

No. 44 June 1994

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



# Discrimination

## — How and what we won

By Alan Brotherton

ON FRIDAY MAY 13, PEOPLE WITH HIV and AIDS were finally granted legal protection from vilification with the passage of the government's amended and much-delayed *Anti Discrimination Act (Amendment) Bill*.

NSW Attorney General John Hannaford first promised to introduce reforms to the *Anti Discrimination Act*, to cover gay men, lesbians and people with HIV against vilification and discrimination, at the *All I Want For Christmas* rally in December 1992. It was a brave promise, and perhaps he didn't reckon with the power of the conservative troglodytes who lurk in the darkest corners of the coalition government. It's taken eighteen months of lobbying, rallying, sidestepping and backflipping to finally get through most of the promised reforms. That's most, not all.

The *ADA Amendment Bill*, which promised a number of important changes such as allowing representative complaints and HIV anti-vilification legislation, fell off the table during the fracas over homosexual anti-vilification late last year. When all the noise had died down positive people were left without anti-vilification coverage, trans had no anti-discrimination coverage at all and the *ADA Amendment Bill* had vanished into a hole. It finally re-emerged in April when Hannaford promised representatives from ACON and PLWHA that the amendments would be passed by the end of the last session of Parliament. He also said that there had been a few

changes but, "nothing which would affect" people with HIV.

When the Bill finally came out, there were a few nasty surprises. Racial and homosexual vilification is defined as inciting "hatred, contempt or severe ridicule of" those groups, yet the "severe ridicule" bit had been deleted for people with HIV/AIDS. Now, while you might argue that vilification legislation is mostly of symbolic value, a symbol which says it's okay to severely ridicule people on the grounds of their HIV status is, as the slogan has it, Just Not On. Quite how this "doesn't affect" people with HIV is also a little beyond me.

The bringing of representative complaints is of more than symbolic value. It allows organisations to bring complaints on behalf of a number or group of people. Given that some complaints can take years to resolve, this makes a big difference to people with HIV and AIDS. Unfortunately, the bill also came with a requirement that all people in these actions be named. What that means in real life is that if PLWH/A was to bring a complaint on behalf of all positive people in NSW, we'd have to name every one of you. This is clearly ludicrous, as well as impossible due to confidentiality requirements. Also, there was no provision for damages as there is in individual cases. So, what's the incentive to stop people discriminating against us?

A bigger concern, the requirement that where something is done on more than one ground (the *relevant* ground of discrimination is whichever is the *dominant*

ground), was cleverly disguised as a fairly technical wording.

Although the *Puplick Report* on HIV/AIDS legal reform pointed out the dangers in this wording, it took some time for the implications to sink in. What this clause effectively threatened to do was to allow people who discriminate to shift the reason for their actions on to another ground and out from under the Act. The *Puplick Report* gives an example:

"A number of council employees who collected garbage refused to work with a man who was HIV positive because of the alleged risk he would be cut by glass and they would be infected. The council believed it had adequate infection control procedures in place and was prepared to allow the HIV positive employee to continue working. However, they were ultimately convinced to sack him because they did not want to risk industrial action over the issue. In this case the *dominant* reason for the sacking was to avoid industrial action, not the fact that the employee was HIV positive"

It was this clause which led to claims that the Act was being "gutted", a new round of frantic last minute lobbying by PLWHA, ACON, the Gay and Lesbian Rights Lobby and other community groups, and last minute amendments by Liz Kirkby and Clover Moore. By Wednesday, things looked pretty gloomy. Liz Kirkby's amendments in the Upper House were defeated, with the ALP's Franca Arena (remember Franca and the *innocent victims* — it sounds like a tacky sixties revival band, and tacky it certainly was) saying the ALP had

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## **This Month's Cover**

by Tasmin. Kids sometimes have a way of getting to the point much quicker than adults. This month *Talkabout* goes off to *Camp Goodtime*, a weekend away for kids and oldies with HIV/AIDS, their parents, siblings and carers — *Goodtimers* all.

## Media, Media

AFTER NUMEROUS FALSE STARTS GAY and Lesbian Television is up and running. An hour long program, entitled *Rainbow*, is now going out every Thursday on UHF 31 (next to SBS) from 10-11pm (unfortunately it's a clash with 2-SER's long-standing *Gaywaves*). It includes *Frontline* — "stories from the war against AIDS." Look for an interview with Tony Carden (amongst others) in this segment. Further information (they're looking for involvement) from Royce on 319 1887.

Meanwhile in Melbourne PLWA radio (whose weekly half-hour long show goes out on two community stations) has just celebrated its first anniversary with the announcement that highlights from their show *Positively Primed* will be compiled for use by community radio stations from all over Australia. Subscribers only need pay postage and cassette costs. Details from Peter Davis on 03 525 4455. The (Melbourne) PLWA Radio Working Group has also developed a soapie called *Absolutely Positively Everything*, "about a dating agency for people with HIV run by a transvestite."

Another programme of particular interest to PLWHAs is *Access*, half an hour long and broadcast fortnightly on 2-SER's Thursday night *Gaywaves* then repeated by *WildGALS* on 2-RSR on Saturday evenings.

## Sparkle

SEPTEMBER 4 AT THE FOOTBRIDGE Theatre and the "HIV/AIDS community" is invited to the *Community HIV/AIDS Gala*, a mega-glam fund-raising night being hosted by Clover Moore, Judi Connelli, Hugo Weaving (a la *Priscilla*) and Suzanne Johnson. Way in advance information for this special event because PLWHAs have priority on ticket sales! And it's,

"a great opportunity for PWAs to take out their carers and friends." Contact Tony Carden (a.h. 358 3402) with your pensioner number if your interested in a ticket — they're only \$5.

## Hand In Hand

THIS YEAR'S QUEEN'S BIRTHDAY (June 11) dance party will, again, feature a "Time Out" room for PLWHAs. Organiser Richard Weiss promises that it will be a lot more glamorous than the bare rooms we've become used to! It will operate throughout the night and will be located next to the *Blue Velvet Room*. Concession tickets, for health care card holders, are only available at ACON and are \$25. Normal tickets are \$40 and available at The Bookshops and Aussie Boys (all branches). 85% of profits go to ACON, 15% to Pride.

## Positively Speaking

ANNOUNCING THE FORTHCOMING release of *Positively Speaking*!

We here at Support of Positive Youth Inc. (SOPY) hope that this newsletter may in time become a forum — unifying the youth of NSW and Australia living with, or affected by, HIV/AIDS. *Positively Speaking* will be a bimonthly bulletin of SOPY with feature issues and topics relevant to youth.

Over the coming months, I would like to present feature articles on various services and centres, throughout NSW, Australia or even further afield, whose work is aimed at the younger HIV affected population. If you would like to send in a feature, please have no hesitation. All I ask, is that you could ensure that any feature is no longer than 2000 words in length, and alternatively, if you would like to send a letter to the editor, preferable word length would be around 500.

*Positively Speaking* will be produced by HIV affected youth.

We aim to establish an ongoing pro-positive column for personals, escorts, penfriends, accommodation. If you are interested, then send in those messages

We will automatically, place all subscribing centres and services, which cater to the needs of youth living with, or affected by, HIV, onto our *Youth Services Contact Page* (unless advised otherwise).

If you are interested in assisting SOPY with donations, as a volunteer, or as a member contact us at:

11 PAWLEY STREET, SURRY HILLS,  
NSW 2010. PH:318 2023.

We wish to stress that, whoever you are, wherever you are, and whatever you look like, your contributions are most welcome. Especially your views, desires and experiences.

Positive youth are out there. Knowing this, *Positively Speaking* would like to cater its services accordingly. If you, the readers in this big, wide world, have some suggestions on what you would like to see in *Positively Speaking* please don't be afraid to let me know.

— Adam Davis, Newsletter  
Co-ordinator

## Women's Update

The Australian Federation of AIDS Organisations (AFAO) has received a \$30,000 grant to organise a *Positive Women's Forum* later this year. A steering committee for the event was being formed at the time of going to press. Thus far it includes Lisa Brockwell (AFAO Women & AIDS), Bev Grant (AFAO and NAPWA) and Felicity Young (AFAO). For more information contact Felicity Young at AFAO (231 2111)

ACON women have organised themselves into a team!

No! Not a netball team, but a fresh, new, grouping, a "unique space" that brings together all women-specific positions.

The team aims to create a friendlier and more supportive environment for women clients at ACON, encouraging better referrals, encouraging a more productive generation of planning and other ideas and provide a focus for women volunteers and activists.

## Bureaucratic Update

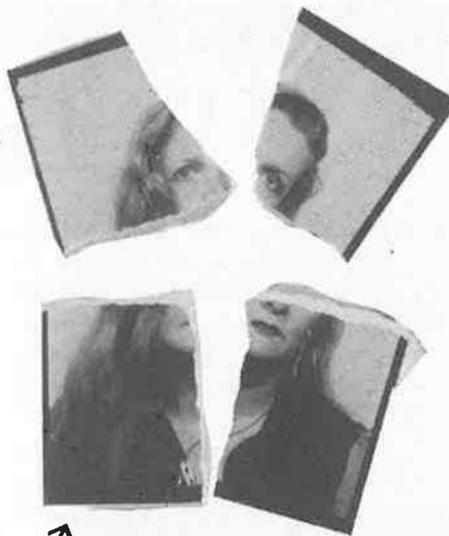
AMONG THOSE APPOINTED TO THE Australian National Council on AIDS's fourth term is *Talkabout* contributor and advisor, ACON Treatments Officer and "a man on a mission in life to prove that HIV doesn't cause weight loss" — Ross Duffin. His esteemed company on the ANCA executive for the next two years includes Dr. Don Grimes (chairperson), and Professors Peter Baume and Peter McDonald. Other appointees include Bill O'Loughlin from the National Centre in HIV Social Research and Dr. David Bradford.

## New Trials Register

*Talkabout* normally publishes a listing of trials that are currently being conducted in New South Wales. A complete listing of trials in Australia was recently published in *Noah's Ark* (the newsletter of the Australian Society of HIV Medicine). You can get copies of this by ringing either Ross Duffin (206 2015) or Jaimie Elliott (206 2013) at the AIDS Council of NSW.

## Talkabout plans

Disturbing — if unsurprising — news was recently presented to the annual *Talkabout* planning day by Jill Seargent. Looking at the magazine's finances she found that revenue was failing to meet



## ♀ Old Women . . .

*Cross your fingers. Cross your legs. One of our own is up for a gong. Nominated for the "women's" magazine New Woman's "New Woman 100" is ACON Womens's HIV Officer and Talkabout stalwart Vivienne Munro. Vivienne's nominator, Lisa Brockwell, described her courage as "inspiring." "It's a lifeline for many other women affected by HIV." Vivienne has come through a lot in the nine years since she was diagnosed. It took several years before she could tell her family, and more before she could tell her children. Last year she lost her husband to the virus. Vivienne says she's a part of ACON because of the peer support she received nine years ago, "[it allowed me] to not be marginalised or stigmatised by the virus. That was a really powerful experience for me, and I want to provide other women with the space for that to happen." Talkabout wishes this glamorous, "woman of many parts" the greatest of luck! Go Viv!*

## ♀ New Woman



expenditure. This was the reason that the magazine was unable to print enough copies to meet the demand. The meeting made a number of resolutions aimed at tackling the shortfall, and the magazine is seeking reader/volunteer assistance in increasing advertising and other potential incomes. Looking at distribution it resolved to cull the current number of free subscriptions and to look at other means of getting copies to readers than mail.

## New treatments publication

*AID SX*, a new four page Australian treatments information monthly, was launched in May. According to Ross Duffin from the *AID SX* collective, "*AID SX* aims to provide Australian treatments information for people with HIV/AIDS in a form that is

easy to understand. We intend to cover all aspects of HIV/AIDS treatments, but our focus is on things that people can do now or in the near future. *AID SX* aims to fill a gap in current treatments information — many people don't have time to read a 20 page newsletter. This newsletter is designed

♀ ♀ ♀ ♀ ♀ ♀ ♀

If you're a positive woman and you're interested in receiving occasional information, social news, invites and medical updates — especially for women — then call

**Vivienne Munro**, at ACON's HIV Support Project on 206 2012 to join the mailing list

♀ ♀ ♀ ♀ ♀ ♀ ♀

# Talkabout

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## DEADLINE FOR THE NEXT ISSUE

June 18

Send contributions to PO Box 831 Darlinghurst, NSW 2010. Call Paul Canning 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)

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Darlinghurst NSW 2010.  
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# Oh God! 🙌🙌 Not another cocktail party?! 🙌🙌

PICTURE IT. THURSDAY, MAY 12. 4.30pm at the Lizard Lounge — the glamorous location where the Monday Positive lunches are held. What's this? A cocktail party? Oh God! You guessed it. Another AIDS Inc. party.

So who are all these AIDSocrats? There's Felicity Young from AFAO, Don Baxter high priest from ACON, various area health HIV Coordinators, Paula Swain, Garry Pepperall, two of the gorgeous nurses from Darlinghurst Community Health, Dr. Marilyn McMurchie, members of PLWHA NSW Inc., as well as many members of the HIV positive community. But hang on. This is a change. There are more high profile, and out, positive, people here than AIDS bureaucrats.

What's happening?

What are all these heavies blowing their trumpets about now? Another prevention campaign? Another poster with muscle Marys? No!

According to the invitation it's a party to launch a resource/information kit based on the HIV Living Info Forums that are held at ACON Goulburn St on Wednesday nights.

Talking about high profile, out, HIV living, people, Andrew Morgan has the microphone. I wish those people behind me would pipe down so I could hear properly. He's always worth listening to.

And now there's a show.

Who's that on the mike? Miss Beverley Hills, famed show compere from Antibody parties — the info topics are being modelled a la fashion parade. Miss Addy Ross modelling Drug Trials in a shimmering silver number with a huge syringe. Wanda Aimlesslee

Shopping For A Doctor with designer bags from McMurchie's On Oxford, boutique de Bloch and Cassy's — to name a few. Miss Bonny Beauchamp doing her Eddie impersonation (as in Edina from Ab Fab). Waving a cucumber around wondering where to put it, doing Complementary Therapies. And back to Wanda Aimlesslee modelling Off Your Face like a madwoman on bad acid. That's a really novel way of dragging up for an Info/Educational resource.

The most interesting thing about the Information Forum Kits is, not only are they the largest resource of their type ever produced by an AIDS Council in Australia, they are the first of their type to be produced by and for HIV positive people. They cover a range of sixteen topics such as HIV And The Immune System, to Retirement, and Complementary Therapies, as well as conventional treatment information.

These kits are designed to be used in a workshop/forum situation presented by and with service providers around the country. The topics are focused upon information issues relevant to HIV positive people. So, with this in mind, the kits will be provided free of charge to any HIV positive community groups, organisations which receive government funding will be expected to pay for them. If you would like information about the kits and their availability, contact Stephen or Peter at:

THE HIV SUPPORT PROJECT,  
ACON PH:206 2011.

— Stephen Gallagher

to be read and we're trying to keep in mind that our intended audience is people with HIV and AIDS."

Subscriptions to *AIDSX* cost \$12 a year. Says Duffin, "We decided to try to be self-funding because we wished to be independent — and that means we can hopefully more able to point our pen more critically if we think that's required."

*AIDSX SUBSCRIPTIONS FROM: PO BOX 255 DARLINGHURST NSW 2010.*

## BETTER FUTURE

The National Association of People Living With HIV/AIDS (NAPWA), after a long period of negotiations with the Commonwealth Department of Health, have finally received approval from Health Minister Dr. Carmen Lawrence for funding towards the formation of the *National People With HIV Project*.

NAPWA External Convenor, Geoffrey Harrison, said, "This decision shows the acceptance, support and understanding of the needs of our HIV community and the government's commitment to assist us in many ways. The funding will enable us to start working towards achieving many of the aims and objectives of our HIV/AIDS community."

This funding approval ties in with other recent moves which include funding of a range of important national projects including Positive Sexuality, Health Monitoring and Maintenance Education, the Positive Women's Conference and the NAPWA Positive Living Conference.

NAPWA is the body that represents all people with HIV/AIDS on national and international issues. Their aims and objectives include: advocacy of the human rights and dignity of PWHA, including the right to participate in the community without discrimination and the right to comprehensive and appropriate treatment, care,



Photo: Jamie Dunbar

*Many thousands attended this years Candlelight rally. Despite having to pay an unexpected large ammount to hire the Domain for the final rally, the event was "a great success." Numerous television stations ran the slick advert, and not all at the usual 3am, and newspapers carried stories across Australia. Many of the rallies, in particular those outside Sydney, attracted excellent local publicity.*

support, and education; advocacy on national and international issues for PWHA; to formulate policies on a national and international level; and to represent our community on all matters concerning HIV/AIDS.

NAPWA's other priorities include discrimination, housing, training and skills development,

and relationships between HIV negative and HIV positive people. Said Harrison, "some of these we have moved very strongly with, some I must admit we have been a bit slack in dealing with, but we have placed an incredible amount of time, energy and resources on many other issues."

— Andrew Darling

## Bush Talk

The July issue of *Talkabout* will be our first ever rural issue.

If you would like to contribute, send in your stories to the address on page 6, or call Paul Canning on (02) 361 6750 (reverse charges if you need to).

## WESTERN AIDS FUNDRAISER DANCE

First Saturday of every month at

The Golfview Hotel,  
Rawson Road, Guildford

FBF Presents



Destination  
*Mardi Gras*

Central West  
Dance Party

18th June  
Bathurst CWA  
Tickets: \$10  
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Featuring  
THE  
TRIPLE  
HIPPLES

enquiries please Kelly or Steve (068) 322 686

(From page two)

"no problems" with the Government's Bill. Clover Moore moved similar amendments in the Lower House, and some last minute lobbying of the ALP led in the end to *everyone* except four government MPs voting to pass some of her proposed amendments. Isn't unity heartwarming?

So, what did we get? The dreadful *dominant ground* clause is gone. We now have representative complaints and HIV anti-vilification legislation which includes the grounds of severe ridicule. Our carers and relatives are also protected from discrimination. All in all, it's a far better Act for us, and Clover Moore, the ALP, ACON, PLWH/A, GLRL and (with a few qualifications) the government all deserve thanks for getting it this far. But is it enough?

Well, at the risk of sounding a little bolshie, no. The naming of people in representative actions is just plain silly, and the churches seem to be even more exempt from the Act than they previously were. It's still not possible to take action to *prevent* someone discriminating, which means discriminatory acts have to occur before any action can be taken. So, if, for example, someone decides to build a shopping centre without disabled access, no action can be taken to force them to do this until they've built the centre, i.e. committed the discriminatory act. More silliness.

Most significantly, there is still no protection at all for transsexuals under the Act. It seems grossly unjust to me to have a law which aims to protect people from discrimination, which itself discriminates against one of the most marginalised and discriminated against groups in society by excluding them from coverage.

Hannaford has said he won't move on these issues until the Law Reform Commission finishes its deliberations on the *Anti-Discrimination Act*. Parliament won't sit until September, and an

# PLWHA News



THE DEATH OF ROBERT ARISS ON 9 May has overshadowed everything else we may have done in the last month. Robert was a founding member of PLWH/A NSW, its convenor from 1989 — 1991, and a driving force behind *Talkabout* since its inception. His vision and insight were unique and powerful, his sense of humour and commitment irreplaceable, his influence on PLWHA and *Talkabout* was enormous — he was a mentor, a critic and an inspiration for many of us. As a friend, I find it hard to accept this loss, and even harder to write anything which seems remotely important after this.

The *Positive Speakers' Bureau* public meeting on May 24 was attended by about 20 people, all of whom remained interested by the end. Work is under way to have a training course ready by about July, and we're still interested in hearing from other potential speakers. Contact Claude at the office for more details.

PLWH/A has been helping *With Complements* (the complementary therapies newsletter for positive people) put together a funding proposal to the AIDS

election won't be far off by then, making the chances of any remotely progressive reforms even slimmer. The Bill still has to go back through the Upper House. Given that the gay and lesbian communities, people with HIV/AIDS and Clover Moore have been able to able to implement quite a few of the government's promises over the past eighteen months, I'm not totally pessimistic. But, my, I'm tired of waiting.

Trust of Australia so that its valuable work can continue. Unfortunately ACON is no longer able to help out with printing costs and so a new source of funds for this vital service needs to be found.

We've also been involved in lobbying to have the government's *Anti-Discrimination Act (Amendment) Bill* introduced and then further amended to remove a few last minute surprises (see feature story, page 2).

Andrew Darling and myself will be heading off to Coffs Harbour to work with CHAPS in sorting out difficulties with access to services. There'll be a full report in next month's *Talkabout*.

Andrew Morgan has taken on the task of representing PLWH/A NSW on the steering committee of the National Positive Living Conference, to be held in Sydney in September.

Mark Bagley has resigned from the committee due to other commitments. Mark made a big difference in a short time, not least due to his almost religious fervour for getting things done.

Les Szaraz has taken on the role of Deputy Convenor, so I'm going on a holiday.

— Alan Brotherton  
Convenor

## Current PLWHA Committee

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

There is one vacancy.

## Robert Ariss 9.5.94

IT IS IRONIC THAT THE LAST ISSUE OF *Talkabout* that Robert Ariss was to see was the May edition on grief and loss. As outgoing editor I didn't expect to be feeling the pain of losing Robert only a few days after that issue came back from the printer.

Robert will be remembered elsewhere for his vital role in HIV/AIDS politics and research, but here I want to concentrate on his work with *Talkabout*.

When *Talkabout* went monthly, just over two years ago, Robert was officially dubbed *Talkabout* "Dog-Father" by the Sisters of the Order of Perpetual Indulgence, in recognition of his long-standing commitment to the publication. In fact, if you're going to use that kind of analogy, it would be more accurate to say Robert was one of *Talkabout's* birth-parents. As a founder of PLWA (as it was then called) in late 1988, he was there from the start, helping to nurture it to become the success it is today. His name appears in the very first issue, at the end of an article on ozone therapy.

Robert was the first elected convenor of PLWA from March 1989 to early 1991. After his resignation from that position he continued to have a strong personal involvement with *Talkabout*. I've been working on the publication for four years, and he supported and encouraged me from the very first day. At times, he was the only member of the newsletter working group apart from myself, and his support and advice during

those lean times was invaluable. He also gave me a great deal of support as an employee of the organisation. *Talkabout* is now much better able to stand on its own two feet, thanks to the strong Newsletter Working Group (NWG) that has developed over the past year or so — but Robert, that didn't mean we were ready for you to go just yet. Your insight, wisdom, charm & humour will be sorely missed.

Regular readers will have become familiar with Robert's by-line in *Talkabout's* pages, often attached to articles which raised controversy — to his enjoyment. What they may

not realise is the extent of his voluntary work in developing the magazine. He did a substantial amount of work on the editorial policy, the 1991 readers survey, planning days, conference presentations and funding submissions. As a member of the NWG he also provided advice on a whole range of subjects, ideas for future issues, a sense of history and a balanced, global perspective on the epidemic. I think it would be right to say he had some input into just about every issue of *Talkabout*, even if it was only proofreading, or rewriting my introductions to special features. (A recent rewrite was the



intro to the February gay edition — another irony. I didn't anticipate that his name would join those of the people we paid tribute to in that edition, quite so soon. And I regret that I never interviewed him about his own role in HIV/AIDS history).

To me, *Talkabout* has developed a life and identity of its own, and I think part of the bond I had with Robert was that he understood and shared this feeling — or was it a passion?. He had a great understanding of the power of communication and an equally great commitment to *Talkabout's* role as a tool for the empowerment of others with HIV and AIDS. But added to that was a strong personal rapport — we hit it off right from the start and I'm very glad that before he died it was clear to both of us how much we cared about each other.

I often referred to Robert as my mentor. I think he found this compliment a bit over the top, but I certainly meant it. I also cared deeply about Robert as a friend and as I watched his health deteriorate over the past few months felt a rising sense of panic that he might not be around for as long as I'd expected.

When, as editor, I ask people to write tributes, I always encourage them to remember the funny or idiosyncratic things about people. As I write this I know I'm finding it hard to do that. But Robert had a wonderfully dry sense of humour and a lot of the funny things were very subtle. I'm glad to say he didn't lose this, even when doped up with morphine not long before he died.

The one consolation I can find for Robert's sudden death is that his illness was brief although the suddenness of his death was hard on those of us who loved him it was a lot easier on Robert to not go through the common experience of repeated illnesses and hospitalisation. I think he would have found that very hard to bear.

— Jill Sergeant

## Talkback



### Quiet achiever

The month of May saw the resignation of one of the communities quiet and diligent workers. Gary Smith resigned from the position of roster coordinator with the Community Support Network (CSN). Gary has worked tirelessly for over four years rostering CSN carers to take care of clients. A job that has often been difficult and stressful. Dealing with clients, the family of clients and carers. Often providing emotional support to all, as well as his close friends. Gary has been a source of much love, caring and understanding for many in the community.

Gary helped CSN into the computer age, with most of the input and ideas for the development of the software that CSN uses to keep track of carers and clients. He always worked to improve the service provided by CSN, often

against great obstacles. Gary was one of the rounding organisers of the Baby Cakes Picnic Day, a day that brought all the community care organisations together. His fantastic organisation of these events always made them a great success and helped to bring together and break down barriers between the various care groups. Gary's dedication to his job went way beyond the call of duty and many people have benefited from his efforts.

Gary will be sadly missed by many people, his caring nature, his supporting ear and most of all his dedication to providing the best care he could organise.

It was with great pleasure that I could attend his farewell from ACON, to wish him the best in his future endeavours. What a pity it was that most of the managers at ACON that have worked with Gary and seen the amazing amount of effort he has put it could not even drop in wish him well and that ACON could not set fit to organise an official farewell and recognition of his efforts to CSN and the community.

With love and thanks we wish you all the best Gary, you will not be forgotten so easily.

— Peter Leslie

### Thank You

*Talkabout*: To the management and staff. Thank you for your support for People Living With and Affected by AIDS Luncheon Club.

— Carole Ann King

We welcome your letters. Please include your name and Ph. no. or address and send them to:

**Talkabout, PO Box 831  
Darlinghurst 2010**

### Lost!

ALL THE *TALKABOUTS* FROM JANUARY through August 1989! We're collating all our back issues so past articles can become available to our readers — alongside ensuring the future security of this precious resource. If you have any of these *Talkabouts* stashed away please contact us (on 361 6750) so we make copies of them.

### Apology

UNCREDITED FROM THE FEBRUARY cover of *Talkabout* were images taken from the International Video Archive Network (ex PLWA archive). They include those of Bobby Goldsmith swimming and of Paul Young and Andrew Carter.

# To Tell or Not to Tell

## — there's the rub

BOY SPOTS BOY ACROSS A SMOKE filled room, the sound of techno beat pounding in our ears. Our eyes lock for the briefest moment — long enough to know that a mutual attraction exists and has been ignited. We smile, look away, smile again, look away. Finally I get up the courage to go and say hello.

'Hello, I'm Paul'

'Hi Paul, I'm David'

'Hello' is about the level of conversation we can maintain in this sea of man flesh, drowned in waves from the pulsating speakers pumping out the latest Euro Beat.

I suggest we go some place quieter for coffee, even though I'm a totally confessed tea drinker. He suggests we go to my place. I was going to suggest a coffee shop, so that we could make conversation and get to know one another, but he seems very keen to 'have coffee'. Who am I to argue? In the taxi to my place we go through the usual topics of discussion — what's your name, where do you live, what do you do for a living, wasn't the weather lousy today, etc.

We fight our way through the security grill and deadbolted door to be deposited safely into the

hallway outside my bedroom, and before I can say 'muscle mary' I find myself whisked onto my bed and my clothes been rapidly removed — sensitively of course. We spend the next two hours

information.

I have been aware of my positive status for approximately five months and I'm still learning to live with it. Living on a constant roller coaster of depression and *depression* and generally getting nowhere fast. I have a great set of friends who have provided me with a lot of support, although some have tried to push me into going to a support group — something that is just not for me. So I avoid discussing topics which might cause them to make this suggestion again.

My close friends include people who are both positive and negative. Nearly all consider the divulging of your HIV status as something that should be left to your own discretion. Yet there are those not so close and generally no longer friends who vehemently up-

hold the letter of the law and say you must tell, even if you are having safe sex.

Ah, but there's the rub.

If I tell someone when we meet that I'm positive I risk been rejected even before they get to know who I am — as a human being and soul, inhabiting this



having intense and passionate sex. Great sex, safe sex as my usual supply of condoms and water based lube is always right beside my bed. I have not had the opportunity to bring up my HIV positive status, and we maintained safe sex practices, so I do not feel it necessary to divulge this

earth just as they are. And through their fear and ignorance they have possibly missed the opportunity to get to know a special person. If I choose not to tell but reveal it at a later stage, possibly seeing them again a second time, I risk them reacting with fear and anger at my lack of honesty and, again, never see them again. Then there are those rare individuals who view HIV status as irrelevant as they have chosen to educate themselves about the HIV virus and safe sex and practice safe sex at all times. I have encountered the first two groups of men regularly and sometimes despair of ever meeting and forming a relationship with someone based on who I am as a person rather than who I am based on HIV status. I could just hang out with positive people, go to positive functions to meet the man of my positive dreams. But why should I have to limit myself because of others ignorance and lack of self education?

So this bring me back to David. After this fabulous sex he lights up the cliched cigarette and I drift of into the sleep of the dead, no pun intended. It would take a herd of stampeding elephants to wake me. Generally I am a deep sound sleeper, after a very long and hard week at work I am totally wiped. The next day I'm woken by David finishing his last couple of thrusts, pulling out and cumming over my back. In my dazed half sleep state, I have not fully realised the magnitude of what he has done. He dresses, says his goodbyes and departs, leaving his number on the bedside table.

I fall back to sleep, too tired and too stunned to even contemplate what has just transpired. Later that morning I awake and partake of the normal morning functions — shower, shave, breakfast — in absolute horror at what has happened, not even 100% sure it has happened (not necessarily in that order). Did he or did he not

use a condom? I was in no state at the time to know, and it is not unusual to pull out, remove the condom, and blow onto someone's body.

***“why should I have to limit myself because of others ignorance and lack of self education”***

It took me a couple of weeks to track David down and arrange a time to meet and talk. During this time my sense of anger and horror grow. Angry that he raped me — I did not give my consent to having sex in the morning. That he would assume that, because we had sex the night before and he fucked me, he could do it again without my input or knowledge. Angry that he may have passed on to me other STDs which could endanger my health and horrified that there is even the smallest chance that the virus could have been passed to him. Would this have happened if I had told him my status? The rub once again. I spent two long weeks anguishing over what I would say and how I would say it. It was to be one of the hardest conversations that I have had to endure since discovering my own HIV status.

When we finally did meet I asked he if he remembered what happened the morning after and if he used a condom. His response was astounding. Yes he had fucked me without a condom but he had not cum inside me! I asked him if he knew what his status was, he replied that it was negative. ‘Well, I’m not’, was my reply. He did not hear me and I had to repeat it. Seeing someone deflate and start to process the enormity of their actions was heart wrenching for me. He

acknowledged that he felt totally responsible. We then discussed what he had to do in terms of HIV tests and time periods and what other avenues of support were available to him.

*This should never have happened.*

Not because I did not reveal my status but because he should have made the decision to have safe sex and only safe sex, as I had done the previous night. I now have to consider the implications of his actions on my health, something I don't think he has given two thoughts to. The issue here was not one of ‘do I or don't I tell’. It is an issue of safe sex, of education and choices. Then there is the issue of my health as a positive person being possibly compromised. I don't want to create an air of us and them, but when was the last time a negative friend expressed concern that their action may be compromising your health —rather than the usual attitude of positive people compromising the health of the negative? This may be a point for those who devise the education programs of the future to consider.

**‘Paul Chippendale’**

*(Part two of this story will appear in August Talkabout)*

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# Rivals

By Ian MacNeill

HE TURNED HIS head with some effort and raised an eye. He then had to repeat the process to include the other eye. After a while he was sure. It was her.

'That woman will have to go,' he informed the nurse who had rushed to the Urgent bell, not before used by him, 'she is interfering with my healing process.'

The nurse, now used to him — his rigorous vanities, his appalling courage — opened her mouth to say ... what — 'You'll never heal, you're dying. Remember?' — and stood there in an aura of confusion which he noted and took in.

'I was feeling better,' he clarified for her, 'I felt like a picnic.'

She was dumbfounded.

The 'woman' was wrapped in a satin robe, crumpled it's true, but satin, ivory satin.

'Jean Harlow over there will have to go,' he repeated as loudly as he could.

'Tell Moira Shearer she needs a new hat,' creaked above a whisper back.

The ward was alerted.

'In any case, tell her she won't have to be bothered for long, looks as though she should have been moved to the set on the back lot yesterday. Get her hair done in any case, she's lowering



the tone. What day do those hairdressers come to give nice rinses and sets?

The nurse - a Sister of some years standing whose waning career had been given a big boost by an affinity with the boys with the flu - couldn't help her affinity: she giggled.

'Hand me my purse,' said the offended. 'No! No. The day one,' as he watched the Sister reaching for the evening bag in iridescent tiles like piano keys. She put it back down and opened the top drawer and got out his wallet. Before he would take it from her he made a great business of being helped upright. Then he allowed her to hand it to him. From it he pulled a credit card. 'Get someone to get me a new dressing gown. Rayon. Pure rayon. At one of those Chinese embroidery stores. I'll leave the colour to you. But not white, it gets shabby so

quickly. And discolours!' He hissed the word.

'I'm going into town tonight,' the Sister volunteered. 'I'm going to see *Philadelphia*. There's one. . . ' And she began to collect herself from the enthusiastic, helpful self a now extensive career in Nursing had not quite stamped and smothered out. 'Maroon's a healing colour,' she tried to make it sound professional, 'warm.'

'Ice blue is my healing colour. I use it to visualise. Anyway, do your best. No dragons. Or do you think they're a healing symbol?' He checked the sarcasm in order to win her now with conciliation.

It was a not quite effective change in tone and fell flat at the snort from the other bed.

'Get her a shawl too. And a poncho for when you wheel her out to take some sun.'

'Shut that dreadful creature up.'

Give her some largactil. She always was demented. You've got dementia dear! Never mind no-one takes any notice in here.' He delivered this to the back stalls.

Who rejoined, 'Shut them up. I'm trying to sleep.'

Fighting for deep control, Sister whipped the curtain round his bed and fussed with the pillow. 'So you know him?' she uttered when she almost had it, effecting quite nicely a professional settling tone over her genuine impulse to dig for hilarity.

She got it. It was a story of professional rivalry overlaid with intrigue, counter moves and something almost like malice; something glittering with spite and an unconscious self contempt.

And she would have the joy of the alternative version.

It only took two days of demonstrating she was impartial, or willing to be won over.

His story was similar: thrusts and parries in all life's theatres. The weapon and object often being some young man pulled and bounced between cocktail and dance parties, spirits and cocaine, dinners in restaurants where one was known and special prices in clothing and hairdoses, vast flower arrangements and art deco furniture, the nearly famous and the really quite rich . . . who like his prede and successors was eventually pushed onto the really quite gorgeous — to sighs of relief and an aftermath of condescending kind attentions whenever they were run into. The whole thing having, she saw, design.

But they were making the nurses' lives hell. There was an horrendous scene over a vase, a strong demand for pure cotton bed linen, a commotion whenever the swill which passed for tea and coffee was offered; demands for assistance in rectifying the hospital's gross shortcomings. She had to speak to them. They

listened. Ice Blue said he had certain standards, underneath which lay, he felt, laxity, disorder, chaos and filth. Ivory mentioned Complaints Tribunals and his helper with the Law degree. 'Institutionalisation,' she offered, with some inspiration to the nurses in her charge, 'is to

***“It was a story of professional rivalry overlaid with intrigue, counter moves and something almost like malice”***

be discouraged in patients. Try to keep them actively engaged. You should be trying to assist Mr. Trevelyan to make his *caffè latte*.' She did not mention she had made herself responsible for procuring the Jamaican coffee which went into it. Anyway, she told herself, I go there for coffee quite often myself.

There was the getting ready for breakfast ritual performed by Ivory and the cocktail ritual performed by Ice Blue. Changing was involved, small items it was true, a fresh jacket here, a bangle there — but the process was somehow incremental — a new jumper for one, a Tibetan cap embroidered with gold wire for the other. Slippers, magazines, cassettes, videos — very recent videos, macadamia nut short bread for visitors, a demand for a decent cup of tea for another. A dispute which had broken out in the ward over bar fridge space took days to settle. Even the doctors noticed and asked what was going on. The nurses were showing the strain, the other Sisters were more than hinting it was a situation which she had allowed, indeed encouraged. Something had to be

done.

She threw herself on their mercies. Separately and in competition. One renounced coffee, switching to herbal tisanes he could dunk in a cup filled with hot water from a thermos, Ivory decided to get dressed after breakfast. Ice discouraged the frequency of some visitors and all those drunk and drugged. Ivory banned flowers. Ice collected for a new kidney transplant unit. Ivory collapsed trying to make his own bed. Then Ice had a fight with a specialist whose manner with the nurses he didn't care for and the woman refused to come near him. So he shouted across the ward whenever she appeared and she tried to get him tranquillised whenever she was due. Ivory forbade visitors who knew both to transact disruptive socialities between the two camps. Ivory said he was ready to go home. Ice declared he was ready to cheer up the elderly.

The storm settled. Quiescence descended. *Caritas* blossomed. Ice lay in an oxygen tent. Ivory had two drips.

It was decided to move Ice to the hospice. Then Ivory.

They were in adjoining rooms. 'How's Ivory?' Ice would whisper. 'The bitch is faking, she's worse than that,' was his reply to the report.

Ice died first. Ivory was told. And about the funeral — the burial ('how selfish, she never understood personal space'); the service ('god how tacky, she was always a *Nonames* girl'); the wake. . .

Ivory rallied to set money free for his wake.

The flower arrangements were spoken of for quite some time.

Sister couldn't make it to Ivory's but had made it to Ice's at whose wake she met one of the young men who had now bounced straight. He told her, over a dinner which she had gone to some trouble to prepare, all about it.

# Goodtimes for all

Camp Goodtime is a rare weekend away, a break from it all, organised by the Prince of Wales Hospital for children and families affected by HIV. Its fifth holiday weekend was held recently and Vivienne Munro was there cornering Goodtimers and asking for their thoughts.

INITIALLY THESE CAMPS WERE ESPECIALLY for children with the virus. However, as lots of the babies being tested for HIV proved (like mine) to be negative, many families, now they'd made connections with each other, didn't want to miss out on the opportunity to get together again and have some fun!

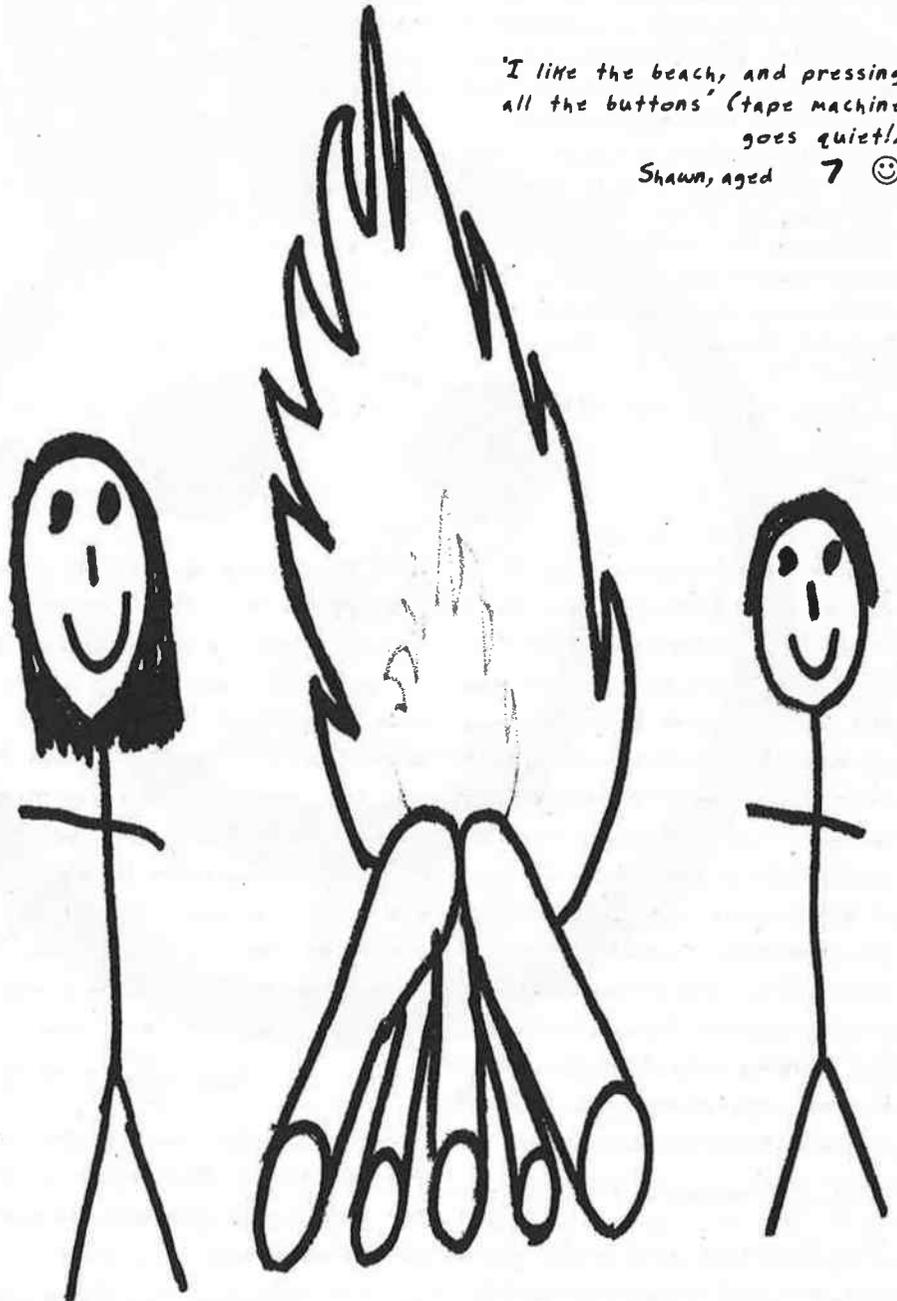
The long weekend at Collaroy is becoming a big event, with over 170 people there this year. Some families coming for the first time and plenty of familiar faces. I found it comforting to see more than enough babies as well. Weekends like this wouldn't be able to happen in such a relaxed atmosphere without the help and care of the many volunteers. I hardly saw my two children. On the first day they were whisked off to the zoo, with many of the parents from interstate and New Zealand going too. Leaving behind a sense of peace for the afternoon and a chance for the rest of us to have massages or to attend a workshop about disclosing HIV status to children and in schools.

At the first workshop the parents decided to have a meeting, without service providers/volunteers, and for the positive children to have their own group, facilitated by a young positive volunteer. Then another group of all the siblings of positive parents or brothers and sisters of positive children. They were organised for the next day.

Saturday night, the Australian

'I like the beach, and pressing all the buttons' (tape machine goes quiet!)

Shawn, aged 7 ☺



'I enjoyed everything about it here. The way it is organised casually, with no organised, regimented procedures. If you wish to go to a workshop, you can. If you don't, you don't have to go. That's what I really enjoy. Interaction with other parents. Talking with other parents about their problems.'

John van Grafhorst,  
parent ☺

'I've been lots of times. It's not as good as last time, but it's fun. You get to do all of these things. Everybody gets together and does something. It's not just you go and do that'

Larna, aged 12 ☺

'I've been four times. It's good fun'

Ross, aged 13 ☺

Line Dancers came and taught those of us willing, how to line dance. After a few hours, and lots of laughs, there were some pretty exhausted, but together, boot scooters.

After the Remembrance ceremony on Sunday, where everyone got to let go of helium balloons, we had our groups. I found that after we had identified each other, I felt more relaxed. With so many people around it was difficult to know who was who! People connected with those who had similar issues and I felt less confronted about approaching people.

Peer support rules OK!



For a HIV+ gay male to be in this place — I really understand the different side now. Most of the people have said they've got the best support from the gay community but there is times when there are different issues. I've found it more open minded here than I've found it back in town. This type of lifestyle, environment, it's just been really good. It's all been positive the whole weekend. I found out there was nothing targeting those kids who are old enough to understand where they could go.

Jamie, Volunteer carer ☺

"The facilities are really good and it's well organised logistically. But it would be great if there was more room for peer-based activities. Support and stuff."

Lisa Brockwell,  
Volunteer carer ☺

"I like this camp because at breakfast, lunch and dinner you don't have to cook. You serve your-

I found the parents this year more informed and out there doing it, or maybe that's just me. Families affected in some way by this virus are so geographically isolated, so weekends like this are a fantastic opportunity to raise concerns and gather a common voice.

With people like the *Hands On Theatre* spending two days workshopping with kids and carers alike, the togetherness that was achieved was incredible. To see all the kids come out after a session all shouting and playing together — and only one broken arm!

The *Hands On Massage* team,

self, they make it for you and you get dessert! I like my house because there's a great view out the back and I can see the other kids. I like the other kids because they're very friendly and I like the camp because they like to talk about AIDS and if you're HIV positive you're allowed to ask other people, 'cause you can't ask about that at a normal camp because sometimes they don't understand you."

Sam, aged 7 ☺

"It's my second time. I like all the fun things. Best thing is all the people you get to meet and all the memories"

Tasman, aged 8 ☺

"I find them really great. This one is a bit different for us. We just think it's wonderful for so many parents and kids to get together because they're so isolated. It's a fun time for kids. I don't know how they cope when they go home exhausted. New hopes and a little bit more

working tirelessly to soothe those aching muscles, and under crowded conditions, deserve a medal!

Prince of Wales have done it again for another year bringing people together from all over Australia and New Zealand. I came away feeling that almost everyone there didn't feel alone with this virus for a while, and in a safe place. Slowly, with everyone getting to know each other over the years, it is hoped that some sort of community is happening, without issues of how anyone was infected, but supporting each other in our choices.

information, and probably some more friends. That's what it's all about. I wish we could have one very six months. Perhaps a year is too long to wait, particularly the way people are affected."

Ronda Van Grafhorst,  
parent ☺

"It's a chance to have fun and you don't need to worry about the others. You can be yourself. Everyone's in the same sort of situation and you can get sad if you want to"

Kylie, aged 13 ☺

"I liked the theatre sports and Mad Max 3 and the machine one and I like that you got to have dessert after dinner and after breakfast. I liked playing football down the hill. I liked some of the parachuting. Liked the groups and meeting the other kids with HIV, but the meeting that we had to do was reallllly boring 'cos all we had to do was sit down and be quiet and then

'So you gave your  
volunteer people a very  
hard time did you?'  
'YAH! A very hard time.  
Really hard!'  
Vuli,  
aged 7 ☺



and vice-versa'

David Bush, Volun-  
teer Organiser ☺

'It was good. I liked the  
theatre sports and the  
tobogganing down the hill  
and the parachuting and  
shipping and tennis game.  
I thought the remem-  
brance ceremony was a  
bit boring'

Bhetti, aged 7 ☺

'It was a very interest-  
ing experience, really good  
for me to meet up with  
other parents of kids with  
the virus. Also to be  
around other parents who  
are positive so that I  
could maybe share some  
of my experiences with  
them. I think that it's  
really good to have a  
good time, but some of  
the issues, the emotional  
issues, need to be  
addressed a little bit  
more. I feel really posi-  
tive about the way the  
parents received the idea  
of getting together, and  
I really look forward to

we had to sit down and draw HIV  
and then we had to sit down and  
draw something in the story book  
and I didn't like it 'cos somebody  
messed up my picture'

Vuli, aged 7 ☺

'On the whole I thought it  
worked well. We've got a few  
things to work out. We need to  
let the parents spend more time  
with one another, should they so  
desire. I think we've got the kids

pretty well organised. They en-  
joy themselves. The activities  
we've designed for them work well  
on the whole. It's quite emotional  
on the last day and maybe there  
needs to be a bit of follow-up  
work, by I don't know who, to  
make sure everyone's sorting  
themselves out, back onto their  
own everyday life. It's good seeing  
everyone pulling together as a  
team. The parents helping the  
volunteers get through it

the possibility of us getting  
together away from the struc-  
ture of the camp. The idea of  
the camp is fantastic and I  
look forward to being involved  
in the future. I feel that it can  
only get better'

Suzanne, parent ☺

'There was a good carer  
but she kept on following  
me wherever I went.'

Sam, aged 7 ☺

# Review



By Andrew Thomas-Clark

*The End of The 80's*  
John Jenner  
Bare Gallery, Newtown  
11- 22 May

THE GLITZ OF PHOTOMONTAGE AND the photojournalist works of John Jenner returned to the public arena last month cluttering decadently behind a Mardi Gras relic. Subverting the system and creating an agenda this is not. Jenner's "Making do" is an archive of HIV and gay dance party culture. A part of *Sydney Star Observer's* party collage heritage, Jenner fits as many torsos and wigs into one frame as possible. He also had an eye for the homoerotic. Examples of his heavier work *Death Of A Friend*, which featured once in the *SMH Good Weekend*, were also jammed in, reminding me that in his time he was a brave and honest photographer.

I think it is fair to say generally that Jenner was more a Mazz Images than a Jamie Dunbar or a Peter Tully. We do however observe an urgency against time in the genre of archiving photojournalism. Now the treasured property of



John Jenner

Vin Barber (who would like to sell the works for the BGF) this work resonates as an apprehension of mortality and insignificance.

*Boudrillard (AIDS comments)*  
Museum of Contemporary Art and Sydney Uni

DID YOU PAY PILGRIMAGE TO Boudrillard at the MCA or Sydney Uni in May? It was a Madonna concert with a French accent. Boudrillard, the man who said that the world would be into the "super highway" of hyper reality — if it wasn't for crack and AIDS — is a post modernist pop icon. Do you believe this man? I don't. In his shallow attention

grabbing he latches onto selected, unrelated, sensationalist issues, discussing the displacement (in denial?) of the mundane physicality of everyday life in favour of Virtual Reality seduction. Where does this leave condoms, cum and safe sex? Boudrillard — Get over it!

*Seance*  
Peter Malony  
Legge Gallery, Redfern  
3-21 May

THE UTTERANCES OF MALONY'S internal dialogue offer us the possibilities of a unique HIV psyche. Described as irresistible by Jaques Delaruelle from *The Sydney Review* Malony's autonomous abstract paintings are earthy, or in his words "stop short of finesse in attempt to be somewhat real." This show in May was less related to HIV than his previous show with its blood and guts and T-cells spiralling through the cosmos, which was called *Dying Of The Midday Sun*. With titles like *Infect*, *New Face in Hell*, and *KS Coma*, the urgency of examining mortality is unfolding in Malony now more keenly somatic in his introverted language.

## Hand in Hand

Queen's Birthday long weekend, Saturday June 11

Time Out Room for PLWH/A's

Located in the Blue Velvet Room, near the Modern Pavilion

Tickets \$40 advance (from Bookshops Darlinghurst & Newtown/Aussie Boys Darlinghurst & Strand Arcade)

Concession \$25 (health care card owners only) available from ACON, 188 Goulburn St. Darlinghurst

Proceeds: 85% ACON, 15% Pride Coat check by Gay & Lesbian Rights Lobby

# Home Front



## Avoiding CMV

I'VE BEEN POSITIVE SINCE PROBABLY 1981, although I was diagnosed with HIV in 1989.

My CD4's have been at a whole range of levels, they're currently twenty. Basically I have no immune system at the present time. They've been up to 1124 — notice the exact number! In the early days we were all utterly paranoid about CD4 count and our level of health and we almost compared CD4 counts like, more traditionally, penis size. What I've found is that a CD4 count of twenty is no different from a CD4 count of seven hundred — you feel exactly the same as far as your body is concerned (unless you've got opportunistic infections, obviously). I was expecting when my CD4 count dropped below the magic 200, and halved every month, that I would feel sick — and that didn't happen.

Up until January of this year I'd had no opportunistic infections, except a little thrush and perianal herpes simplex that lasted for more than a month or so. That was quite painful. In January of '94 I collapsed. I became exhausted, lasted a week at work when I really should have been in hospital. Went in for respite care at Prince Henry for five days to catch up, with all intent of going back to work the following Monday. And then I didn't recover and each day something else cropped up and I was diagnosed with MAIS. I had very bad diarrhoea for seven weeks. Then I had a biopsy and was diagnosed with

CMV (Cytomegalovirus), which we now believe was the cause of the diarrhoea.

I was in hospital for about five weeks and about half way through that visit I noticed that the vision in my right eye was not up to scratch. It was blurred, there was a big black hole in the lower two thirds. I mentioned it to my doctor and the next day I went to Prince of Wales Eye Clinic and, voila!, I had CMV retinitis. It had come up in 5 days, just completely out of the blue.

It appears, from what the doctors say, that it's irreparable. The lesions have improved with acyclovir being injected directly into the eye (which isn't a very pleasant experience). I have had a fairly significant improvement in vision but it's [still] just this blackness — to the right of my nose is just a void. With both eyes working I can basically piece together the whole picture but I have to scan to observe what's in the right hand side of the picture.

I suppose why I'm angry, and I was very angry initially, is that in the five years that I've been monitored for my HIV no-one, not one doctor, even at Prince Henry where I've been staying for the last three months, had dilated my eyes to look at the retina more carefully. I believe, although who knows?, that had there been dilation of the eyes we may have picked up some early trends and started the drug earlier. If we had, evidentially, we could have saved the eye.

I just feel that for the small cost of doing the dilation we might save a lot of people from the trauma I've just gone through. It takes half an hour, and can be done in the waiting room — that's how it's done at the eye clinic. That's not saying it wouldn't cost money because it would for the time and labour. But if it makes the difference for a small number of guys then we may just save someone's eyesight.

It's the one thing. You can cope with the body weight loss — you just get used to a new vision in the mirror. You can cope with the diarrhoea, until it gets beyond a point. But being blind, literally over night, has meant I've lost half my world. It's the thing I miss most of all. You can learn to live with HIV but when you're groping around, even in the daytime, it's really difficult.

— Interview with John Gardiner by Jill Sergeant

### **NEW Family Support Group**

Meets every Tuesday from 2pm  
— 3.30pm until July 5  
at Social Work Department,  
Level 5, Notre Dame Building,  
Burton St Darlo (opposite St  
Vincent's Emergency)  
Michelle or Helen on 361 2213  
for more information

# Understand Your T-Cell Count

PART OF LIVING WITH HIV IS having regular check-ups with your doctor to monitor your health. The most common test is the T-cell count. Most people with HIV will have been shown the print out from their test results. The only figure we will often look at is how many T-cells (also known as T4 cells) we have.

When a T-cell test is requested, the print out contains a lot more information than just the number of T4-cells. It shows three counts (labelled *A* on the diagram): the number of CD3 cells; the number of CD4 cells; the number of CD8 cells. These numbers represent the number of these types of cells found in a millionth of a litre of blood. On the sample print out there are 1914 CD3 cells, 682 CD4 cells and 1320 CD8 cells. The T-cell we have heard most about is the T4 cell. This is the same as the CD4 cell. The CD8 cell is the T8 cell. CD3 cells include most of the CD4 and CD8 cells — and that's probably all we need to know about them.

The first column is a percentage figure (labelled *B* on the diagram). It represents the percentage that each 'type' of T-cell (e.g. CD4) is of the total number of lymphocytes (immune system cells) (labelled *C*). On the diagram, the CD4 cell percentage is 31. That means that 31% of all lymphocytes are CD4 (or T4) cells.

So, what's the use of these counts and percentages? Mostly, we use the count as a rough guide to the state of our immune system. It is on the count that most guidelines are made in relation to monitoring and treatments. For example start PCP prophylaxis (medicine to prevent PCP) at 250

CD4 cells. The T4 cells count can be affected by a number of 'one-off' factors such as an infection when the count was taken or a heavy weekend of partying. For that reason it is important to pay attention to the trend of the T-cell count over time. The percentage figure is less likely to be affected by these 'one-off' factors — so if your T-cell count drops, but the percentage stays the same, it probably means your count was affected by one of those 'one-off' factors.

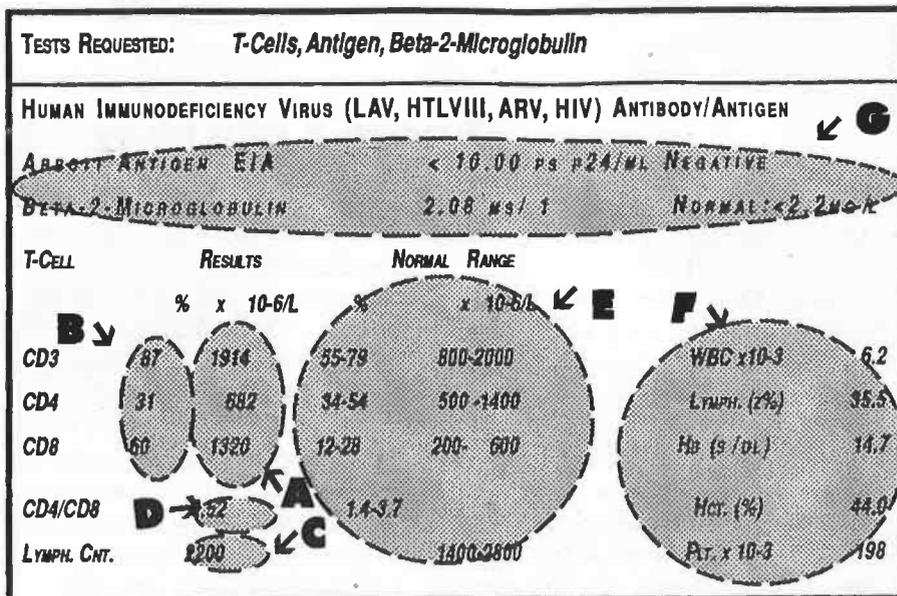
The CD4/CD8 ratio (labelled *D*) is the ratio of CD4 (T4) cells to CD8 (T8) cells. Normally, there are more T4 cells than T8 cells. In HIV, where the T4 cells generally decline and the T8 cells go up, there is usually more T8 cells than T4 cells.

On the right of your figures the 'normal' ranges of each figure is given (labelled *E*). In this case 'normal' is a statistical term describing the range in which over 95% of the population would fall. Thus, the 'normal'

range for the CD4 cell count is from 500 to 1400 and for the CD4 cell percent is from 34% to 54%.

On the right of the print out (labelled *F*) is a number of other results — these are the number of white blood cells (*WBC x10-3*), the lymphocyte percentage (*Lymph — %*), the amount of haemoglobin (*Hb — g/dl*), the granulocyte percentage (*Granul — %*), the haematocrit (*Hct — %*) and the platelet count (*Plt. x 10-3*). The two that can become abnormal in HIV are the platelet count and the haemoglobin level. The platelet count can become low (e.g. <80) due to HIV infection, probably due to an auto-immune reaction. Haemoglobin levels can become low (e.g. <10), either due to drug side effects or some infections.

At the top of the diagram (labelled *G*) are two additional tests that have been requested in addition to the T-cells. These are the HIV antigen test and the level of Beta-2-Microglobulin. The antigen test measures for the



# Qi Gong

## Therapeutic classes for HIV health

By David Englebrecht

AT LAST, QI GONG CLASSES FOR people with HIV/AIDS are set to get underway here in Sydney. Weekly classes of one and a half to two hours in length will start Wednesday 15th June at 6pm, St. John's Church, Darlinghurst Rd., in the church hall. Classes will be led by a qualified Qi Gong instructor, Steven Weatherby, who also has qualifications in traditional Chinese medicine and acupuncture.

Steven is a senior student or Master Chen Yong-Fa, styled "Keeper of the system", who is reverently regarded as the sole inheritor of an ancient traditional health system, incorporating Luohan QiGong. This particular system traces its ancestry back to Bodhidharma, the founder of Zen Buddhism in China who, tradition says developed a system of exercises based in part on Indian yoga exercises (Bodhidharma was Indian), to relieve fatigue, body aches and pains brought about by long hours of meditation.

At first glance QiGong looks a bit like Tai Chi, but is in fact more therapeutic a system of exercise. Luohan QiGong exercises are very gentle, and suitable for those

who are in reasonably good health as well as for those recuperating from ill health. They are relaxing, and at the same time energising. The movements are designed to activate particular acupuncture meridians and assist with strengthening vitality.

Steven proposes to get us started on a program of basic exercises which will focus on patterns of imbalance often associated with HIV. Whilst people will be able to come along to the classes on a casual basis, it has to be emphasised that the real benefits will flow from regular attendance, where subtler degrees of energy movement within the body will be able to be accessed. To this end, we have decided to tilt the cost structure towards providing some incentive for people to commit to the class for blocks of three months time (a bit like signing up at a gym!). This should also help with building up some group dynamic, as we get to know each other better through regular attendance.

This is a unique opportunity for those of us with HIV to tap into a non-invasive system of therapy, steeped in ancient wisdom and tradition, and at

the same time empower ourselves with our own healing. Luohan QiGong is a great bridge into other complementary therapies, as well as being profoundly therapeutic in its own right.

These classes are being conducted under the auspices of the HIV Complementary Therapies Collective, (publishers of *With Complements* newsletter), in association with the Australian Luohan Therapeutic QiGong Centre, and with support of PLWHA and the HIV Support Unit at ACON.

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Classes cost:

**EMPLOYED: \$8 PER CLASS**  
**\$91 FOR 3 MONTHS**  
(PLUS SIX WEEKS FOR ABSENCES)

**PENSIONS: \$5 PER CLASS**  
**\$39 FOR 3 MONTHS**  
(PLUS SIX WEEKS FOR ABSENCES)

*Make cheques payable to:*  
**HIV COMPLEMENTARY**  
**THERAPIES COLLECTIVE**  
Post to: PO BOX 633  
POTTS POINT 2011

Further information:  
Andrew Biro 013 631357.

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presence of the HIV antigen called p24 in the bloodstream. Beta-2-microglobulin is a chemical whose concentration increases when certain immune system cells are being broken down. These last two test are only present if specifically requested by your doctor and provide additional information on which to base treatment decisions and to assess the impact of treatments.

— Ross Duffin

### **WESTERN SYDNEY AIDS PREVENTION & OUTREACH SERVICE**

Open 7 days. Free and confidential

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

PARRAMATTA: 26 Kendall St, Harris Park 2150

Ph: 893 9522 Mobile 018 25 1888 Fax: 891 2087

BLACKTOWN: Unit 7, Marcel Cr. Blacktown 2148

Ph: 831 4037 Mobile 018 25 6034

# SLEEP

# TALKING

ZZZZZZZZ

ZZZZZ

ZZ

By Peter Hornby

IN MARCH, SUE KIPPAX FROM THE National Centre for HIV Social Research at Macquarie University gave an interim report to the community on some of the findings of the SMASH (Sydney Men and Sexual Health) study so far. Briefly she mentioned health issues and if I'm quoting her correctly the concerns were different for positive and negative people in the study.

Negatives thought that rest, exercise and diet were most important for health management. From an obviously different point of view positives gave reducing stress, vitamins and sleep as their concerns and it occurred to me that if perhaps reducing stress and vitamins have at least been partially addressed in the past, it seems that sleep for positive people has not had much of a public airing. I suspect that much of the dealing with the lack of a decent night's sleep is done in the privacy of one-to-one counselling or in a visit to the doctor or ignored as too difficult or simply put up with.

While I have no doubt that there are very many causes for not having a good night's sleep, perhaps they could be categorised as follows:

- 1 The direct physical effects of HIV on the body
- 2 The direct physical effects of other HIV-related illnesses
- 3 The internal psychological effects of dealing with HIV, e.g. denial or grief and loss
- 4 The external psychological effects of dealing with HIV, e.g. discrimination or stress
- 5 The physical and perhaps psychological effects of any HIV related drugs

Plus all of the many and varied causes that affect anyone's sleep

To promote a wider awareness of the issue of sleep for people living with HIV and AIDS and to encourage more discussion dealing with sleeping difficulties I would like to relate my story with sleep. My personal experience, and being aware of other's experiences as well, suggests that if the sleeping act isn't together then it makes living with HIV/AIDS that much more difficult.

About three years ago, which was perhaps not coincidental as I had not long been diagnosed HIV positive, I began to have trouble sleeping — mostly it involved waking up during the night and finding it extremely difficult to go back to unconscious sleep. Occasionally I would have the odd bout of not being able to sleep at all — just lying in bed with my eyes closed and getting up in the morning more exhausted than when I went to bed. Reading a boring book or listening to music to try to get myself to go off to sleep would almost never produce sleep as it had in the past. Often I would be thinking about difficulties at work or about being HIV positive and worrying about the future. I was fairly stressed out by my work situation at this time and I also related the disturbances in sleeping to attendance at mentally and sometimes emotionally demanding events such as evening meetings and then going home to sleep without any subsequent 'wind-down' period.

I put up with this situation for quite some time. I absolutely didn't like the idea of taking sleeping pills but I talked to my GP about always feeling constantly fired and like a wet, used dish-rag for most of the day. The

GP suggested that it would be a good idea to take some very mild sleeping pills such as Temazepam (Normison) because they would help me at least get to sleep. For most of the time I felt that I was covering myself with vaguely tolerable natural sleep but I did use the *Temaz* for those times when I knew that my mind was racing at 600 k.p.h. It was mostly effective in zonking me out for a couple of hours, but I was very reluctant to use it for more than an emergency situation.

In March of last year I went through a major personal crisis and breakdown which among many things raised deep, uncertain and frightening feelings around issues involving my personal support. And then my sleep problems quadrupled — now most every night was disturbed. Either I could not get to sleep at all or if I did go to sleep, often with the help of a pill, then after a very few hours I would wake up and then not be able to sleep for the rest of the night. I tried having afternoon naps as much as possible on days off work and on the weekends to try and overcome the feelings of constant fatigue and this helped a little. There were about four mornings over a couple of months last year where I felt that killing myself would be as good a way to start the day as anything else. But I would go to work or whatever and getting caught up in the busyness of the day gradually pull myself out of it.

Being exhausted at the beginning of the day definitely did not fit into my ideas of quality of life, let alone being depressed and thinking about suicide and I knew I had to do something. I now found myself going from

an occasional sleeping pill to a regular one and then two every night to try and get myself to sleep. However Temazepam being mild and short-acting I would still be waking up after 2 or 3 hours, and being reluctant to take another two pills or to go onto even stronger pills I would lie awake for the rest of the night.

On the suggestion of a friend I tried some herbal remedies and they simply didn't work. I didn't want to take more or stronger pills partly because, from anecdotal evidence it seemed that even the strongest sleeping tablets lost their effectiveness with prolonged use, but also because I felt that the sleep they induced while useful was not completely restful, refreshing and invigorating — for me that is what sleep is. More and more I was beginning to feel like shit, I didn't know what to do, I was at my wit's end. I was saying to myself if I can't sleep properly what's the point — I've got enough on my plate trying to deal with other problems without having to cope with this one too.

So I'm at Albion Street Clinic for my 3 or 4 monthly checkup and yet again I talk about tiredness and sleep with my doctor and I get the sleeping pills story again in the 'you need something stronger: version 6.1' and I say that I've gone a little way down that track and I don't want to go any further and have another moan about my state of being or is that non-being and my doctor mentions that the clinic has a couple of counsellors who are interested in sleeping difficulties for PLWHAS. And I think I'm not the counselling type and I can't be bothered organising yet another medical appointment on my day off and thus destroying the day that I need to try and catch up on my life, let alone my sleep.

But after a few more weeks of rotten sleeping patterns and feeling myself getting even more and more desperate I realise that really I don't have any choice and I

ring and make an appointment to see a sleep counsellor. We talk about my sleep history, and I'm asked to do a sleep diary so we can establish a baseline for my appalling sleep patterns. The counsellor says that worrying about not sleeping has made it a vicious self-fulfilling prophecy for me. Tell me about it I think to myself. Then we start to get into suggestion and hypnotherapy. We do an audio cassette tape of visualisation and affirmation around sleeping which I then play with scrupulous dedication twice a day, in the morning before going to work and in bed before going to sleep, over about 6 weeks and along with ongoing sessions with the counsellor every week I literally have learned to sleep again.

Thank you Sleep Counsellor.

All of this happened a little less than a year ago and since then I have mostly been enjoying relaxing, refreshing and invigorating sleep. I still try to maintain a fairly standard routine of sleeping which I have found is important in reinforcing my good sleep. But I certainly don't get myself paranoid or stressed out about the occasional problem night nor does it stop me from staying awake all night for the odd dance party. (By the way, I have found it much less disturbing and less stressful to stay awake during the day after being up all night (with maybe a short nap in the afternoon) and then to go to sleep at the usual time in the evening. I believe that crashing for more than a few hours in the morning, if at all, mucks up my biorhythms for days after, rather like jet lag does, and makes it much harder to re-establish normal sleep patterns again. But maybe that's just me. Anyway long live recovery parties!)

It still happens that events and situations get a bit too much and lying in bed with a racing mind I will still swallow a *Temaz* but I find that even though it sends me off it is not a good sleep that night and

moreover the *Temaz* somehow makes it harder to fall naturally to sleep the following night.

I sometimes relisten to the tape that my sleep counsellor did for me but having been so impressed with the success of the tape I have bought a couple of other tapes with sleep suggestions on them, in one case subliminally recorded, and I use them also to help maintain good sleeping patterns. I just play them whenever I remember or I feel like it and that is often in the morning while I'm having breakfast. I find them most effective wearing when I'm wearing my headphones.

What has become very obvious over this last year is that when I get too tired and exhausted from doing too much and from insufficient or inadequate sleep I am very much more prone to major attacks of 'them old HIV blues' and I know that I have to get back into building up my account in the sleep bank again.

I also do meditation which I resumed after a fairly long break in response to all the personal difficulties that provoked my sleep problems last year and I find that it helps too with stress reduction and therefore getting a good night's sleep. Although meditation can sometimes make me fall asleep, particularly if I do it lying down, I very rarely meditate prone because I feel that meditating this way diminishes its effectiveness as a personal development and advancement method. Also, from past experience, the sleep obtained seems for me to be only of a short duration.

So there you have it. I wonder what other people's experiences have been. Any one got any great hints for getting a good night's rest? I suppose I'd even be flattered, but in this case only, if you told me that reading this had actually put you to sleep! But then again I'd respond that really you didn't need to read this anyway in that case — you don't have a sleep problem!

# Explaining Hepatitis C

HEPATITIS C IS A VIRUS IDENTIFIED in 1988. Like HIV, it is transmitted by blood to blood contact. As a result, infection with both HIV and Hepatitis C is quite common. Since the best defence against Hepatitis C illness is a healthy immune system, Hepatitis C presents particular issues for people with HIV.

Estimates of the number of people with Hepatitis C virus infection in Australia vary from 0.3% (50,000) to 0.6% (100,000). About half of these people are estimated to be (or have been) injecting drug users.

Hepatitis C has been transmitted through injecting equipment, sex and through receiving blood products. Screening for hepatitis C in the blood supply commenced in February 1990.

Hepatitis C is probably more easily spread through shared injecting equipment than HIV because the Hepatitis C virus is more hardy and can survive outside the body for longer periods. The most important guideline for preventing Hepatitis C when injecting is don't share anything — needles, syringes, spoons, waters and swabs. If you need to clean a fit, the 2X2X2 guidelines for HIV are probably not adequate to prevent Hepatitis C infection. If you do need to clean, use a full strength bleach and make sure the fit is in contact with the bleach for at least 30 seconds. Instead of flushing twice with bleach, flush three or four times. However, not enough is known to say how much protection this provides against Hepatitis C, and good studies are still required.

While Hepatitis C can be spread through sexual contact, it is considered to be "very difficult" to transmit and harder than HIV and Hepatitis B. It is probable that

Hepatitis C is more easily transmitted sexually from someone in the 'acute phase' — i.e. in the first three months after someone has been infected. Anal sex without condoms is thought to carry more risk. The incidence of Hepatitis C amongst gay men in Australia is said to be from 5-8%, although good epidemiological data is still being collected.

The symptoms of Hepatitis C, most often in the acute phase, are similar to the other types of hepatitis — tiredness, dark piss, pale shit (that tends to be hard to flush), loss of appetite, jaundice (yellowing of the skin and eyes), pain on the right side (below the ribs), mild fever, diarrhoea and vomiting. These symptoms are not specific and similar to all sorts of viral infections. Many people don't have symptoms at all.

At least 50% of people who get Hepatitis C infection will become chronic carriers. The majority of people with chronic Hepatitis C infection will experience no symptoms at all. When symptoms exist, they are usually non-specific like fatigue and abdominal discomfort. In some cases, ongoing chronic infection can lead to cirrhosis of the liver. On average this takes 20 years to develop. There is also a possibility that a small number of people with Hepatitis C will develop liver cancer.

Because of the possibility of liver damage caused by hepatitis C, being kind to your liver if you have Hepatitis C is a good idea. Probably the most common and significant cause of liver damage is alcohol, and some studies indicate that people who have cirrhosis and Hepatitis C are more likely to have also used alcohol to excess. Speed, nicotine, coffee and many prescribed drugs can have

impacts on the liver. A nutritious low fat diet is recommended (although many of the dietary guidelines for people with HIV suggest high calorie diets, i.e. including fats). A guide to the health of the liver is given by liver function tests — and these are usually done as part of normal health monitoring for people with HIV.

Diagnosis for Hepatitis C is done by a blood test for antibodies to the Hepatitis C virus. This test does not become positive until 2-3 months after infection. If you have acute hepatitis you will normally be tested for hepatitis A and hepatitis B and sometimes C. If you have chronic hepatitis you will normally be tested for Hepatitis C.

The only treatment for Hepatitis C is alpha-interferon. It has been approved by the Australian Drug Evaluation Committee but does not receive any form of government subsidy. A 6-month treatment course costs approximately \$2,800. In people who are HIV negative, about 60% of cases respond to treatment and about 30% appear to have complete 'cures'. The treatment appears more likely to be effective when given early in the course of disease and when there is no liver cirrhosis. Treatment outcomes are not as good in people with HIV, for whom this treatment is generally not used.

Having both HIV and Hepatitis C means Hepatitis C illness is more likely, because the best defence against Hepatitis C is a healthy immune system. Hepatitis C presents a compelling reason for people with HIV to stick to safe sex with each other.

—Ross Duffin

# Healing and the Mind

*Does the way you think and feel shape your health and well being?*

*Can you use your mind to change your health?*

*Can you be an active participant in your own health?*

*Do psychological scars affect your immune system?*

*Do the brain and the immune system "talk" to each other?*

*If thoughts and feelings affect the body, might it work the other way?*

THE ONLY ANSWER YOU'LL GET to these questions, apart from perhaps discovering what may be a useful complement to your health, well-being and living with the virus, are the questions you ask yourself at *Healing and The Mind* an upcoming series of forums for people living with HIV/AIDS to be held by HIV Support over July and August.

*Healing and The Mind*, produced for the Public Broadcasting Service in the USA offers interesting insights into new areas of looking after and caring for oneself, ones that emphasises not only maintaining your health but also increasing your well being and promoting healing using mind and body techniques.

While these videos are not specifically directed to people living with HIV/AIDS, there is a lot of interest in them for positive people.

The forums are to be held over six Saturday afternoons from 2pm for two to three hours. Showing each episode takes about an hour and then there will be a brief talk from someone with some experience in the same or a related field who will offer their perspective on

what has been seen. Everyone can then participate in open discussion about HIV/AIDS, health management, the mind and the immune system and any other areas of interest around health management, wellness and healing. It would be good to see all six episodes, but if you cannot make a week — that's fine.

The six episodes of *Healing and The Mind* are:

- ① *The mysteries of Chi. The Chinese way of looking at health and wellbeing*
- ② *The mind-body connection. Where is the mind? Inside our brain, or in all our body? And how does it affect our health?*
- ③ *Healing from within 1. Wellness options like yoga and meditation*
- ④ *Healing from within 2. Are support groups good for your health?*
- ⑤ *The art of healing. Doctors and hospitals being a partner in your recovery*
- ⑥ *Wounded healers. Is*

*healing possible when a cure is not?*

The dates (*put them in your diary now*) are all Saturdays:

July 2 through 23

August 13 through 20.

Venue:

ACON, 188 Goulbourn St

Start time (*real time*): 2pm.

Phone 206 2011 for more information

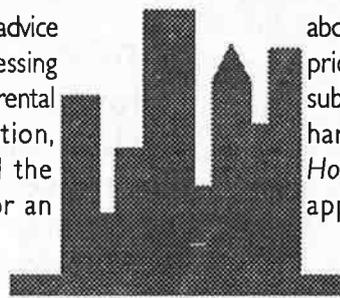
**NEW**  
**RELAXATION GROUP**  
Meets every Wednesday  
at 6pm  
Albion St Centre Annexe  
345 Crown St, Surry Hills  
**INQUIRIES: CALL MICHAEL GUY**  
**ON 332 1090**

## ACON HOUSING PROJECT

**206 2039 & 206 2029**

We offer help & advice particular: accessing and the special rental housing discrimination, lessness. Call the 206 2039 for an

The Housing number of houses



about public housing, in priority housing; transfer; subsidy — as well as harassment and home-Housing Officer on appointment.

The Housing Project also has a number of houses and units available to clients who are waiting for public housing. You must be eligible for priority housing and in the process of applying. To be placed on the waiting list, call the Tenancy Co-ordination Officer on 206 2029.

# 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 May 27      Monday June 13      Tuesday June 14

The pharmacy is also closed on Saturdays and Sundays.

## Rural Project

Info on health services, gay networks/advocacy in the country

CALL NIK OR NIGEL ON  
008 80 2612 (FREECALL)

## HIV Community Strategy Working Group

A working group of ACON Committee of Council  
Meets second Tuesday of the month,

6.30pm

ACON 1/65 Oxford Street

Inquiries: Call Gerald Lawrence  
331 6360

## Positive Space Illawarra

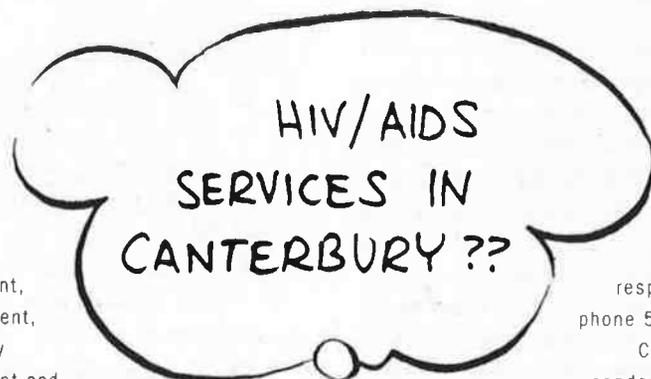
Are you HIV positive or living with AIDS?

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



In-patient, out-patient, Day-only treatment and counselling  
phone 3502955  
HIV/STD screening and treatment, counselling, information and referral:  
phone 350 2742

Hospice/ respite care:  
phone 587 8333  
Clean fits, condoms, lube, information and referral:  
Phone 016 288 504  
Home Nursing:  
phone 718 5305  
Drug and Alcohol counselling: phone 787 3988

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

## 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

## Heterosexual and HIV?

### CLASH

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

*"Drop into a good thing"*

phone the CLASH support line  
(free call)

**1 800 812 404**

## ACON MEDITATION GROUP

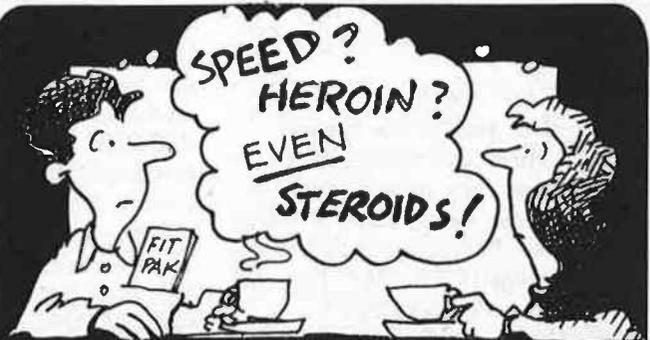
*The meditation group meets  
every Monday of every month  
at 6pm, ACON Oxford Street.*

**INQUIRIES: CALL DAVID**

**ON 358 1318**

## "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



## INJECTED DRUGS IN THE LAST TEN YEARS? Should I now be tested for HIV?

For free, no-names-asked information  
about HIV testing in South Western Sydney  
contact:



The South Western Sydney HIV  
Outpatients Clinic on  
02 600 3584  
or: The South Western Sydney  
Drug and Alcohol Centre on  
02 600 3311

## 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**

# Contact List



## 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.

**HIV/AIDS Health Promotion Team** Northern Sydney Area Health Service. Call Catherine on 858 0725 or Peter, 858 0726.

**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. Call 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. Call 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. Call 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. Call 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. Call 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 for HIV+ heterosexuals. Meets fourth Friday every month. Call (1 800) 81 2404. PO Box 497 Alexandria 2015.

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

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

**HIV 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.

**Badlands** Residential harm reduction service providing safe, non-coercive space for people who are at high risk of HIV transmission or may be HIV+. Residents are mainly injecting drug users and/or sex workers. 211 0544.

**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 commu-

nity 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 559 3225.

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

**Hands On** Massage and Reiki for PLWHAs. Training of volunteer masseurs. Call Richard 660 6392

**HIV/AIDS Legal Centre** Legal advice and advocacy on HIV/AIDS related problems. Call 206 2060.

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

Referrals through BGF, 360 9755.

**Tiffany's Transport Service** For PLWHAs (in the Sydney area.) 206 2040.

## OUTSIDE SYDNEY

### General

**AIDS Council of NSW (ACON).** See regional listings for branches.

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

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

**Rural Gay Men HIV Peer Education Training Workshop** held in Sydney every four months. Call Nik or Nigel at ACON's Rural Project. (008) 80 2612 (free call). PO Box 350 Darlinghurst 2010. TTY (02)283 2088 (Deaf only).

### Hawkesbury & Blue Mountains

**Blue Mountains PLWA Support Centre** Wednesdays 11 am - 3pm (lunch). Fridays 6.30-10.30pm (dinner). Call the Centre on (047) 82 2119 or Dennis (047)88 1110.

**Blue Mountains HIV/AIDS Clinic** A range of HIV/AIDS services including testing, treatment, monitoring and counselling/support. Call (047) 82 0360 between 9am - 12 noon Mon, Wed, Fri.

**CSN Blue Mountains** Hands on practical help for people with HIV/AIDS. Call Pat

Kennedy, (02)204 2040.

**Hawkesbury Outreach Clinic** An outreach service of Wentworth Sexual Health and HIV Services. Free and confidential service open Tuesdays 4pm to 8pm. STD and HIV/AIDS testing, treatment & counselling/support services. Call (047) 24 2507.

**Karuna Blue Mountains** Emotional support for people with HIV/AIDS, their partners, family and friends.

Call Ann (047)82 2120.

**Southern Highlands HIV/AIDS Volunteer Supporter Group** Emotional and practical support for PLWHAs, their family and friends living in the Bowral district. Call Marion Flood (048) 61 2744 or David Willis (018)48 3345.

**Wentworth Sexual Health and HIV Services** STD and HIV/AIDS testing, treatment, counselling/support and education. Free and confidential. (047) 24 2507.

### Central Coast / Hunter Region

**ACON Hunter branch** PO Box 1081, Newcastle 2300. (049) 29 3464.

**Karumah Day Centre Inc.**, Newcastle First floor, 101 Scott St, opposite Newcastle Railway Station. Open Tuesdays 6pm - 9pm (games night), Wednesdays 6pm - 9pm (games night & masseur when available), Thursdays for lunch & activities from 11.00am to 3.00pm. (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. Call 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 6063, 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 this area. Call Jenni Somers 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 Jenni Somers 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.

**Goulburn Needle & syringe exchange,** HIV/AIDS supporter group, AIDS task force. Alan (018) 48 2671.

**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 Alan, (018)48 2671.

**Young HIV/AIDS Volunteer Supporter Group** Emotional and practical support for plwhas, their family and friends living in the area. Call Alan, (018) 48 2671 or Valerie, (063) 82 1522.

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

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

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

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

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

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_

- I wish to apply for membership of PLWHA Inc. (NSW)
- I wish to subscribe to *Talkabout*
- I wish to renew my subscription
- 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

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### off your face

*wednesday 8 june 6.30pm to 9.00pm*

- drugs for pleasure
- getting the best from your drugs
- do recreational drugs speed up progression to AIDS

### eating defensively

*wednesday 15 june 6.30pm to 9.00pm*

- eating to stay well
- how food can boost your immune system
- what to do if you have diarrhoea

### hiv drug trials

*wednesday 22 june 6.30pm to 9.00pm*

- why are drug trials important?
- what should I expect, if I enrol in a trial?
- what's in it for me?

### life after work

*wednesday 29 june 6.30pm to 9.00pm*

- is retirement all it's cracked up to be?
- personal perspectives from some retirees
- when should I retire?

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**