was not their concern, Jen was speaking out at the National Gay and Lesbian Health Conference in New Orleans, raising visibility and awareness around the issues that she faced. She also incorporated her original thoughts and ideas into education campaigns, marching in the street and speaking to us on radio and national television.

Jen openly identified as a positive lesbian, being one of the first seven women in Australia to be diagnosed. She was unwavering in her commitment to maintain a high profile for positive women and positive dykes in particular. But she was by no means a humourless activist, often making her point with a few pertinent words. For example, in relation to the clouded information about oral transmission of HIV, never afraid of controversy, her favourite comeback was:

"If you think it's safe, then lick this:" Jen's black humour always sustained us and kept us laughing in the darkest of times.

Jen once said "by taking away the fear of dying, I can live."

And she certainly did. And it was this acceptance that has given strength and courage to us all.

She had an extraordinary ability to grasp the wider picture and also an intuitive compassion for all of us who knew and loved her. Her practical caring would see her at the doorstep with a homemade rhubarb pie or mowing your lawn in her Blundstones and Akubra.

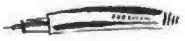
A powerful source of rejuvenation and solace for Jen herself was the earth. Her love and joy of life and nature combined in her garden, planting trees and herbs and naming them after people she knew who had died, nurturing life even in death. This garden continues to flourish.

Jen's generous spirit has given us an opportunity to plant trees there and remember anniversaries. What was her source of strength has become a memorial where we share a place to remember our loved ones.

To know Jen's love was a magic gift that's always in our hearts. She was special. We'll miss that gal.

— Vivienne Munro

Talkback



Cannabis please

A letter sent to The Medical Journal of Australia by Professor Peter Baume and President of the Australasian Society of HIV Medicine, Dr Marilyn McMurchie.

IT IS ESTIMATED THAT OVER 16,000 Australians are infected with HIV. The clinical course for many of these individuals is extremely distressing in the terminal stages despite the major advances which have been made in the management of HIV/AIDS.

Many individuals with HIV infection are encouraged to alleviate symptoms, poorly controlled by conventional medication, with a wide variety of alternative medicines. Of these various other agents, cannabis is probably the most common.

The potential benefits of cannabis in the management of HIV/AIDS have been discussed in a recently published book.[1] Dronabinol (Marinol), a pharmacological preparation which contains the major psychoactive ingredient of cannabis, has been shown to relieve nausea and cause significant weight gain in 70% of patients in one study, although one-fifth of the patients discontinued taking the drug because of unpleasant psychotropic effects [2]. It is likely that better results could be achieved with inhaled cannabis smoke as this allows more efficient titration of the dose thereby reducing the risk of unwanted psychotropic effects. Patients with nausea are also more likely to prefer an inhaled than an ingested drug. Inhalation of tobacco smoke in HIV infected patients has been shown to increase the risk of pneumocystis carinii pneumonia (PCP). Therefore any potential benefit would have to be weighed against this potential risk. A study evaluating inhaled cannabis smoke for people with HIV infection is to be carried out in San Francisco by a reputable HIV/AIDS researcher.

Unfortunately, oral preparations of tetrahydracannibinol are only legally available in Australia after medical practitioners have managed to successfully overcome stringent legal barriers. Inhalation of cannabis smoke is not legally sanctioned in Australia. Medical practitioners advising patients to try alleviating distressing symptoms by inhaling cannabis smoke might risk legal action. Obtaining approval to undertake research with cannabis is likely to be difficult.

We recommend that a review of these matters is required and that such a review should be undertaken expeditiously and with objectivity.

(1) L. Grinspoon, J.B. Baklar "Marihuana, the Forbidden Medicine" Yale University Press, New Haven and London, 1993:85-92

(2) T.F. Plasse, R.W. Gorter, S.H. Krasnow, et al., "Recent Clinical Experience with 'Dronabinol," *Pharmacology, Biochemistry and Behaviour* 40 (1991): 695-700

Sweats

AFTER OVER TWELVE MONTHS OF putting up with night sweats and going to the hospital and going through the ususal lot of tests (twice I did this and was told that it was part of being HIV+ and I would have to live with it) I heard of a herbalist who has been having some success with HIV+ people, with a combination of sage tea and Antihydrosin, which is a herbal medicine.

After one day's treatment I woke up with no sweat. that was in December last year and my sweats have not returned. I highly recommend positive people looking into this cure to night sweats. I have just had a call from a pos sister who hated the tea but took the drops and his night sweats have also stopped.

The herbalist who got me onto this was Peter de Ruyter at the Sydney Healing Centre in Balmain (810 6100). Or maybe you have your own herbalist.

What a feeling waking up dry in the morning. It may not work for everyone but it's more than so called modern medicine had to cure the night sweats which was "it's part of the virus you'll have to live with it". Well I don't, thanks to Peter. Give it a go, what have you got to lose?

Rod Jones

Franciscan request

I AM AN OPENLY GAY MAN LIVING with full AIDS, and an active member of the Community of St Francis and St Clare. I work with the Reverend Tom Henderson Brooks in HIV/AIDS pastoral care and visit Long Bay Remand and Correctional Centres to take small groups of prisoners in the Chapel.

I'm looking for HIV positive and negative men who may be interested in helping me start the Roman Catholic Franciscan Brothers of Peace in Sydney. This would be a small religious community giving spiritual support to people affected by HIV/AIDS.

I would also like to hear from people interested in forming a

National HIV/AIDS Interfaith Network. The Reverend Bishop Ken Mason is willing to be Patron of the Network and St John's Anglican Church at Kings Cross is also willing to support it.

I can be contacted at PO Box 936, Darlinghurst 2010.

— Wayne Wright

Access a right

HAVING BEEN AT THE MARDI GRAS party I was somewhat amazed that the PLWHA Time Out Room was only accessible via a flight of stairs! This matter was drawn to my attention by a number of people with HIV who also indicated that although the 'Time Out' room is excellent idea at such venues, to negotiate stairs was exhausting for many.

Much could also be said for the offices, where the lift (often inoperable) is not wheelchair accessible and entails flights of stairs. Stairs = energy, extra energy for those who need those energies to go anywhere with comfort and ease. This sort of phenomena is not unusual, you often see such planning and designing by service providers who do not appreciate the needs of those they provide service for, be it clients or members of the public.

It doesn't matter if one HIV status person who uses a wheelchair uses the building, their independence, dignity and quality of life is not being served if access to services is seriously impaired by physical barriers such as stairs, steps and other such areas that only serve the walking wounded.

Building Code A.S. 1428 part 1&2, amended 1990, provides for access for people with disabilities. Can PLWHA please explain why such access has not been thought of at venues such as Mardi Gras party and its own offices?

Mike Winter

PLWHA replies:

WHEELCHAIR ACCESS TO THE 'TIME Out' room at the Mardi Gras Party has always been of concern to PLWHA. However, there are no suitable rooms available. Last year we used a wheelchair accessible room in the Ford pavilion, but this proved unsatisfactory because the Mardi Gras control room, the medical centre and dressing rooms were also located here. Access was jealously guarded by security, at times making it difficult, if not impossible for PWAs to gain access without disclosing their HIV status. Also, there was no privacy.

After discussions between PLWHA and Mardi Gras, we were offered the use of the upstairs space at Dome for the 1993 Sleaze Ball. We were concerned about the stairs and offered to help anyone who required assistance. We didn't receive any feedback about the stairs at all, only that the room's location was a vast improvement upon the previous area.

PLWHA will continue to negotiate with Mardi Gras about suitable spaces for the 'Time Out' room, but so far there has been no suitable alternative to the Dome space. We welcome any comments regarding access. Please contact either Annella or Claude on 361 6011 or 361 6023, or write to *Talkabout.*

Regarding the lift access to the PLWHA offices, unfortunately, the lift is an older style and the door doesn't open widely enough to accommodate most wheelchairs unless they are folded up. We have an intercom on the street and staff are happy to assist if required.

PLWHA is conscious that our accommodation is not as easily accessed as we would like and this issue has been discussed, but our options are extremely limited given our funding situation. However, we will raise this matter with South Sydney Council, the owners of the building, who, by the way, provide us with a rental subsidy. If anyone is unable to access the PLWHA office, please call me and I can arrange to see you at the ACON offices.

— Annella Wheatley, PLWHA co-ordinator

Spotted at the Mardi Gras Parade: behind the bubbles lurk supporters of the Lizard Lounge lunches. See p 31 for details of a fundraiser for the lunches.
PHOTO: JAMIE DUNBAR

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

Have we got plans for you

ON FEBRUARY 12, JUST ON THE CUSP of the pre Mardi Gras tornado of activity, PLWHA committee and staff managed to devote a day to setting goals and priorities for the coming year. Not *another* planning day?!, I hear you cry. Well, yes, but this, the third and last (until next year) was the culmination of a long overdue process of clarifying just what PLWHA is, can do and will do. The aim of the day was to develop a set of priorities for us to focus on for 1994 and to ensure that, for each of these areas, a clear plan, giving dates and responsibilities for implementation was developed. Yes, that means commitment . . .

Having decided at previous planning days that a principal goal should be to involve as many people as possible in PLWHA activities, to ensure the widest possible input and representation, most of the new activities proposed for 1994 are aimed at building the presence of PLWHA in the community and building membership and involvement.

PLWHA has always worked hard for positive people, but to date, much of our work, with the exception of *Talkabout*, hasn't been very high profile. This is because taking part in planning meetings and steering committees, and attempting to avert problems with services before they happen, is neither very visible or very interesting. It is, however, crucial, and it's equally crucial that the committee build strong links with the affected community in order to ensure the best representation.

In summary, we decided on the following priorities and plans of action.

Positive Speakers' Bureau

The aim of the positive speakers' bureau is to train a number of positive people in public speaking skills, and to promote this service to schools, employers and community groups. The intent is to reduce discrimination and reinforce prevention messages by personalising the epidemic for people in the wider community, as well as to give positive people the skills and opportunity to represent ourselves. Hopefully, the bureau will also involve more people in PLWHA and help build skills in our community. We committed to setting up a working group to develop a training manual and recruit volunteers by the end of June, and to begin trialling the service by October this year.

"Rural" Outreach

Although PLWHA has very limited resources, we feel it's important to keep in touch and support positive people outside Sydney — we call this "rural" outreach out of habit, although we know that Newcastle isn't exactly rural. We've done some work in areas outside Sydney in the past and we hope to build on this by fostering links with positive groups outside Sydney, either as issues arise or by visits. We're also examining the feasibility of establishing a toll free line to make contacting us easier and there'll be a special rural issue of *Talkabout* in mid-year.

Membership Consultation

Currently, PLWHA keeps in touch with positive people through *Talkabout*, various community events such as Mardi Gras and World AIDS Day, and through involvement in other organisations and groups. We felt a more direct from of consultation and input would make this more effective, and agreed to develop a discussion paper of possible topics and formats for forums by May, with a view to having open forums or workshops running by July.

These are the major areas of new activity we decided to commit to. In addition, we plan to further develop our media profile, develop volunteer policies and involvement, run training courses in effective advocacy and representation and continue to manage the Nutrition Supplement Service.

Most importantly, we agreed to continue to develop *Talkabout* and expand its circulation as widely as possible.

While the committee and staff are responsible for trying to implement these goals, we welcome (in fact desperately need) the involvement of members at any level in this process, from filling envelopes to chairing working groups to doing layout — however you may like to be involved. We'd also appreciate any feedback on these proposals from members, either by writing, phone or in person. Love to hear from you, hope to see you.

— Alan Brotherton

Changes

1994 has brought a few changes to *Talkabout*, as you may have noticed. The most obvious, to subscribers, is that we've changed our mailing system to Print Post, which is much cheaper than the old system and means you get a fancy new envelope with a space to notify us when you change your address. Thanks to those conscientious readers who've already done so!

At the same time, we decided to get a larger PO box, so our postal address has now changed to PO Box 831 — still in Darlinghurst.

The biggest change, however, has been to our database system which we updated late last year. This is now becoming more streamlined and easy to operate, but there may have been a few hiccups so if you've noticed anything odd about your subscription, let me know

— Jill Sergeant

Magnetic, sero-discordant, sero-different — there's no term that seems to comfortably describe a relationship where one partner is HIV positive and the other is HIV negative. Perhaps that's because, as David (below) says, "you're just not meant to do it". But we do. For this special feature on +/- relationships, several couples and individuals spoke to Talkabout on what it really means to be part of a disparate pair.

David & Wendy

David I was HIV positive to Wendy from the very first time she met me. We met four or five years ago. I was diagnosed in 1984 or '85 and I've probably had the virus since 1982.

Wendy It wasn't an issue for me that he had HIV. I'm lucky in that I didn't have to think about it, because I knew I loved him at the same moment I knew about the virus.

In the first couple of years, I think I was personally locked in combat with the virus, trying to get it out of him and doing all sorts of things to seduce it away from him — but of course I couldn't. I was perpetually in tears. I had to let go of that. I realised the virus had me by the throat and if I didn't get it away from me it would kill any chance we had of a relationship.

Also, this terrible push-me-pull-me thing had started up where David spent all his time trying to keep me and take care of me, but at the same time was saying, "it's in your interest to go, I'm going to try and make you go". This was very exhausting and terribly distressing for both of us.

I reckon there's a syndrome very akin to domestic violence in relationships where people are living with HIV. Unrecognised anger and grief is flying around all the time, and it erupts in the strangest ways. There's been times when I've had this image of the two of us standing there like prize fighters, punch drunk, still slogging into each other, and we're both in the most enormous pain. And it's the virus, it's not us.

We put a lot of work into mending and healing — David has this lovely phrase: "bucket in, bucket out". Grief buckets in, you bucket it out, and if you don't keep up with it, you'll go under.

David The first year or so, we really floundered. But in the end, because there was no real assistance around and we didn't see anybody else around who was in the same situation, we coined this term that we were both "in the virus" together. At the time it was a major shift.

Wendy David had increasingly isolated himself because of the virus over many years, until finally there was this huge gap between him and the rest of the world, which he couldn't see himself. Seeing him in this kind of exile shocked me.

David I think what I did was I tried to protect not only the people I knew, but the public and the world. At the end of it, I really didn't know how to reconnect with anything. It took two years and a lot of counselling for us to sort all those things out. Wendy also went to Ankali for help.

Wendy Basically he didn't believe, I don't think, that I actually did love him, so I had to jump on him with great force and say "I do love you and I can go the distance with this because I do know I love you". And that's one of the big things — I know every day what it is to love someone, and I know what it is to be absolutely loved. There's no question about my emotional happiness. There's a whole lot of relationship problems we *don't* have, which I think gets missed, in the whole HIV thing.

David This is the result of addressing all those different issues. There was a whole range of different things coming out, but the major thing was that very few people have actually asked us directly what is it like to have a relationship between a positive and a negative person.

Even other positive people have not asked me this. They either don't want to see it, or they're afraid to know what it's about, or they don't want to see Wendy. You must take every opportunity to speak out about your

Interviews by Jill Sergeant and David Urquhart. Thanks to David Abello for transcribing Bill & Ben.

relationship — because nobody *asks* you.

Other positive men, especially, don't really want to know about the effort Wendy takes, and the risks she has and the pain she goes through. It's like they direct all their emotions towards the positive person, and the person who's not positive is probably the most isolated. Let's face it, I have all the medical services at my feet, I've got somewhere to go. But if you're a negative person living with a positive person, you have very few places to go, if any.

Wendy The first couple of years we went looking for support. The negative partners groups are mainly gay men, and that has limited relevance to me; and Positive Women has no relevance and that basically was it. There was no support for David either, having a female negative partner.

That was really isolating and frightening for us, because here was this highly developed industry which couldn't find a space for us because we were heterosexual, and one was positive and one was negative.

I think the thing that should be focussed on with positive and negative heterosexuals is the relationship. The relationship has to be nurtured, because that is all they've got.

David There's no community.

Wendy We are it. Only recently have I met another couple. Until you can come out as a heterosexual couple with HIV, you are all things to each other, and that is way too much for any relationship to deal with.

David One of the things about being "in the virus" together, is that I never divorce Wendy from my medical history. She comes into the doctor's surgery with me.

Wendy That's true for everything we've done. But we had to think our way through all this. What is a healthy bond, and what is unhealthy for us? Where is it necessary for us to keep separate from each other, for our own survival?

"There's been a terrible burden on us to create a relationship that was seen as credible."

Because David's process of illness and dying, and my process of grief and widowhood are not the same. Eventually some principles fell into place, sometimes out of instinct, sometimes out of long hard work.

David There was no guide for us. There's nothing that says, "if you're a negative person, this is how you live with a positive person". You're just not meant to do it, that's the point.

Wendy No-one tells you how to do it, because if they told you, they'd be giving you a licence to do it. And the whole instinct of the AIDS industry and the community is simply to say "*Don't do it.*" So negative people who want to have relationships with positive people are not going to be helped.

David You just don't get any encouragement. When we got married, there were only two people at the ceremony. We've invited people around to dinner — they came, they were nice, but they didn't come back.

Wendy People cruise by and say, how are you, how's David? They're very curious about David. There are those who truly care, there are "tourists" who are simply curious, and then there are those who don't want to know. I've made mistakes and told people I shouldn't have. But the ones who care are the ones who would make the same choices we've made.

I think you have to be lionhearted. You need that to survive and you find it is in you if you say "yes" to this. If I said "no", I might as well say no to life. I would do myself more damage if I wasn't here. It's the most sane, rational thing I could do.

Another thing I've realised is I feel much safer with the virus, because I know exactly where it is. It's right here beside me. Also, life can't take away someone I love just on a whim, like in a car accident. I know exactly what is going to happen to me, so every day counts, and I draw a great sense of joy and happiness from knowing what everything means to me.

The other thing I've learned is that I have to take care of myself. We take care of ourselves in a really lovely way. Every day has its own little rhythms, little rituals, little sources of pleasure, lots of love, lots of communication.

David If you've got a partner who's negative you've got to let them in. You've got to allow them to flounder and flail and it's most important to allow them to have grief and anger, until they find their footing. Then comes the good times. But don't think for a moment that if you meet someone who's negative, just by telling them you're positive you're going to have a relationship. You've actually got to see that your partner is negative.

Wendy One of David's doctors said to me, "your negativity is a very important thing, you must protect it." It's not an absence, it's a positive state, but the term turns it into a void that doesn't have a reality to it.

We have safe sex, I get tested once a year — in fact, my negativity doesn't mean anything, I'm only

negative because of my last test. The protection comes from a vigilance about safe sex. But what is safe sex?

David You realise it's really down to the boundaries that you're going to adhere to. But there's a whole lot of things I wasn't too sure about. I was really frightened because I'd be devastated if Wendy became positive. It would be a complete contradiction of who we are.

What made me really angry was, I was responsible for her safety, and all these other people, who had no sense of responsibility to anyone they were having sex with, were asking me, who was being responsible, to prove that I was having safe sex. I really found that oppressive after a while.

There is also a long time span before people realise that your relationship is in fact a commitment. I found this quite painful.

I'd have really liked it if someone had said to me "how do you take care of somebody when you're positive and they're negative?" It's a vital part of how I live, and I feel quite proud about it. But nobody really wants to know about it.

Wendy Every time we had a problem it was because we were crazy, "it's only what you deserve." If it weren't for the virus, it would just be the normal ups and downs of relationships. So there's been a terrible burden on us to create a relationship that was seen as credible.

David This idea that we're "in the virus" we extend to friends as well. It was no use pretending that everyone was accepting of one of us being negative and one of us being positive.

Wendy We had some really bad reactions in the early days. We had some good ones as well, but we were picking up the feeling very strongly that people thought that I was mad being with him, that I obviously didn't know what I was doing and would get what I deserved if I got the virus. It was that madonna and whore thing. I was saintly and crazy, or I was consumed with lust and desire, because it's such a sexual thing to do, to actually choose to have a relationship with someone who's positive. And for David, there was the perception that he was extraordinarily, almost criminally irresponsible.

David The question positive heterosexual men always ask me is "did she know about it before you had sex?" What they're actually saying is, "if your answer is yes, then that means I've got hope to find somebody." They don't then ask me, "what happens?" And you don't want to uninspire them by saying, well you can have a lot of happiness but it's hard work.

You've got to be really careful with other heterosexuals, some still think that they are dirty, having HIV, and they don't deserve a relationship and don't want a relationship. It's very silencing, even among the people who should be really supportive. I can't really talk about how happy we are or how difficult it is, except to one or two people.

Wendy It is very complex how other heterosexuals with HIV come near us, because it evokes so many painful things for them, and yet offers so much needed support and hope.

David A comment from other heterosexual men who are positive that kills me is "oh, then she doesn't mind". I have no time for that. Of course she minds! She minds a lot!

Wendy My impressions from the heterosexual community is that there's this strange kind of blindness, there's no real sense of what a negative person would go through, because they haven't actually met any negative partners. So there's these wild statements like "Oh, she doesn't mind then", as the sum total of their understanding of what it would be like.

That says to me there's a terrible lack of understanding about how to have such a relationship. And that's dreadful, because of the amount of suffering and need that's obviously going on there, because if that's all they can see, then if they do meet someone they could have a relationship with, they're going to stuff up really badly.

The final thing I wanted to say is that when he dies, I'll be devastated, because there'll be almost nobody around for me to talk to who's also been through it. I only know one other couple. He and I are both now extraordinarily skilled at living with this. When he dies, I will lose not just my partner, but also my place of being, my way of living, because there's nobody that I can share that with. Everything goes with him. And that's a shocking thing to face. If I was in a community I would find other grieving partners, but I'll do my grieving on my own.

Duncan

I FELT HIV HAD NEVER REALLY touched me, and that it wasn't going to. Then I fell in love with someone who had the virus. It's made me face it in a way I wouldn't have done otherwise.

I met Mike in late 1989. About the second time we went out together he told me he was HIV positive. It didn't make any difference to me at all — I really liked him, I could see that we could have a good relationship. If anything, it made me care about him more.

Before he became ill, HIV wasn't something uppermost in our minds in terms of the dynamic of our relationship. As he became ill that changed in the sense that increasingly, HIV became the focus of the relationship in terms of maintaining his health and mental wellbeing.

Soon after we met Mike got a really bad appendix. We ferried around several hospitals, but no-one would operate because he had HIV. So it burst and he got peritonitis. That had a devastating effect on his health. He was never well again and 18 months later he died.

I did what I could to find out about treatments for him. He was more interested in alternative approaches, and I would say that was a contributing factor in his decline. His naturopath was telling him that antivirals were poisons, and he wouldn't take prophylaxis either but the things they were offering him . . . It was just iron supplements really, and they put him on a strict diet of — I'm not kidding — basically fish offal. He stayed on this a long time and his weight kept decreasing.

I didn't support him in this decision. I felt a combination approach would have been best. Also the advice he was getting from the naturopath was really a "blame the victim" mentality; "Why did you decide to get HIV?". So he got the idea that

"I thought that once he died I'd go through a grieving experience and then things would go back to normal. But they never did."

disease progression was due to attitude, whereas I think it's due to biology. We had quite a few disagreements about it. I had a feeling of helplessness about it.

Later on he decided he wanted to go and live in the country, and he wanted me to go with him. That was probably a major crossroad in the relationship. How we resolved it in the end was that I would keep house in the city and visit him on the weekends, but it became problematic, because other people weren't visiting him and he didn't have enough support.

Then he decided, because he had become very, very ill, that he wanted to go and be with his family. They wouldn't let me see him, they denied he was gay. Because he was dementing, he went along with that. When he died, it was "liver cancer". They haven't called me to this day to tell me of his death, I heard of it through his doctor.

I thought that once he died I'd go through a grieving experience and then things would go back to normal. But they never did. Even if a cure was found tomorrow, things would never go back to the way they were, I think things have changed forever.

I used to think that people were generally benevolent, but not any more. I got a lot of "just get over it", when he was sick and after he died, even from friends we were quite close to. It was like a death from AIDS was devalued.

I've heard outrageous things from other negative people. Someone said to me that if they find a preventative vaccine, "the problem will take care of itself in ten years." To me that's not very funny. Having seen it from the other side I won't tolerate that kind of talk. It's the luxury of negativity.

It teaches you things about human nature which aren't too pleasant. I have little time or patience with people who dismiss others or refuse to have relationships with people because of their positive status. That kneejerk reaction is founded on fear, I think. My kneejerk reaction to that is to reject *them.*

I've seen what HIV does to positive people's perception of themselves. Mike's perception of himself was really damaged, and all those attitudes contributed to it. As negative people we've got a responsibility to alleviate those feelings in any way we can. We should be trying to understand something of their experience and not just from the disease point of view. The impact AIDS had on Mike in terms of his social life was more devastating than any opportunistic infection he had.

I would hear of friends who were apparently having a crisis about what was happening to Mike, but they wouldn't come to see him. When Mike passed on, I saw a lot of those people again, but they didn't come over during the difficult part.

It's not enough to offer care for

people when they're ill. It's not enough just to cook their meals, drive them to the hospital . . . You need to understand the psychosis of HIV, and that's something that people tend to put into the too-hard basket.

Sex is another thing that was affected. Often because you feel isolated and unsupported you feel that you don't want your partner to feel like a disease ridden pariah and you go through wanting to have unsafe sex. It's through empathy, rather than stupidity, but people term it as "stupidity", and don't understand that it's a real feeling for you.

+ - + - +

Sonja & Lesley

Lesley We started living together about 18 months ago, and we've been lovers for over a year. I moved to Sydney and Sonja was living in the house that I was going to move into. Sonja showed us around the house and then said, "since you've got children, and you're going to be living here, I feel I should tell you I'm positive. Do you have any problems with that?" And I said, no not at all.

Sonja It was easier I guess because we were friends first, so lots of the issues about my status had been discussed as friends. Negotiating safer sex wasn't as difficult as it is when you've just met someone and you've got to disclose your status.

What are some of the main issues that have come up?

Sonja Some are health issues. Zowie, the four year old, gets bugs at Kinder and then we all get them. The bugs tend to knock me harder than they knock anyone else in the house, and it's really hard when everybody's ill, because everybody needs nurturing.

Because we're not recognised as a family, it's difficult for us to access services, because as far as they are concerned, I live with my carer and her two children. I have a carer, so what more do I want? But we're finding it really hard, getting support for childcare and domestic things.

Lesley I think most of our problems are when Sonja does get sick and Melanie and Zowie are sick too. As a mum and a lover, I'm giving everyone nurturing, but I'm wearing down thin myself and I'm not finding outside support.

I feel like I need respite. I feel like if I get sick it's not important because it's really important for Sonja to have all the care so that she doesn't get sicker. So I don't feel like I have the right to get sick. I think mothers anyway are like that, but if you've got someone who's positive too, then it's double. I have to keep well myself so I can look after Sonja — and Sonja's not in a position to nurture me.

I really wish sometimes, that someone would just come in and take over, because I'm feeling really worn out. It drains you physically, emotionally and mentally.

We have come up against not being accepted as a family when we've asked for support. We've needed financial assistance from the AIDS Council to do with the children — but they're not Sonja's.

Sonja A month or so ago my doctor thought the best thing we could do is put me in hospital for a week, which would give Lesley time off from looking after me. But what happened, because there were no support services like childcare, was that most of Lesley's time was spent running even more ragged, because she'd have to be coming into hospital to visit me, driving half an hour each way maybe three times a day, co-ordinating all the people who were visiting . . .

People will recognise that I need to rest because I'm positive, but they won't recognise that Lesley needs rest and support, because she's the partner of a positive person, and there's kids. I think kids are a double whammy with HIV. It really accentuates every day problems.

Melanie is fifteen and HIV is very much a reality in her life. There's times when I'm not well, we're having a difficult time, then she has to go to school and be a normal fifteen year old. She's lucky, her boyfriend's fabulous, he's really a good support for her.

On really dark days I think she wonders why her mum's doing this, why's she punishing herself, why's she putting Zowie through this. Having feelings of resentment and guilt — like "well I shouldn't be denying my mum happiness". Those have been big issues lately.

How does your ill health affect the relationship in terms of thinking about the future?

Sonja On good days we think about "forever". And on bad days we're a little bit realistic and thinking well maybe we should split up, it's just going to be too painful in the long run, it's going to be too much to put everyone through. I really love Lesley and the girls, and is it fair to step into their lives and completely turn them upside down?

Lesley We've actually been going through a bit of re-evaluation. Sonja's having a really hard time at the moment, she feels like she's half way through the HIV and it's

downhill from now. As a result she is pretty cantankerous and moody, she's not feeling well and that's really hard to live with. When Sonja's going through a hard time I think, well why am I doing this? I could just get out, I'd be saving myself a lot of heartache in the long run. But I love Sonja and I am committed.

I've made myself really well informed about medications and so on, and that eases the stress for her I think, because she's not left alone with making decisions. It's really important for people with positive partners to go out and learn as much as they can, talk with their partner about how HIV affects them. Although they can't be on exactly on the same level, being negative, they can to a point, and the rest I guess they have to leave to their partner's positive friends. You can never step into their place.

I think it can create problems if the negative partner wants to be everything. You can't be, you have to understand that.

Do you think there's any other issues to do with being a lesbian couple specifically?

Lesley A lot of lesbians, in my experience, don't have a great deal of knowledge about HIV and are really scared about it. One reason for moving to Melbourne was I've got a lot of friends here and I thought that I'd be able to get support, but I've found that I haven't. I don't know whether that's coming from me, and that actually they would, if I gave them the chance, but I don't feel that they can really cope with the problems that I've got.

I suppose I look at it that if I had a friend whose partner was HIV positive, as a friend I'd want to find out a bit more about it, to support them. And I'm not finding that with my friends.

Sonja Some of Lesley's friends are wary of me, or have completely cut Lesley out because of prejudice. People are worried I'm

"Lesley's been accused of being irresponsible by getting into a relationship with me, how could she put her children at such risk?"

going to pinch their video, because I got HIV from using needles.

Lesley's been accused of being irresponsible by getting into a relationship with me, how could she put her children at such risk? Letting Zowie bath with me! That sort of stuff makes it really hard, because I think, when I'm gone, and Lesley has to go on with life, who is going to be there? At the moment most of our support comes from positive people, and without being rude about my friends — it is not a good investment in the future.

Lesley doesn't have friends ringing her up, no-one comes and offers to look after Zowie for an afternoon, come and do some washing for us, invite us around for a meal, all that sort of stuff. If we could get someone to clean up the house once a month it would be great. It's hard to clean up when there's a four year old whirlwind behind you. Where you've just cleaned, Zowie *is*. You don't feel like you're getting anywhere.

That's the sort of fundamental support that Lesley's friends could offer. There are services who do that, but I don't feel so good having to go and beg from strangers.

Lesley Sonja's suggested it and I've said no, because I'm negative I should be able to deal with everything, and I'm sure that's how other people look at it. When I really think about it, I'm dealing with a lot more than many other people and I should be able to say, look I really can't cope, but I don't feel I can do that. That's partly coming from me, but it's also because the environment's not set up for me to do that.

Sonja With relationships you want to share the housework and looking after the kids. I feel inadequate because I can't do all these things. It would be really nice to have someone else to support us, every now and then. It would make for a validation of our relationship, that we are a family, that we are lovers.

Without HIV it's hard enough to cope, and you toss in HIV, and that's like having a third person, because it overshadows and it interferes with every little thing. Like our love making, HIV is there. There's that fear that in just loving each other . . .

I used to think relationships would be forever, we'd grow old together. Other lesos make jokes abut the old dykes home — but HIV means knowing you're not going to grow old together.

Was there anything else you wanted to add?

Lesley Yes. Sonja's parents don't accept us as a legitimate family and they've put a lot of pressure on her. They're suspicious as to why I'm with her. I don't get support from them — if I was a man, they would accept us as a family. At the moment I can ignore it, but when Sonja is sick and dying are they going to respect what I want, or are they going to march in and say "you've got no rights to anything"?

Bill & Ben

Bill, tell us how discovering that you were positive affected your sexuality.

Bill When I found out I was positive the whole issue of sexuality was one of the most difficult ones to face and for a long time I didn't have sex. When I wanted to regain my sex life I thought it would be easier with other people who were positive. I had this fantasy about finding another positive man. This comes with its own set of problems, like, is he sicker than me.

So, how did Ben fit into that scenario?

Bill I think Ben happened along by accident. Suddenly I was going out with this person who was HIV negative. It was like, wow, what does all of this mean. While we think we make choices about relationships based on 'sero' status, in reality they're more random events, and we form attachments to people not based on status.

Ben Bill wasn't a planned event either. I was having a fabulous time. I'd been in a relationship for five years and then not in one for two years and I was just starting to discover what a good time you could have without a boyfriend.

Did you know each other's status when "wow" happened?

Bill I didn't know what his status was, but he certainly knew what mine was.

Ben Yes, Bill the HIV monster.

I always assumed that the people I was having sex with were positive, therefore I was always having safe sex. Knowing someone's positive and assuming someone's positive are very different. If someone is positive and they know that you're negative they tend to be much more concerned about transmission. On the other hand sometimes people say they're negative and if they know you're negative they'll pressure you into having unsafe sex. What do you do, do you trust somebody with your life? I'm not prepared to do that.

I think from an HIV negative point of view you either have to assume that safe sex is going to work, or you wrap yourself up in cotton wool, or Glad Wrap, and have sex only with negative people.

Bill Often when we were first having sex it was like a car with a faulty clutch — stop, go, stop, go. We'd learnt to incorporate condoms as part of the routine but when you have to negotiate what are no go areas because of HIV it puts a dampener on spontaneity.

I'm a bit sexually conservative anyway.

Is that because of your HIV status?

Bill I'd still like to be a dirty boy! I would love to be feeling attractive about myself and go to a sauna where I knew there were only positive men. Those places don't exist do they, though people assume they do. It's quite a turn off to go to a sauna and see unsafe practices and think about the assumptions people are making.

Ben I was at a sauna at four o'clock in the morning and there were all these people off their dials having unsafe sex. I left. For someone

who has come out post HIV safe sex is somehow imprinted in your mind. I was involved in the gay youth movement and we were a target for education really early so for me that's always been part of my sexuality. We were taught about condoms and using clothes pegs instead on tit clamps, that sort of thing.

What do you do if you've only got a clothes dryer? The other issue I was going to ask about is testing.

Ben I've been tested three times. I took the test when it became available. The second time was against my will when I was very sick in hospital and they were going to withhold treatment unless I was tested. Nearly three years ago I got tested again merely because my doctor suggested that I should. They all came back negative.

The idea of testing every three months, I think, is silly. Because I'm involved in a survey I'm under pressure to be tested regularly. They were fascinated by the fact that Bill and I were together but I didn't want to become someone's guinea pig. I haven't done anything that will transmit HIV. Even when you know you're negative you wonder when the three lemons are going to come up in the slot. Every time you go for a test it's a very angst ridden experience.

Bill What would happen if an accident happened, say a condom broke?

Ben It's unlikely because I don't normally fuck outside, but if something happened I probably would wait and get tested again. I think the chances are pretty remote because we are so careful.

What about issues not related to sex?

Ben: There are a lot of other issues for me. One is long-term planning. I think it was about a year ago I got visions of a white picket fence, 2.5 dogs and the whole bit. It was really difficult to say that this isn't practical. I don't want to land Bill with a mortgage at this stage in his life and I don't want to be a widow with a mortgage that I can't pay. You feel like you've got

a boyfriend with a 'use by' date except that you don't know what that date is.

Bill There will be issues about housing anyway because this house will be totally impractical if I get sick. What do we do, move into a Housing Department place?

What about limiting your expectations? Perhaps consider something more modest which you would be able to afford on your own.

Ben: That's the sort of thing I'm going to do. At the moment it's not really possible, because I'm studying.

I think another issue for me is the reaction of other people. Because Bill was very open about his status, and a lot of people knew that I was negative, they were trying to work out why I was doing this. There were two things that came up often. Firstly, was I some kind of emotional vampire who was really going to get off on the whole thing and secondly they thought Bill had lots of money and I was going to come into it. Both totally incorrect.

Did people consider love?

Ben No they didn't, they really didn't.

It doesn't give you much credit.

Ben No. And it's taking the relationship out of its normal context and constructing it either as a financial one, or one that's worthy of pity. Somehow I'm made to feel calculating, and I find that really annoying.

Also, telling people that Bill is positive is not very productive. At work all I got was pity. Recently he had the flu for about three weeks and I was really worried about it. For a week everyone at work was walking on eggshells, like he was going to expire next week.

If Bill gets sick how are you going to deal with it?

Ben What am I going to do? To be perfectly honest I don't know. I'm not the world's most patient person. I'd lie if I said it was going to be fine, because I don't know. Yes I've worked for CSN, yes I've looked after people who are very sick, but not someone who I've had the emotional relationship with that I have with Bill. I know I'll be there, but the thing I wonder about is will I be as supportive as I would like to be. I don't think that anyone can say that until they've experienced it.

"Often when we were first having sex it was like a car with a faulty clutch — stop, go, stop, go."

How do you feel about that, Bill?

Bill One of the big issues when we started this relationship was just that. I was very questioning of what Ben's motivations were for being involved and why the fuck he kept on coming back and why he wanted very early on to talk about issues of illness when I didn't.

I was suspicious. I wanted Ben to relate to me the person and not me the person who was going to get sick. I really resisted any attempt to talk about the possibility of illness. I was also very frightened because if you take on a significant relationship then inevitably you start building up expectations about well, there's someone who'll be there when you need them and that's a big thing to ask of anyone. It puts a different sort of pressure on a relationship.

Relationships between gay men can be very variable and what I was concerned about was that if the relationship got to the point where it wasn't working for either of us then Ben would be free to go with no obligation to stay around because I might get sick. There are times when we talk about it and deal with it and there are times when we'd rather it be just out there. There is still a lot to talk about.

Sometimes I think about life for Ben after I'm dead. For surviving partners the expectation is that they ought to just deal with it and people get impatient when the grief goes on. The support's there for a little while but then it's up to yourself and that's the reality for lots of us, I mean lots of people are dying.

The expectation often seems to be that because the person who has died was sick for a long time the partner would have been prepared.

Bill I think some people deal with it as part of the dying process and I've seen quite a few relationships where basically it's been over in one sense and it's developed into more of a care and carer dynamic. That's often when people have encouraged their partners to go out and form other emotional attachments. I know a couple of instances where that's happened and I think I'm going to be like that.

Anything else?

Ben Lots of people assume that I'm positive. A couple of weekends ago I brought someone home. He was browsing through the bookshelves and saw something on HIV and he ran! I thought, darling what are you doing getting fucked in the Den and you can't deal with this.

Opposites Attract

LOVE RELATIONSHIPS BETWEEN positive and negative men are windows that often shed some light of understanding of who we are and what we can attain in this short earthly life.

I should say at the outset that I do not agree with the common view that HIV is an absolute 'death sentence', although like anything, it can be. I believe that many people are dealing with HIV in a not dissimilar fashion to the myriad other impacts of the environment upon our being, that is we adjust and go on.

I should also declare my Thelemite beliefs: I cannot accept any proposition as true unless it contains its opposite. Therefore, I cease to exist when I die and I continue to live after I die, is a true statement. You may have another view of reality and I respect your opinion as I trust you will respect mine.

Which brings us to our discussion of positive and negative people together in contemporary society as I have experienced the exquisite pleasure.

Naturally in the early stages of the love relationship all the delicate questions of who has tested what comes up. Then lo! A perfect natural match, one positive and one negative, is discovered. Still, despite the initial euphoria, the dance continues a little precariously for each is unsure of the other's long-term intentions. Is this love or is this not-love? Who cares? Lust drives the beast to commit the most obscene crimes against civilised, Christian behaviour. Ah, yes the Chrisitians to the lions!

The years wear on, as do the condoms in most cases, and the relationship develops into semi-domesticated bliss and monstrous disagreements about what shows to watch on TV. Gradually the question again arises, should a test be in order? After all a few of those condoms did break, and now we're not using them anyway.

To test or not to test? That is the question, whether 'tis nobler to face the pointed bone or live blindly unawares of potent possible peril?

"Then lo! A perfect natural match, one positive and one negative, is discovered."

I have always counselled others that they should not be tested for anything that they cannot then resolve, either within themselves or externally by means of therapy. As we are well nigh ignorant of any good external therapies, for example medicinal drugs, we should decide to take a test on the basis of being able to 'cope' with the result within oneself. If one cannot face the fear and the involuntary intitiation into the knowledge that one is going to die, then one should not eat of the fruit of the tree of life.

Nonetheless many have sallied forth and been blinded by the light; they have not adjusted and have met with all manner of neurotic difficulties — not to mention obsessional paternalistic behaviour with respect to telling everyone else how to behave. I would not like to presume that this sends people to an early grave, but the connection between stress and the immune response in our bodies is well established in scientific circles.

So the boyfriend has decided not to test, having taken advice from all quarters. He can live with the situation because he is a day-to-day sort of person. I can live with the situation because I have a fatalistic view of these sorts of things. I readily admit I cannot fully understand why we are living or why we must die, but we are and we do so there must be higher forces at work. Becoming frantic about it can only upset my tranquil existence and spoil what freedom I do possess.

One cannot alter the past at all. The future may not be alterable either. But I know that I am in the present and I will always be there, so I maximise my pleasure and my fancy. Aspiring always to higher levels and leaving the dross behind; some may call it denial, but I have no name for it. It is all I have ever known.

In relation to what my significant other thinks, I can only guess sometimes, but he is an immortalist and so has escaped the fear that consumes so many until they have confronted the reality for themselves.

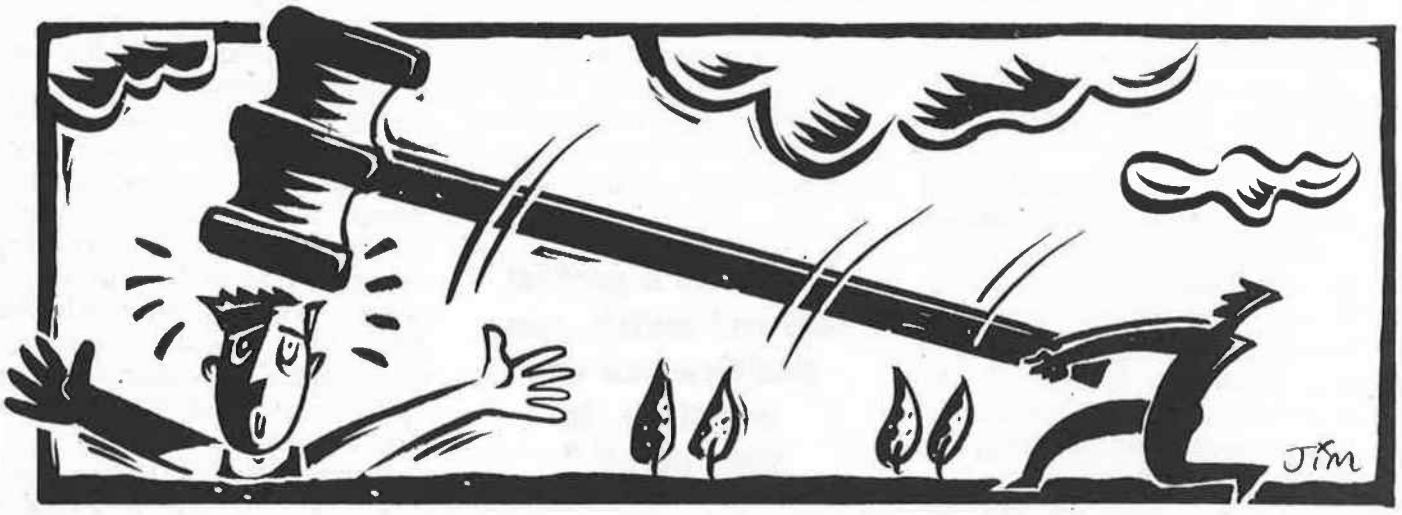
We have had five happy and adventurous years together. We have seen great highs and lows. What more can one want in one life-time? It may continue and it may not. Again I cannot judge ahead of events. If it does not then I suppose there will be another who will cross my orbit in this journey through time. (The formula for starry-eyed queens.) If it continues, we will perhaps grow old together. (That appears to be the formula for my parents!)

As far as HIV is concerned, however, it is now no longer an issue. We're both over it.

— A.C. Kirk

'SLEDGEHAMMER' survey

(The Sydney Loves Exotic Dirty Gossip Everywhere, How About Much Meatier Examination Reports survey)



Social science has made many contributions to knowledge about HIV and AIDS. Surveys have become increasingly complex and the results they produce offer profound insights into the experiences of people living with HIV and AIDS. Talkabout, being placed so favourably at the juncture of media and the infected masses, here offers a contribution to this precise discipline, in the interests of modern science — and of course, those of our readers. Please take a little time to fill this out, for the benefit of others similarly afflicted.

1. Have you considered suicide in the last week? (and if not, why not?)

2. Have you changed your hair colour in the last 6 months?
2.a. Has this affected your T cell count?
2.b. Has this affected your inclination towards suicide?

3. How many doctors have you slept with in the last 6 weeks?
a. Less than 1
b. not enough
c. more than enough
d. What do you mean exactly by "doctor"? Will dentists do? Optometrists? Acupuncturists?

3A. Were any of them hot?

If you answered yes to this question, go to Q5.
If you answered no, go to Q6.

4. In the last week have you practised:
a. scrimping
b. felching
c. eating beluga caviar
d. unsafe sex
e. water sports

If you answered yes to one or more of the above, go to Q7.
If you answered no to one or more of the above, go to Q6.

5. Please supply his/her phone no.....

6. Was it because your pension cheque was late?

7. Have you recently indulged in any of the following:

a. heterosexual sex	Y/N
b. homosexual sex	Y/N
c. lesbian sex	Y/N
d. bisexual sex	Y/N
e. reading the National AIDS Bulletin	Y/N
f. all of the above	Y/N

7A. If you answered yes to one or more of these, please state how often and with whom.

If you answered yes to all of the above, go to Q8.
If you answered no to all of the above, go to Q9.

8. Liar! *Go to Q12.*

9. Do you believe there's a connection to any of the practices you circled in Q4?

10. The biggest change in your life that is related to your HIV status has been:
a. Your hair colour has changed to blond
b. You've put on weight
c. You get lots more junk mail
d. You've become an expert in the trialling of recreational substances

11. How may cars do you own? Please estimate their total value. Is it:
a. between zilch and $200
b. between $200 and $1,000
c. between $15,000 and $40,000
d. none of your business

12. What brand of lubricant do you prefer?
a. Valvoline
b. Esso
c. soap
d. musk scented apricot kernel oil

13. Please rate the following personalities on the 'tragedy' scale.
1 - Tragic; 2 - Very tragic; 3 - Breaks mirrors; 4 - Should not go outside; 5 - Absolutely tragic

Patsy	1	2	3	4	5
Woody Allen	1	2	3	4	5
F.W. de Klerk	1	2	3	4	5
Miss Fair Day '94	1	2	3	4	5
Elaine Nile	1	2	3	4	5
Bronwyn Bishop	1	2	3	4	5
Prince Charles	1	2	3	4	5
Tom Hanks	1	2	3	4	5

14. Please rate the following activities according to the scale below
1 - Very safe; 2 - Safe; 3 - Somewhat unsafe; 4 - Unsafe

Walking in front of a bus	1	2	3	4
Walking off the Harbour Bridge	1	2	3	4
Entering the premises of 188 Goulburn St	1	2	3	4
Making spanish necklaces	1	2	3	4
Doing Bronwyn's hair	1	2	3	4
Cleaning your teeth	1	2	3	4
Becoming pregnant	1	2	3	4
Becoming pregnant and having the baby	1	2	3	4

15. Select the response which works for you.

A. The term 'negotiated safety' means:
a. Closing your eyes when crossing the road
b. Going out with an AIDS educator
c. Asking a NSW Policeperson for help
d. Doing it with someone who has similar antibodies
e. Doing it with someone who has no antibodies

B. AZT is good for:
a. Making ecstasy capsules
b. Giving to your partner when you feel a headache coming on
c. HIV infection
d. AIDS educators
e. Your doctor

C. A person asks you to have unsafe sex with them. You:
a. Assume they need AIDS education
b. Assume they are an AIDS educator
c. Scream loudly and laugh hysterically while pointing at them
d. Run for the negotiated safety guidelines and read up on them
e. Call for an AIDS educator

Thanks for your time!

Preliminary findings

PRELIMINARY FINDINGS FROM THE SLEDGEHAMMER survey of people with HIV and AIDS have found some startling results. 92.314% of people surveyed think that Bronwyn Bishop breaks mirrors.

The most unsafe activity was considered to be visiting 188 Goulburn St. This was significantly less safe ($p<0.000000001$) than walking in front of a bus.

Respondents were mostly unaware of negotiated safety — they were just doing it. People with HIV clearly thought that AZT was good for AIDS educators, with over 50% of the sample selecting this as their response.

88% of respondents had practised scrimping but only .0071% had eaten caviar. There was a strong association between eating caviar and the number of doctors people claimed to have slept with.

Only 2.33335% of respondents provided their doctor's phone number — shame!

Fair Treatment

Preventing cervical cancer
preventative tactics

Part 2
by Risa Deneberg*

LET'S SAY YOU HAVE JUST RECEIVED news that your Pap test returned with an abnormality: what is your first thought? In my experience as a clinician, most women assume that it means that they have cancer. Women are understandably afraid and worried.

When the woman receiving the report is HIV positive, there is even greater concern. After all, the Centers for Disease Control and Prevention just added cervical cancer to their list of conditions that meet the criteria for receiving an AIDS diagnosis. The positive woman may believe that the Pap report signifies that now she has cancer or an AIDS defining illness. The report can create enormous anxieties and concerns.

If the women is fortunate, her medical provider should be giving and explaining her Pap smear results at a follow-up appointment.

Part one of this two-part series described how Pap smears should be taken and what their results mean, as well as discussing the relationship between cervical cancer, Human Papillomavirus infection (HPV) and genital warts, and between abnormal Pap smears and cervical cancer.

Treating genital warts

Since genital warts are caused by the Human Papillomavirus (HPV), and HPV is associated with cervical dysplasia (abnormal cells found on the Pap test), it makes sense to treat warts as thoroughly as possible. Unfortunately, they are often stubborn and resist efforts to eradicate them.

It is important to recall that reinfection by a sexual partner is common (male or female partners). Partners should be evaluated for any signs of HPV disease, if they are willing. Barriers (condom, plastic wrap) can also be used to attempt to limit the effects of passing the virus back and forth, a process that is probably related to many treatment failures.

Prior to the treatment of warts on the vaginal lips, inside the vagina, or around the anus, it is very important to obtain a Pap test, and to evaluate and begin treatment for any cervical disease. Some, or all of the following treatments may be used to treat warts. Often the treatment is time consuming and frustrating. It is helpful to keep in mind that improvement may be slow, but without treatment the condition may worsen.

Trichloroacetic (TCA) or Bichloroacetic Acid (BCA)

These are strong acids that are placed directly on the warts (but not on healthy skin). Used with care by a health provider, they cause little discomfort. Weekly or twice weekly applications usually will cause the warts to drop off gradually. The affected area will be raw during the healing process, and needs to be treated with tender loving care (gentle sex only, use of ointment or Vitamin E oil).

Podophyllin

This resin comes from a plant, and is also painted onto the warts by a health provider at once- or twice-weekly visits. It seems to cause more burning, must be washed off by the client, and can be absorbed into the body and cause some side effects. It must not be used in pregnancy. Therefore, it is not used as often as TCA or BCA.

Other chemical treatments

Interferon alpha has been shown to improve treatment of warts when used along with TCA or BCA therapy. Efudex, a chemical used as a local treatment for skin cancers is sometimes used in the United States as a treatment for warts and is under investigation

---

* *Part one of this two part series appeared in the March Talkabout. The series originally appeared in PWAC Newsline. Amendments have been made to reflect the Australian situation and appear in italics.*

as a treatment for cervical dysplasia.

Cryotherapy and Laser Therapy

Either of these two treatments may be used to remove warts from the vulva, anal area, and vagina. They may be used when other methods have failed, or if the warts are very extensive. Both procedures are described later in this article, since they may also be used to treat dysplasia.

Treatment of an abnormal pap smear

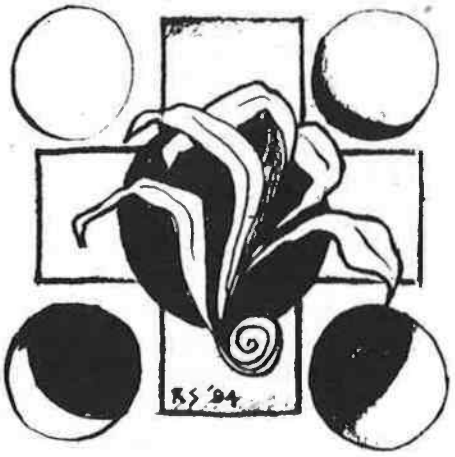
If a Pap smear shows any degree of abnormality, the woman can be scheduled for a colposcopic examination. However, it is very important for the clinician to treat any condition that can be treated before making the referral for colposcopy. It is important to treat Vaginal Thrush (also called candida, monilia, or fungal vaginitis), Trichomonal, Bacterial Vaginosis (also called BV or Sardnerella), Atrophic Vaginitis (due to low oestrogen levels, and treated with oestrogen creams), Herpes Simplex Infection, and any other condition.

If a condition is diagnosed and treated. it is quite reasonable to reschedule the Pap test in six - eight weeks. This is because any of these conditions can give an inaccurate Pap result, either falsely positive or falsely negative. If the Pap returns with Atypia or CIN 1, some clinicians will repeat it in two to three months before making a referral. There is nothing wrong with this practice — in healthy women. The same is true for women with HIV who are healthy. There is also nothing wrong with referring for colposcopy right away.

This is an individual decision that should be based on the relationship between the woman and her provider. However for women with low CD4 counts, or who have signs of immune compromise, it is probably best to go right to colposcopy. This is because not enough is really known about the progress of cervical disease in women with low CD4 cells. Also, any Pap that shows moderate or. severe dysplasia (CIN 2, CIN 3, or CIS) should be evaluated by colposcopy within six weeks. The appointment should not be scheduled when the woman is menstruating.

The Colposcope is a magnifying instrument (which looks something like a microscope) with a lens that can be focused on the vulva, vagina, and cervix. It rests on a stand, and the examiner looks through it. The colposcope does not go inside the vagina. It magnifies the surface of the cervix so that the examiner can see the transformation zone (T-Zone), where most abnormalities start.

The T-zone occurs at the border between two different types of cells: Squamous Cells and Columnar Cells. It is a very active area which undergoes frequent replication of new cells, and also reacts in response to the hormonal signals of puberty, menstruation,



pregnancy and menopause. It is this intense activity that makes it such a vulnerable area.

In general, the examiner is looking for abnormalities in the squamous cells that line the outside of the cervix (the ectocervix) and which might extend into the vagina or even the vulva. There can also be abnormalities of the inner lining of the cervical canal, the columnar cells. This is a much more rare phenomenon, however, and the examiner must be sure of the type of abnormality and in what type of cells it is occurring. The examination must also make clear the extent of the abnormality. Like with the Pap smear, the degree of abnormality is graded, and in general, the same terms are used. The difference is that, in colposcopy, the abnormalities are evaluated in a tiny sample of cervical tissue called a biopsy.

The purpose of using the colposcope is to find the most abnormal looking areas and to take samples of them with biopsies. Two types of biopsies may be taken of the cervix: an Endocervical Biopsy and a Cervical Biopsy. The endocervical biopsy samples columnar cells and the cervix biopsy samples squamous cells. Remember that the examiner needs to know which type of cells are abnormal and how much area contains abnormal tissue.

Biopsies hurt a little, like a sharp pinch; but only for a few seconds. After having a biopsy, a woman may have some spotting or bleeding for a day or two and must not put anything into the vagina during the two or three days it takes for the biopsy site to heal.

Before the colposcope was used widely, any abnormal Pap test was followed with a Surgical or Cone Biopsy. In a cone biopsy a wedge of tissue (about the size of the end of your thumb) is removed under general anaesthesia. I will discuss this diagnostic test more later. However, in general the use of colposcopy reduces the need to place women under general anaesthesia and remove a large sample of tissue for diagnosis. But with colposcopy, an accurate diagnosis depends on the clinician finding the most abnormal looking area to take the biopsy sample. This takes training.

The colposcopic exam and

biopsies are for diagnosis and do not treat the problem. Therefore, the woman must be scheduled to return to the clinic in two to three weeks for treatment and consultation, depending on how long it takes to get the biopsy report back. When the woman returns, the diagnosis is shared with her. If the biopsies agree with the Pap smear, and do not indicate invasive cancer, a local treatment of the cervix can be planned. The following treatments are all considered adequate for treating dysplasia of the cervix:

Cryotherapy

This is most commonly used because it is an easy technique to learn, it can be done in an office without anaesthesia, and the equipment is inexpensive. The cryo unit holds a gas tank attached to a probe that can touch the cervix. The gas gets very cold under pressure in the tank and the cold probe is held against the abnormal areas until the tissue is frozen. The frozen tissue dies, sloughs off, and if all goes well, new healthy tissue replaces the "bad" tissue. The healing process takes two to three weeks, and the women usually has heavy, watery discharge during this time. She should not put anything into the vagina during healing.

Cone Biopsy

This procedure is done if the dysplasia is severe, if it may extend up into the cervical canal, if the Pap report and the biopsies do not agree on the degree of abnormality, or it may also be used for minor dysplasia. In a surgical cone, the women must be under anaesthesia for the surgery, but can go home the same day.

Electronical Therapy (also called LEEP)

In this therapy a thin wire loop and electrical current are used to remove and destroy abnormal tissue. In some cases this is performed as surgery, and done under anaesthesia; often this is done when a cone biopsy is being done by LEEP to treat high grade dysplasia. The technique may also be used in the clinic setting without anaesthesia, to obtain biopsy specimens. In these cases, the diagnostic procedure may remove the entire area of abnormal tissue, eliminating the need for further treatments. However, the women still should be scheduled to return for follow-up care and to learn the results of her biopsy.

Laser Treatment

Laser therapy uses intense light energy which can destroy abnormal tissue by creating sufficient heat to 'vaporise' cells. Laser treatment of dysplasia must be performed by an expert in the technique. When done properly, cure rates are good. and complications are rare. Laser of the cervix can be performed with local or with no anaesthesia. When used to perform a cone biopsy, or to treat the vulva, general anaesthesia is used. Healing from laser therapy usually occurs more rapidly than with cryotherapy.

Naturopathic Remedies

Naturopaths are doctors who use 'natural', herbal and traditional remedies, instead of conventional medicines and treatments. There is literature which describes naturopathic remedies for dysplasia. In all cases, the literature advises proper diagnosis by colposcopy, close follow-up, and referral for more conventional therapy if the problem does not improve or gets worse. The scientific study of these treatments is extremely limited (that is, we don't know whether they work or not).

The treatments include local

therapy called Escharotic Treatment, in which herbal packs that cause tissue sloughing are applied to the cervix in the doctor's office. This is done twice weekly for several weeks. In addition, the woman is instructed as to certain nutritional supplements, dietary changes, and use of suppositories and herbs.

Treating cervical cancer

In some cases, the biopsy report will confirm invasive cancer. In these cases, another process, called Staging, must be performed. Staging is a series of tests and evaluations that will determine where the invasion has spread and whether or not the organs are involved. When the Centers for Disease Control and Prevention added cervical cancer to the list of AIDS-defining illnesses they specified that the cancer must be invasive and it must extend beyond the cervix itself. (*Note: the Australian definition is still being updated).*

Some AIDS activists and women's advocates feel that this requirement is quite stringent; we hope to treat any dysplasia or microinvasive cancer before it spreads beyond the cervix. A cancer that does not extend beyond the cervix is generally treated by total hysterectomy or hysterectomy with removal of lymph nodes (radical hysterectomy).

Once the disease has spread beyond the cervix, radiation therapy is generally used. Occasionally, microinvasive cancers are treated by cone biopsy alone, with very close follow-up. The treatment decision must take into account whether or not the woman desires to carry a pregnancy in her future. Chemotherapy plays very little role in the treatment of cervical cancer.

In women with immune compromise, surgery and radiation pose greater risks than the risks to women with good immune function. But, even in HIV infection, cervix cancer can be prevented by early detection of dysplasia. This is a powerful reason to recommend frequent gynaecological check-ups and Pap tests every six months for an HIV positive women.

Who can perform colposcopy?

Almost all Obstetrician/ Gynaecologists (OB/GYNs) are trained in their residency to do the procedure. Some OB/GYNs even specialise in cervical diseases. Other primary care doctors (such as family practitioners or internists) can learn the technique on their own, or by attending special training programs. Primary care doctors may feel they see enough women with abnormal Pap tests to justify getting the extra training.

(*In Australia, colposcopies can be done at major HIV clinics.*) Also, some nurse-practitioners who specialise in women's health care complete training programs in colposcopy.

However most primary care providers consider colposcopy a specialised procedure; so most women who need the exam have to be referred to someone else, usually someone they have never met. Of course, gynaecologic surgeries are only performed by gynaecologists, and laser therapy should only be performed by a gynaecologist who has a special training in its use.

Nurse practitioners and physician's assistants who perform colposcopy usually learn to do so in order to follow their own patients, and most work in close cooperation with a gynaecologist. In my own practice, I really appreciate being able to offer colposcopy to women that I already know, instead of having to refer them to a stranger. I am also fortunate to work with a compassionate and skilled gynaecologist.

I mention this because, at the present time, there are not enough clinicians trained in colposcopy to provide the service in a timely way to all the women who need it. Further, referrals often lack a personal touch, frightening women unnecessarily, and then blaming these women for 'poor compliance'.

It seems clear that our present medical system is not meeting basic gynaecological needs for women, and that women with HIV may be at the greatest risk of inadequate, insensitive and unsatisfying gynaecological care. It is important that those of us involved in women's health look at these problems, and come up with solutions that make the care more accessible, more comfortable and more user-friendly.

Interpreting pap smear results

By Ross Duffin and Vivienne Munro

THE CURRENT AND PREVIOUS ISSUES of *Talkabout* have articles on Pap smear tests and cervical cancer. This article explains what appears on a Pap smear result — two examples of which are shown on this page.

At the top of the results print out is your name and the date the test was requested. Then there is a section called "clinical information provided". This usually has your date of birth, any symptoms present such as "discharge" and the result of the last pap smear.

Then there are details of the type of pap smear done and how it was done.

Then there is a one-word summary of the result. The words that can appear include:

- **negative**, ie there are no unusual findings.
- **atypical**, ie small changes in cells which can have a variety of causes such as infection, the use of oral contraceptives or because the smear was not obtained under the best conditions.
- **CIN** (Cervical Intraepithelial Neoplasia) or dysplasia, ie abnormal development — this is often referred to as "pre-cancer". These are graded according to severity as CIN 1 (one third of sample has dysplasia), CIN 2 (two-thirds has dysplasia) to CIN 3 (all the sample has dysplasia)
- **cancer.**

The best time to take a pap smear is considered to be two weeks after your period. Infections can interfere with the pap smear result, so, if possible, should be treated before the pap smear is taken.

In the section below the one-word summary is a description of the result, suggested actions and a guide to the reliability of the test result. For example "atypical" might be 'mild squamous atypia,' (Squamous refers to a certain cell type and atypia means the cells are not typical).

The print out from a negative reading would be 'no atypical or malignant cells seen'. Suggested actions might be 'repeat smear test in six months'. If the sample is a good one the print out will indicate this by stating 'endocervical cells present'.

```
VIOLA VULVA                 Test reference number: C4596781
94 OXFORD ST                Date Requested: 30/1/92
                            Date received:

CLINICAL INFORMATION PROVIDED
Date of Birth 16/4/58 Discharge. Last smear normal


     CYTOLOGY: PAPANICOLAOU SMEAR: (CERVICAL)
     Smear taken with spatula + cytobrush

     **** NEGATIVE ****

     NO ATYPICAL OR MALIGNANT CELLS SEEN
     NO PATHOGENS RECOGNISED
     ENDOCERVICAL CELLS PRESENT
```

Details of type of pap smear

One word summary of the result

```
VIOLA VULVA                 Test reference number: C4596781
94 OXFORD ST                Date Requested: 19/11/93
                            Date received: 22/11/93

CLINICAL INFORMATION PROVIDED
Date of Birth 16/4/58. Last normal smear January 1992


     CYTOLOGY: PAPANICOLAOU SMEAR: (CERVICAL)
     Smear taken with spatula + cytobrush

     **** ATYPICAL ****

     MILD SQUAMOUS ATYPIA
     SUGGEST REPEAT SMEAR IN 6 MONTHS
     ENDOCERVICAL CELLS PRESENT
```

Description of result

Guide to reliability of the test

Suggested actions

On Trial

AZT + ddC

HIV Infection

Name of study: CHATN003

Objective: Comparing AZT monotherapy to AZT+ddC combination in a people with between 300 and 500 CD4 cells. (Note : ddC is not currently licensed for people with more than 300 CD4 cells)

Arm 1: AZT+ddC
Arm 2: AZT+placebo

Duration: 2 years

Inclusion: CD4 cell level between 300 and 500.
Exclusion: Previous ddI or ddC use (prior AZT use is not excluded)

Note: People on the trial who drop below 300 CD4 cells after 12 weeks on the trial will be offered combination therapy (ie AZT+ddC).

For a list of participating clinics call CHATN (Community HIV/AIDS Trial Network) on 331 6320.

Delavirdine (U90152S)

HIV Infection

Pilot safety/efficacy trial

Arm 1: Delavirdine (600mg daily) + AZT (with or without ddC)
Arm 2: Delavirdine (1200mg daily) + AZT (with or without ddC)
Arm 3: AZT (with or without ddC)

Duration: 12 weeks

Inclusion: CD4 cell level between 50 and 350, tolerating AZT (with or without ddC)
Exclusion: Previously used ddI

Note: This trial was due to finish in February and has been extended

For further information contact Dr Michael Rawlinson on 332 4648

935U83 + ddI

HIV infection

Phase I safety and efficacy trial

Duration: 12 weeks

Participants receive ddI (400mg) and 935U83 (an antiviral nucleoside analogue compound) at either 300mg, 600mg, 900mg or 1500mg per day.

For more information call Dr David Austin at St Vincent's on 339 1111 pager number 807.

AZT

This study will investigate the relationship between the concetration of AZT in the blood (both plasma and intracellular) and the clinical effects of the drug.
(See page 5)

This listing does not include all current trials. Trials listed in the February and March Talkabouts of RO 31-8959, p24-VLP (therapeutic vaccine), Interferon Gamma (MAI infection), valaciclovir (prevention of active CMV) and UBI preventative vaccine are still recruiting.

For further information on other current trials call CHATN (331 6320) or NCHECR on 332 4648.

If you are trialling any treatment, including complementary and alternative therapies and would like to advertise it here, call Jill on 361 6750.
A useful booklet "A Guide to Participating in Clinical Trials", is available from the PLWHA office or the AFAO National Treatments Project 231 2111.

Pix jinx

We haven't been able to track down any photos of the PLWHA (NSW) float at Mardi Gras — and our own happy snaps didn't turn out. Is there anyone out there who took pictures of our pyramids, lips, little people and *Talkabout* covers? If you've got some good pix, please contact us on 361 6023 or 361 6750.

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 22

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

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 018 479 201
Home Nursing,
clean linen,
equipment loan:
phone 350 2955
Drug and alcohol
counselling: phone 350 2944

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

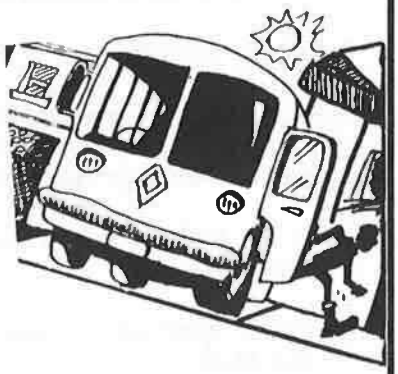
Positive Space Illawarra

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

Tiffy's Transport pick up line 206 2040

Tiffy'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 Wednesday, 3.00 - 4.30pm 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

"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

♫ *Alfredo's Restaurant* ♫
251 Crown Street Darlinghurst

presents
A Benefit Concert
of
♫ ♪ OPERA & CABARET ♪ ♫
for
People Living With & Affected By AIDS Luncheon Club
on Wednesday 27 April 1994 at 7pm

This will be a FAAABULOUS night
of
Opera & Cabaret

starring

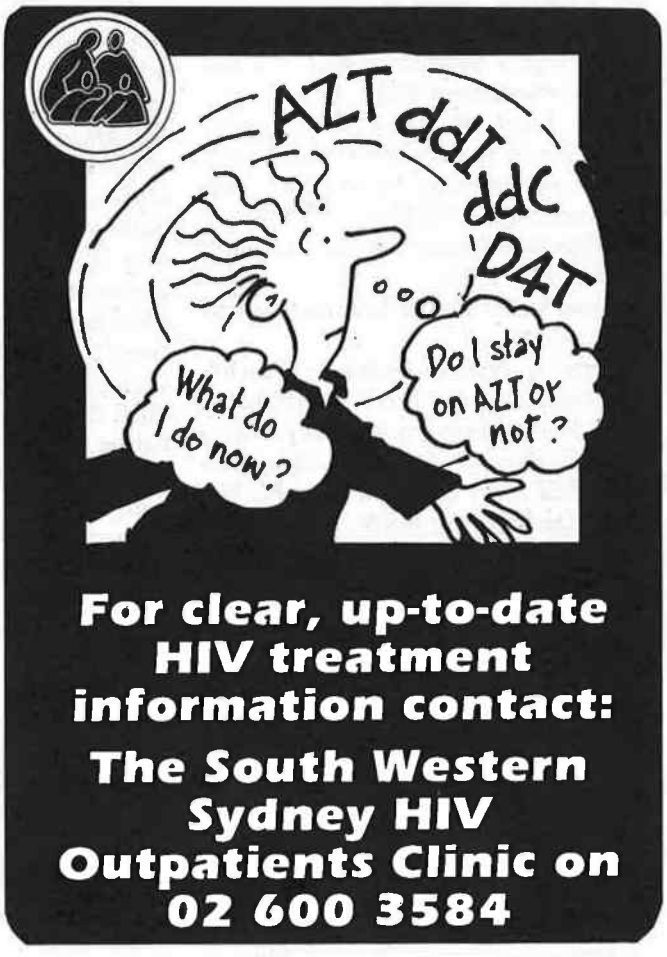
The One and Only JUDI CONNELLI
William Adami, Peter E. Binning, Wendy Dixon, Paul Germano, Christine Hore, Pixie Jenkins, Adrienne Lamb, Nick Morris, Edie Rens, Marianne Shepherd, Garry Steel, Sylvana, Tony Zonta
& others with
Maggie Kirkpatrick as M.C.
☆ *and a Special Appearance by Colleen Clifford* ☆

Please join us on this star-studded night and help raise funds to continue support for
People Living With & Affected By AIDS Luncheon Club

$ 40 per head incl. meal - BYO

Tickets available from
THE BOOKSHOP 207 Oxford Street Darlinghurst Ph. 331-1103

Sponsored by
AUST. EMERGENCY SERVICES FOUNDATION



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 9 Charles St Parramatta. 204 2400.

ACT PLWHA GPO Box 229, Canberra ACT 2601.
Call Phil or David on (06)257 4985.

AIDS Rights Coalition (ARC) PO Box 172 Camperdown 2050

AIDS Trust of Australia A non-government national fundraising body which raises money for research, care and education related to HIV/AIDS.
PO Box H300 Australia Square Sydney 2000. 221 2955.

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 for gay and bisexual men under the age of 26. Meet other guys. It's fun, free and confidential. groups in Parramatta, Campbelltown and city. Call Aldo or David 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.
Good Shepherd Unitarian, 15 Francis St Darlinghurst 638 3298.
MCC Sydney, Heffron Hall, Burton & Palmer STs. Darlinghurst 32 2457.

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 827 2222,

828 4844 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.
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 7013.
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.
Livingstone Road Sexual Health Clinic Open Monday, Wednesday, Thursday plus a walk in clinic Fridays 1pm - 5pm. 182 Livingstone Rd Marrickville. For appointment call 560 3057.
No medicare card is required
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 Cross** BTS: Contact Jenny 262 1764.
Westmead Centre (Westmead and Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

EMOTIONAL SUPPORT

Ankali Emotional support to PLWAs, their partners, family and friends. Trained Volunteers provide one-to-one non-judgemental and confidential support.
332 1090.
CLASH Confidential group far 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 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 par 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.
Barnados Family Services Support for families affected by HIV/AIDS. Respite care, short /long term foster care and assistance with permanency planning for children whose parents have HIV/

AIDS. Contact Lynda or Angela on 387 3311.

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 PWA pensioners Call Ben on 519 8785.

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.

Tiffy's Transport Service For PLWAs (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 wilh 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. Drop in centre/coffee shop each Thursday 10.00 - 4.00, support group first Saturday each month 2.00 - 4.00. Behind ACON, 93 High St. Coffs Harbour. Call Chris on (066)51 1065.

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 thisarea. 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 this area.
Call Victor on (018) 48 6804 or Pam Davis on (064) 52 1324.

Eurobodalla HIV/AIDS Volunteer Supporter Group. Emotional and practical support to PLWHA, their family and friends in the Narooma to Batemans Bay area. Call Greg Ussher or Liz Follan on (044) 76 2344.

Nowra Sexual Health Clinic Confidential and free support for PLWHAs. Nowra Hospital, (044) 23 9353.

Port Kembla Sexual Health Clinic Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399.

Shoalhaven HIV Support Group Meets first and third Tuesdays in the month from 6pm to 7pm. Peer support group facilitated by an HIV+ volunteer. Completely confidential. Call (044) 23 9353.

South East Region HIV/AIDS Unit HIV/AIDS support, needle and syringe exchange and HIV education. For more information contact (048) 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 area. Call Victor, (018)48 6804.

Young HIV/AIDS Volunteer Supporter Group Emotional and practical support for plwhas, their family and friends living in the area. Call Victor, (01 8) 48 6804 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

❑ I wish to make a donation of: $_____

❑ I enclose a cheque/money order for $_____

In the interests of your confidentiality

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

I am publicly open about my membership ❑ Yes ❑ No

Annual rates

Membership $2 (Only available to NSW readers)

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

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

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

Overseas Concession $A20 Full $A40

Please specify number of copies _____

All *Talkabout* subscribers receive for free the quarterly *With Complements*.

Please forward this completed form to PLWHA Inc. (NSW), PO Box 831, Darlinghurst NSW 2010.

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

SIGNATURE _____ DATE _____

HIV living

HIV information forums

traditional chinese medicine & hiv

wednesday 13 april 6.30pm to 9.00pm

- what is chinese medicine?
- does it have any proven benefits for people with hiv?
- what can acupuncture do for me?

international travel for hiv+ people

wednesday 20 april 6.30pm to 9.00pm

- what do i need to know about travelling when i'm hiv+
- t.b, how can i avoid tb when travelling, is it really a danger?

shopping for a doctor

wednesday 27april 6.30pm to 9.00pm

- what should i expect from my doctor?
- what does my doctor expect from me?
- how do i find a doctor i can work with?

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

ACON
AIDS Council of New South Wales Inc