

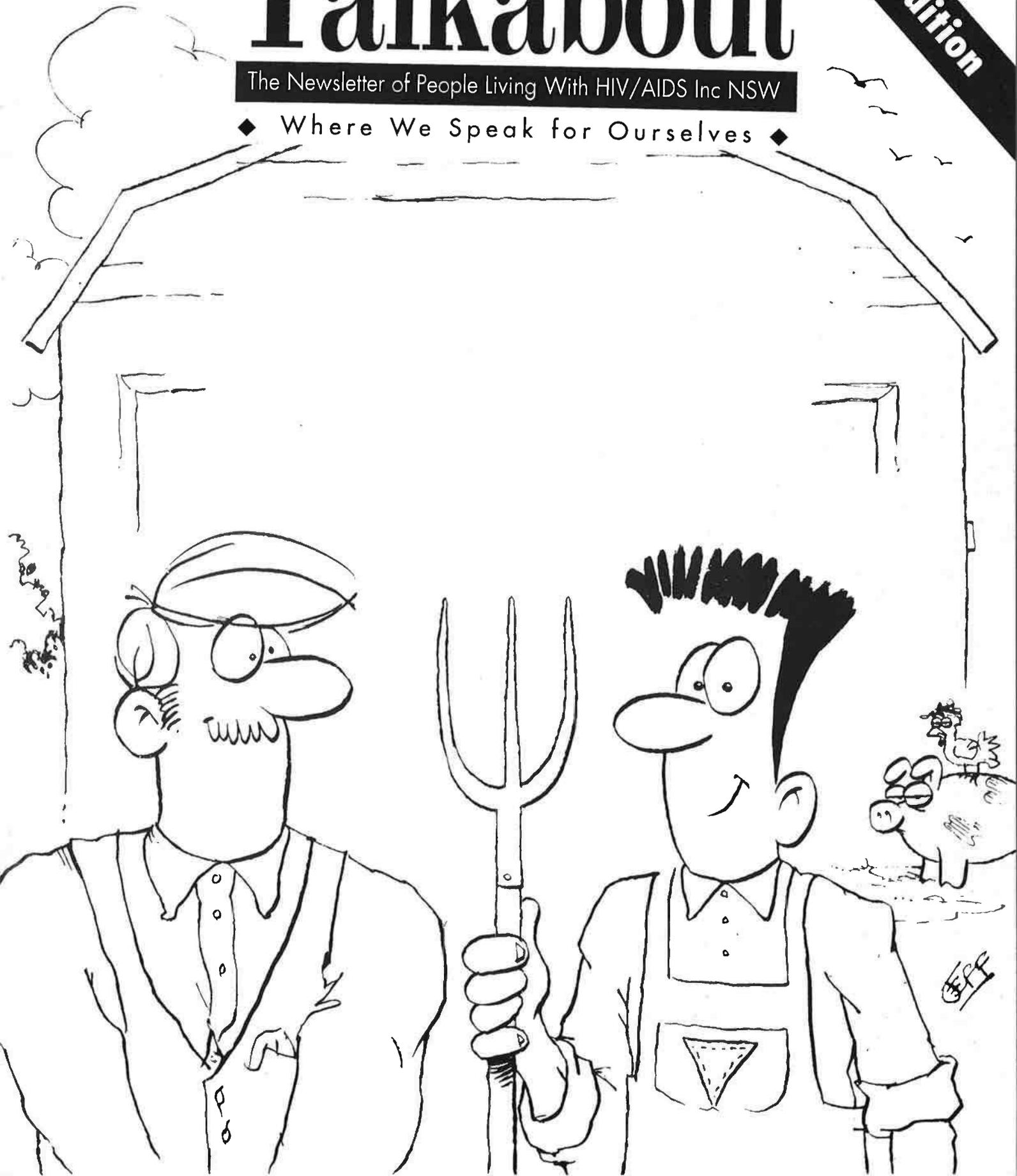
No. 45 July 1994

Special edition

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



legal issues

wednesday 6 july 6.30pm to 9.00pm

- how to make a will - is it important?
- who looks after my money if I can't - power of attorney
- what is a treatment directive

hiv & the immune system

wednesday 13 july 6.30pm to 9.00pm

- what is the immune system?
- how does hiv affect the immune system?
- what do we know about hiv?

check-ups and prevention

wednesday 20 july 6.30pm to 9.00pm

- why have check-ups when i'm well?
- prevent what, and how?
- what do all of these blood tests mean?

drug treatments

wednesday 27 july 6.30pm to 9.00pm

- what treatments are available?
- how do they work
- when should I start treatments?

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

for further information call (02) 206-2011

**these free sessions are organised by hiv positive
people for hiv positive people - just turn up
the only silly question is the one you don't ask**

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This Month's Cover

By Jeff Allen. Taking off Grant Wood's *American Gothic* (if you hadn't guessed), Allen points to some of the ironic stereotypes about being a country PLWHA. A theme continued in many of this specials stories.

Facilitator Training

SO YOU HAVE COMPLETED YOUR Support Group and are looking further? If you have some spare time to facilitate Support Groups then have the HIV Support Project at ACON got an offer for you. (No they are not selling used cars!)

The Support Project is always looking for new volunteers to become part of the Project and one way you can do this is by becoming a Facilitator of Support Groups.

If your interested in participating in the next training which will be held on the weekends 30/31 July and 6/7 August then give Les a call on 206 2014 to discuss your involvement. Les guarantees that you will be stimulated, challenged, make new friends, learn something and perhaps even have some fun!!!

— Les Szaraz

Hydrotherapy study

A STUDY IS BEING CONDUCTED TO help reveal what effect regular, non-swimming exercises, in warm water (hydrotherapy) has on people who are HIV positive.

Physiotherapists have been conducting hydrotherapy for people who are HIV positive for the last two years. Regular attenders of these classes have reported

improvements in strength, endurance, flexibility, sleep, mood and ability to perform activities of daily living. Also reported are decreased pain, fatigue and depression.

Though these reports suggest that hydrotherapy has many benefits, to date no scientific evidence exists to support the use of this form of exercise for people who are HIV positive. This current study will begin to address this problem.

What's in it for you?

- An opportunity to:
 - Commence that exercise programme you've been meaning to start ✓
 - Assist in further research into HIV/AIDS ✓
 - Meet new people ✓

Participation in the study requires an eight week commitment. There is *no* cost involved and if transport is a problem, this can be arranged for you too!

If you are interested or would like some more information please contact: Mr Mark Zacka (Physiotherapist) 516 9850 (direct) or 516 9818 (leave name and contact number).

Your participation is very valuable and greatly appreciated!
— Mark Zacka

Memorial Grove takes shape

MORE THAN 100 PEOPLE, SOME

from as far away as Renmark in South Australia and Brisbane in Queensland, came to Sydney on Sunday, 15 May to plant trees in memory of those who have died from the effects of HIV/AIDS.

The AIDS Memorial Grove was the initiative of Mannie De Saxe — a volunteer carer with the Community Support Network (CSN) and an active member of Lesbian and Gay Solidarity Sydney.

Between 10.30am and 4pm over 700 baby trees were planted by friends, lovers and relatives in the bicentennial-dedicated Sydney Park in the inner-city suburb of St Peters. They were assisted by landscape architect, Myra Karasik, and nursery staff of South Sydney City Council. The Council provided the trees and had the large space prepared entirely free of charge.

In an especially moving ceremony the HIV/AIDS Grove was blessed by gay male nuns of the Order of Perpetual Indulgence.

A further planting is expected to take place later in the year. As well, a permanent community art project is in the process of negotiation with assistance from the Council. In the meantime, a register of the names of those already accorded a tree in the memorial grove has been placed on record.

The HIV/AIDS tree planting was the first event in the *Stonewall 25 Global Celebration* series in Sydney.

— Kendall Lovett

The Australian Press Council has newspaper columnist to describe ("Myxo" is a reference to introduced into the Australian bush The column was published in The goes in a number of rural Northern behalf of the NSW Farmers Association has disowned the called 'self-regulatory body' — reference "offensive" but believed the views of the columnist to have been published "with the approval of a major interest group" and supported the papers claim that "it would not be justified in censoring them." A number of individuals have taken the matter to the NSW Anti-Discrimination Board, where the column is set to become a test case of the new gay and HIV/AIDS Anti-Vilification legislation. The Press Council can be contacted at:

SUITE 303, 149 CASTLEREAGH ST., NSW 200. PH: 261 1930



ruled that it is OK for a AIDS as "God's Myxo" on gays. Myxomatosis, a disease to curb rabbit plagues.) Country Leader, an insert which NSW newspapers, allegedly on Association. However the column. The Press Council — a so-labelled the "God's Myxo"

Northern Sydney — New Project

NORTH AIDS INC. IS A NEWLY formed association of individuals concerned about the care and support available to PLWHAs in Sydney's north.

Its primary aim is to meet the temporary needs of PLWHAs for supported accommodation, with a level of care that is less intensive than acute hospital care but more intensive than home care. The need for such accommodation may arise following hospitalisation, when a return to home without constant care is not viable. There may also be a need to provide temporary relief for the carer. The length of stay will in general be limited to four weeks.

A secondary aim of *North AIDS* is to have the accommodating premises double as a drop-in centre for PLWHAs and their friends. We intend to provide facilities for PLWHAs to publish a newsletter (perhaps resume the *RNSH HIV News?*), space for support groups, access to information and resources relevant to lifestyle issues for PLWHAs, meals, and generally opportunities for companionship and relaxation.

A suitable suburban house has been offered to *North AIDS* by the St. Vincent de Paul Society at a peppercorn rent, beginning in late July. The house has room for five guests. During this first year of operation we will be seeking other premises to continue the project — perhaps close to the Royal North Shore Hospital, the only major treatment centre in this region.

The philosophy of the House is to enable those staying there to maintain their independence, dignity and significant relationships while having access to medical, domestic and social support services in a homelike environment. We are committed to respecting the rights of PLWHAs as set out in the *Declaration of the Rights of People With HIV/AIDS*



PHOTO BY BRETT ALLAN

After the success of last years federally funded HIV anti-discrimination campaign the government has pitched in with \$1.9m again for 1994. Launching the campaign, Carmen Lawrence (fast become a pin-up on the gay and HIV/AIDS scene for her progressive attitudes) said that not only was discrimination illegal, unfair and an impediment to education and treatments, it was also a waste of human resources. She noted that, "I keep trying to tell people that there's nothing special about dying. We all die. It's the way we live that makes all the difference. I think that's a lesson we could all learn." Campaign participant, and PLWHA office slave, Claude Fabian told the glitzy, MCA gathering, "discrimination is a very complex issue. It can be quite blatant or quite subtle. But more often than not it is attitude rather than behaviour, what is not done rather than what is done." He added that although the previous campaign had been effective, "it is only one step in a long term process. . . for people with HIV, discrimination is one more burden we have to deal with." The new ads include an aboriginal PLWHA and acknowledge the deaths of five of the previous participants.

(NAPWA).

The House will be run by a full-time paid House Coordinator, plus a part-time employee, with volunteers doing much of the work of "keeping house" and providing cover outside the hours worked by the employees. Volunteers will be trained by some very experienced people. Additional community support will be provided by the community nurse, the NSAHS HIV Community Social Worker, clinic staff at the Royal North Shore Hospital and local GPs.

North AIDS is an independent association. Anyone who agrees with the association's objectives is welcome to join, joining fee is one dollar and annual membership fee two dollars — can anyone afford

not to join and support us? It is run by a very broadly based Management Committee.

We aim to appoint a Coordinator in the first half of August, with training of volunteers beginning mid-August and welcoming the first House Guests in late August. To achieve that, we need people to help us with getting the House ready — there's lots of redecorating (including some minor building alterations), gardening and general readying to be done. Anyone willing to lend us a hand — now or once we are operational — should contact:

CATHERINE MCGETTIGAN
PH: 858 0725 FAX: 874 5414

— Guenter Plum, Chairperson

PLASTIC MEN ARE COMING

FOR SEVERAL MONTHS NOW THE streets of Darlinghurst have been graffitied with the words "The Plastic men are coming". And, of course, the question on everyone's lips has been, "Huh?!"

Finally *Talkabout* can exclusively reveal just what the hell is going on and get an answer to the question:

Who is the PLASTIC man?

I'm a positive pensioner whose life has been about living and finding truth in my dreams. PLASTIC began as a *something to do project, a something to live for or believe in.*

So, PLASTIC does have a meaning?

PLASTIC is actually an acronym for People Living with AIDS or ARC Standing Tall In Crisis.

The aim of PLASTIC is to initiate the establishment of a trust fund much like the Starlight Foundation, though PLASTIC will grant wishes to people living with HIV / AIDS.

How are you going to fund this aim?

In the long term PLASTIC will produce the ultimate dream party, where all proceeds will go to

create the PLASTIC Trust fund. In the short term PLASTIC will be doing a few smaller events like Plastic on Parade.

Plastic on Parade?

Plastic on Parade is a positive fundraiser benefit night Thursday 21 July at the Flinders. \$10 till 1am, \$5 after, (\$2 Conc). Proceeds are shared 50/50 with PLASTIC and PLWHA (NSW) who will use the proceeds to purchase Mardi Gras events tickets for financially disadvantaged PLWHA's.

What sort of community support have you had?

Fantastic support. Inner city designers are making plastic outfits especially for this night. There's two parades: 11pm features club and party clothes; Midnight is the fetish and fantasy wear parade. Most shows are on the hour with a galaxy of guest stars, stunning models, nuns of the Order of Plastic habits and DJ's are giving their free time. Local businesses have donated great door prizes, raffles, even lighting and music.

Plastic advertising has all the details.

Tupperware and garments will be auctioned on the night.

Tell me about the plans for a PLASTIC art piece and quilt

project?

We're currently generating support for a proposed PLASTIC art piece. The idea is to create a *Safe Island* of PLASTIC with lolly pop trees bearing positive and negative symbols and rainbow coloured trunks. Target: Gilligans Island, September.

The proposed PLASTIC Quilt Project?

Amidst the quilts of those who have died, a quilt with a difference. The PLASTIC Quilt by positive artists, intended to serve as a potent reminder that people are living.

How can people get involved?

We would love to hear from positive people to share and support. For details:

WRITE: THE PLASTIC PROJECT, c/o PO Box 831, DARLINGHURST NSW 2010.

PH: 331 2378

Correction

In last issues' article about avoiding CMV the treatment referred to as "acyclovir" should have read "gancyclovir".

Talkabout

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

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Talkabout welcomes unsolicited contributions. However, we cannot accept responsibility for manuscripts and photographs or for material lost or damaged in the post. Letters submitted to *Talkabout* or its editorial coordinator are assumed to be for publication in whole or in part unless specified otherwise.

Send contributions to: PO Box 831 Darlinghurst, NSW 2010.

DEADLINE FOR THE NEXT ISSUE

JULY 18

If your venue/organisation is interested in distributing *Talkabout*, contact the editorial coordinator. Call the editorial coordinator on 361 6750 for the date and time of the next Newsletter Working Group meeting.

ISSN 1034 0866

Positive in W.A.

THE FIRST POSITIVELY LIVING Conference was held in Perth over three days last April. One day being for positive people only, one for affected people only and the third for both together. 250 attended alongside Federal Minister for Health, Doctor Carmen Lawrence, who gave her first address as the new minister, in the closing plenary. Lawrence was warmly received and her comments demonstrated a great empathy for those attending the conference and their needs.

Neil Buckley and Claire Payne, Co-Convenors of the conference, were overwhelmed by the response and the totally positive comments from everyone that attended.

Buckley, Chair of People Living with HIV/AIDS WA, said that although he was disappointed at the lack of support shown by the Gay Community he was heartened by the attendance of "sometimes overshadowed other positive groups" on the Positive persons day.

"Having this cross section of Positive people," he added. "Changed the focus of the workshops" and that he felt this enhanced the discussions on the positive issues, getting away from a constant association of HIV/AIDS as a "Gay Owned" disease.

"I am very proud to be gay," he said. "But I feel very strongly that there are still people who feel that this disease is a question of ownership. For me, this conference has shown that we need to support each other no matter how, or where, we were infected."

Said Claire Payne, "we so often forget that affected people travel along a similar path as positive people. One of the most important things that came out of the conference was that, for the first time,



David Lemon pictured in one of the special lifts — now installed every Monday on the stairs leading up to the Lizard Lounge's free lunches for PLWHAs courtesy of donor Sydney Day Centre.

affected people had a voice."

Sexuality for positive people was one of the most popular and successful workshops.

Workshops that dealt with emotional issues were definitely more popular than those which dealt with practical issues.

A second conference is hoped to be staged in twelve months time.

— Neil and Claire

Positive Artists Register

A DATA BASE OF HIV POSITIVE artists and cultural workers is in the process of being formed.

The data base will not just focus on the visual and performing arts but take it other areas such as literature. And it will not be confidential as, says its compiler Peter Hornby, "the purpose of compiling the information would be to encourage openly positive artists to participate in the affirmation of their art and their status in possible upcoming projects.

Hornby can be contacted at 206 2011.

BGF & PLWHA

PLWHA (NSW) DEPUTY CONVENOR Les Szaraz is "excited" by BGF's undertaking (made at its recent AGM) to create an unelected voting position on its committee for a PLWHA nominee. Said Szaraz, "it is essential... to ensure that this voice becomes a more integral part of BGF's management."

BGF also committed to consultation with PLWHA in the development of its new \$1.3m housing project.

Zambia joins Quilt

ZAMBIA HAS BECOME THE THIRD African country, after Uganda and South Africa, to join the International AIDS Memorial Quilt Project.

Zambia's inclusion in the project was the inspiration of Ilse Mwanza, a mother and textile designer, whose daughter and baby grandson recently died from AIDS. After attending the Berlin AIDS conference, she made two quilt panels using as many different Zambian materials and techniques as possible. She believes that the quilt is a tribute, "more powerful than a gravestone."

Since starting the project a diverse group have begun making quilt panels and Ilse has published instructions, and made an educational video, about quilt making.

Ilse Mwanza can be contacted at:

UNZA/IAS, Box 30900,
LUSAKA, ZAMBIA

— WorldAIDS

Candlelight controversy

MELBOURNE'S CANDLELIGHT VIGIL, like Sydney's, its largest ever, was marred by anger from some PLWHAs over theme song, *We Will Grow Old Together*.

Writing in the *Melbourne Star Observer*, Marcus O'Donnell accused the song's writer, Anthony Crowley, of writing for a "vanilla-

flavoured, white-bread world", and said "We aren't people growing old together — people I know have lost entire networks of friends. . . It's simply a lie to pretend that it's going to end soon, that it will all pass and we'll be together at last. . . We've ended up with something that sounds like it came from a twee Broadway musical. Remember ever hopeful little Annie and her little ditty about *Tomorrow — It's Only A Day Away*"

He added that Crowley had been quoted by *The Age* as saying that he hadn't met anybody with HIV before he'd started the project and it had taken him a while to, "get his head around the issues".

"*We Can Grow Old Together* has a very white, middle-class, heterosexual ring to it," argues O'Donnell. "Living with the reality of death at the heart of a relationship, yet still going on, is not done by repeating Crowley's quaint affirmations. It requires an extraordinary degree of love, courage and understanding."

The song project was funded by Melbourne City Council, the Australia Council and the Victorian Ministry for the Arts.

— *Melbourne Star Observer*

Youth resource unleashed

A BOOKLET OF STORIES AND services for and by young gay/bi men living with HIV/AIDS has been released by ACON.

The booklet, *Inverted Commas*, was the result of six months of research, consultation and design by young people.

For copies contact:

ALDO, 206 2077.

Not so secret files

HIV/AIDS ACTIVISTS IN WA ARE angry that confidential files on so-called "recalcitrants" "deliberately spreading the virus" have



It came from outer space!

British academic Professor Fred Hoyer says that HIV molecules came together in outer space and then rained on the earth.

— The Sunday Telegraph

This image of the hated former US President Ronald Reagan with KS lesions is taken from the Benetton clothing conglomerate's magazine Colors.

Italian-based Benetton has been

both praised and attacked for its confronting use of images such as this one, one of a pair of buttocks stamped HIV+ and of a man dying of AIDS. The buttocks ad was banned in one European country and in both Europe and America protesters have made their displeasure clear on what they regard as commercial exploitation run wild.

The company hasn't helped its case with PLWHAs after it was revealed that a Stonewall-linked Quilt project in London had seen its marketing secretly taken over by major sponsor Benetton.



been released to the media by the WA Health Department.

Using the WA Freedom Of Information Act (FofI) *The Sunday Times* produced a series of sensationalist stories based on the files, the most notorious of which was headed, *AIDS Carriers Run Loose*.

Writing in *West Side Observer*, WAAC's Mark Bebbington described the articles as, "dehumanising" and the use of the files "an abuse of the FofI act." "Revealing such detail was in no way necessary or relevant," he added. "It served only to provide some sort of macabre titillation."

Another WSO writer, Kym Makkaan, called for the files to be destroyed, noting that a number

of them were known to be based on "malicious false allegation."

According to NSW Health Department spokesman Greg Rochford, it is unlikely that a similar case of personal files being accessible would arise in NSW. He noted that the media had been unable to obtain such files in the recent "doctor transmission" case, that local law proscribes "unreasonable disclosure of personal affairs" and that the individual whose file is subject to a FofI request must be consulted.

Citing the law's positive aspects he believes it has "changed paternalistic views" in government and that "sometimes embarrassment might be a good thing."



Current PLWHA Committee

Alan Brotherton, **Convenor**
Robert van Maanen, **Secretary**
Graeme Blair, **Treasurer**
Chris Connole, Ross Duffin,
David Martin, Les Szaraz,
Larry Wellings.

There are three vacancies.

PLWHA Coordinator
Annella Wheatley 361 6011
Administrative Support Officer
Claude Fabian 361 6023
Talkabout Coordinator
Paul Canning 361 6750

Office: Suite 5, Level 1, 94 Oxford St., Darlinghurst.
Post: PO Box 831 Darlinghurst NSW 2010.
Fax: 360 3504

PLWHA News



ONE OF THE BIG QUESTIONS ON MY mind right now is along the lines of, how do I begin this month's committee news without the usual "this has been a busy month for PLWH/A"? Well, it has been, so I guess this'll have to do. (Suggestions for other intros will be gratefully received).

Coordinator Annella Wheatley has been off recovering from an operation for much of the month. We wish her a speedy recovery. Meanwhile, Claude Fabian has been heroically holding things together, but if you've been considering helping out in the PLWH/A office, now would be a great time — especially as the end of the financial year creates a lot of extra work.

ACON and Pride's *Hand In Hand* party on June 11 was a great success and the *PLWH/A Time Out Room* was particularly well attended — so much so that we had to start restricting access around 3a.m. in order to maintain any sense of calm about the place (which is the whole point, after all). We apologise to anyone who was inconvenienced by the circus just before we did this. Most people seemed to understand the need for the restrictions, however, but if that did offend you, we apologise but it really was necessary.

Other good news for ACON is that they have finally found a new building, which should help them create a less crowded, client friendly atmosphere than the current premises. For now, there's tons of room and even a roof garden. The building is just behind Liverpool Street near Museum Station, making it accessible by train or bus yet still near the inner city suburbs where many of us live. They won't

be moving until November, which leaves plenty of time for a refit and to get it right.

Bad news for us is that we are currently engaged in an unnecessary battle of letters in an attempt to convince the Eastern Sydney Area Health Service that we, and not they, should nominate our representative to their Area HIV/AIDS Advisory Committee. It's all so *eighties*.

PLWH/A committee members also took part in the frolics at the BGF AGM on 25 June. Although there was some disgruntlement around process, the actual outcomes of the meeting, in terms of commitments made regarding PLWH/A issues were very promising. The re-elected committee undertook to amend the current constitution to create a *full voting rights* position to be appointed by PLWH/A NSW, to create a steering committee with members from various interested organisations for its proposed housing project and to develop a formal grievances procedure and to make clients aware of their entitlements. If implemented, these changes will go a long way to resolving current criticisms of BGF's accountability, and we applaud the BGF committee for taking this important step to broaden PLWH/A and community involvement in the organisation.

Committee member Chris Connole gave a well received presentation on our behalf to a public consultation held by the Commonwealth regarding *International Year of the Family*. Chris' participation brought the issues around family faced by positive people to a very wide audience.

Graeme Blair has also taken up

a role on the steering committee of the Australian Institute of Environmental Health's HIV/AIDS project, which aims to look at ways of developing local government's response to HIV/AIDS.

Andrew Darling and myself went up to Coffs Harbour on the 1st and 2nd of June for a dizzying whirl of meetings with CHAPS Outback and local service providers. The visit was a great success, resulting in commitments to better access to services for positive people and the recognition by the HIV/AIDS Coordinator and the District health Service of a local advisory group which includes CHAPS representatives. It was great to see such a strong commitment across the board to resolving issues and also to see a strong local group in action. There'll be a fuller report from CHAPS Outback in the next *Talkabout*.

Andrew was so impressed that he's moved to the centre of the action and now lives in Coffs Harbour. He has resigned from the PLWH/A committee (the commuting, sweetie) but will hopefully continue his work with CHAPS Outback up there. We'd like to thank him for his work for PLWH/A over the past six months.

Warwick Witt has also resigned from the committee due to ill health. Warwick's sharp intellect and thoughtful consideration of issues will be missed.

Larry Wellings has joined the committee, bringing with him a wealth of experience in adult education and an interest in issues affecting positive people from non English speaking backgrounds.

— Alan Brotherton, Convenor

Talkback



ARC thanx

Just a brief note to thank you for providing people who are HIV positive such an informative and valuable publication.

Also a sincere thank you for listing ARC in your community section. As you are no doubt aware, it is very difficult to get a community group up and running. Any support is always appreciated.

Thank you for your time and efforts and keep up the great publication

— Steve Doherty,
AIDS Rights Coalition

Letter from the inside

I don't know if you remember me or not. I placed a request in your mag once and a story about the inside last year. I also got some great responses and support from you readers. Thank you. At the moment I'm sitting in my cell being really bored and I'm in one of those thinking moods. So, I thought that I'd write to you's once more and let you know how I'm doing in here.

For now, not much has changed, only my health. I'm having problems with my platelet level. It's only 23 at the moment. This is the second time it has been so low. Two months ago it was only eight. It really spun me out when I found out. Anyway, it's really making me frustrated as I feel there is nothing wrong. I feel fine. But the symptoms really stand out. I've been getting these bruises on my legs and elbows and other symptoms, but I won't bore you with that.

Hey Jill and readers. I've only

got six months to go. I'm going up to Grafton Prison soon. Probably by the time you get this. So, if you's feel like writing I would love to hear from you all. Okay. I'm doing it pretty hard at the moment. Feeling like a number as a manner of speech in here. By the way Jill I have this poem I wrote for my John out there. I would love to see it in one of your mags okay. Love it. Take care

— 'Lou',

Postal address: 170 Hoof St.,
Grafton NSW 2460

THINGS

*There's things I've said
And things I've done
And things I wish
I told know one
There's so many things
That should have been said
Such as things that sound better
When softly said
But the greatest thing
I know is true
Tha things iv left unsaid to you*

— 'Lou'

It's a boy!

Delivered — to Jill Sergeant, a happy, bouncy, baby boy on Monday June 13 after an (ouch!) eight-hour labour and — arrrh — the forceps.

Asiedu Kojo (which means "warrior born on a Monday") weighed in at 2.7 kg. Both mother and baby are doing great and if you'd like to pass on your best wishes you can, via the office!

Congrats from all at
PLWHA!

Rural ghosts

Upon my return to Australia after the death of my Kiwi lover, I was nauseated by the ghetto, terrified of suburbia, uncertain about life and destined to confront child-like ghosts. Return to my rural/coastal homeland and engage the love and support of my family to make one of the best damn moves of my life

Sure it has positives and negatives. It's just a matter of how much you let them sway you. Doesn't every tingo?

Some good positives:

- ✓ Mother N in her finer wear
- ✓ Dogs, horses, open fires, good tucker, fresh eggs
- ✓ No neighbours. (Can scream whenever I like, though, actually, there are friends within coo-ee for emergencies)
- ✓ Being a novelty. "HIV? Really?"
- ✓ Fresh air, fresh beaches
- ✓ Hiding behind isolation to ignore six months of test results
- ✓ Loving company
- ✓ Family and friends



Vaughan L
Edwards

1958 — 1994

Your passion,
commitment
and humour

will always be remembered. And your involvement with the 1994 Mardi Gras parade entry, the Nutritional Supplement Service, your many hours as a volunteer and coordination of our fabulous T-shirts, continue to benefit the organisation.

Fuck, I'm such a lucky bloke.
Some negatives:

- *Isolation good for isolation bad
- *Trying to maintain a fucking bomb car
- *No electwickety ([though I] kinda like this)
- *Stale rednecks
- *The time I went to Sydney for a referral

Four visits 10-14 days apart and finally a biopsy of a smallish sore that had failed for eighteen months to respond appropriately to the odd zap, burn, poke, nick and tongue lashing. Great. This is it. Last trip. Cut it out, over and done with that.

My car (the closest bread, milk, paper being 10km of kidney jarring dirt road at home) spits the dummy, on corner of Cleveland/Sth Dowling. Phewt! There goes my bed.

Got a room, but did an early morning runner to go and spend three of the most hideous hours under scalpel and thread. (Karma?).

11am, Wednesday morning. I'm on Taylor Square with a migraine and turban affair. No cash. Manyana day. The mechanic stands guard while I try for a change of sock. No money, no keys, Manyana.

To C.H.I.V.C.O. (Certain HIV Charitable Organisation). Help!!!

Six internal, twelve external stitches. A clear plastic suction tube over my face, sucking blood across my vision. Nurse, dashing off again for more local while I w i m p e d .

C.H.I.V.C.O. — "You can afford a car. You don't need us!" Grovel, beg.

C.H.I.V.C.O. — Gives me a fabulous letter for a counter cockie at D of H. Trudge, trudge. George St., Fourth floor, Sixth floor, A form, B form, grovel, I.D., counter cheque for a night in dice city. Downtown Pitt St.

And I ask you — shocked to shit and fucking digensics?

When I later had to return for one times one point five minutes, daily times twenty-four, "not open at weekends", radiotherapy, I thank Buddah/God for chicks I went to primary school with.



C.H.I.V.C.O.

— Paul King

Carbon copy

To PLWHA (NSW):

I forward this letter to you on behalf of CHAPS, to express our appreciation of the efforts you have made on our behalf in our attempt to improve services here on the North Coast. Although the battle is far from over we have managed to make many inroads and have already seen improvement in some areas.

The recent visit from Allan & Andrew proved to be of great benefit, we received many positive responses from people across the board. Thanks to your advice and support we now feel reasonably confident of obtaining a care and support worker in March '95. However, in the interim, we have submitted to Ms. Margaret Hoskins that she grant us the monies to obtain a mobile phone which will be utilised by a network of professionals, volunteering their time to give PLWHAs 24hr access to counselling and emergency care. We have

Credits

June issue's missing credits were from a photo of Robert Ariss (by Yolir Metargem) and the cartoon that accompanied Ian MacNeill's short story (by David Abello)

had a verbal agreement from Ms. Hoskins on this and also that she will grant us some funds for us to send representative from CHAPS to Sydney for the purpose of receiving training in Care & Support.

Once again thank you for all your ongoing efforts as we sincerely appreciate them and hope to continue working with you in this battle.

— Chris Barnett, Chris Harrison
Co-Convenor's, CHAPS [Coffs Harbour]

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

 **Talkabout, PO Box 831
Darlinghurst 2010**

♀ **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** ♀

Art & AIDS

The next *Talkabout* special will be on Art.

If you would like to contribute, please contact Paul Canning on

3 6 1 6 7 5 0

Country NSW

- There's More Than Ever Before -

NOT VERY MANY YEARS AGO BEING a gay man living with HIV in the country would have meant a rather dire existence. A likely scenario? You could have had either limited or no contact with other gay men, you probably had to remain completely silent and isolated about your HIV status and you may have risked appalling discrimination (from both gays and straights). You would have also had no services to suit your needs, no access to information or support and you would have had to make costly trips to the big cities for help.

While it's obvious that there are places and times when some of these issues continue to be a problem, overall, significant gains have been made in rural New South Wales, particularly over the last two years. For gays and lesbians in country, there is a stronger than ever sense of community. Gay groups in the country continue to grow, become more solid and last longer. Now, there are gay and lesbian social groups in every region of the State and in other areas where there are no groups, there is at least a network able to put people in touch with each other.

The public health system has begun to acknowledge gays, lesbians and PLWHA as significant consumers. Area and District health services have begun to re-

alise their different needs. Historically, women have been employed to deal with women's health issues, aboriginal people and people from non-English speaking backgrounds have been employed to deal with the health concerns of their constituencies but only recently have gay men, lesbians and people with HIV been employed to deal with their communities.

Previously, non-government community based agencies were

efficient. These workers have credible and speedy access to a group of people who continue to be the predominant group infected and affected by HIV in Australia.

The number of health care professionals (men and women) who have HIV support or HIV education to gay men (and in particular PLWHA) as a major part of their work has increased. Many of these workers are actively involved in developing gay community or supporting gay men and lesbians as a part of their strategy.

The Rural Project at the AIDS Council of NSW has also played a significant role in developing community for gays and lesbians in country NSW and in strengthening and building networks which breakdown the isolation of rural existence. The project provides support and resources, liaises with country health care professionals, lobbies for changes in services and support the development of local responses. Over one hundred and fifty gay men from country areas have completed the project's peer education training workshops and these men and other constituents maintain contact via a free call 008 telephone line and by a regular newsletter called *Rural Gaze*.

While all of these changes have been good we shouldn't view the world with some *Pollyanna* kind

the only ones to employ gay men to work in the area of HIV/AIDS in the community setting. Now, gay men have been employed by virtually every District and Area Health Service in New South Wales, to work as HIV Support Workers, HIV/STD nurse consultants, Men Who Have Sex With Men Project Workers and the like. Now, in every major country and city health region there are gay men who are working with other members of their community.

The Health Department wouldn't necessarily describe the appointment of these workers in this way, but they have realised that these appointments are not only sensible, they're also highly

For more information about the services, supports and social groups that exist in rural New South Wales, see the resource section of this magazine, contact your local AIDS Council or HIV/STD worker, contact the Rural Project on 008 802 612 (subscribe to their magazine *Rural Gaze*) or contact the HIV Support Project at ACON on 008 816 518.

of perspective. These improvements are real gains that must be built on. We can't rest on our laurels and put no effort into improving things further. There are still many challenges that face PLWHA and gays & lesbians in general living in rural areas of NSW.

So what are these challenges? Well, isolation is still a big deal for many PLWHA and their significant others (lovers, partners, families, friends). Also getting consistent good quality health care, from GP's to acute in-hospital service, can sometimes be hard. Adequate care and support facilities in some places are minimal or nonexistent and being able to access some treatments and simple treatment information can be a hurdle. Programs on health maintenance and monitoring are not up and running in many

places in the city let alone the country. And finally, formal HIV peer support is only available in some places.

But quality health care is only part of the story. There are some very basic economic struggles for people living in the country. Unemployment in some rural areas is far above that in metropolitan regions. For people with HIV, who want to work, it can be very difficult to find the range of employment options in the country that may be available in the city. The cost of living for some people can be very high, with food and transport cost way above city levels. Travelling to bigger cities for specialist medical care and expensive drugs is an extra burden. Telephone costs also become a big factor when maintaining contact with family, friends and medical care means a lot of STD

phone calls.

Despite the difficulties there are many, many examples of PLWHA living successfully in the country. Living well with HIV in country NSW is achievable. Yes, there are difficulties, but there are many difficulties about living with HIV in the city. It is often only stereotypes and misinformation that perpetuate the idea that staying at home in the country or moving out of the city is an unrealistic choice.

There are a whole range of services and supports in rural New South Wales, which means that PLWHA, gay men and lesbians, health care providers, educators and others can continue to make a life with HIV in the country as best as we can make it.

— Nigel Carrington,
Rural Project Worker

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

THINKING OF MOVING TO THE COUNTRY?

There are some issues that you should consider:

TRANSPORT

There is very little in the way of public transport and most places have no public transport at all. You will need your own car, which must be in good condition as poor roads and long distances take their toll on cars.

HOSPITAL/MEDICAL

If you need to see a specialist (e.g. immunologist, oncologist, radio-therapist etc.), or require special hospital care, you will need to travel to Sydney as such specialist help is not available in rural areas.

ACCOMMODATION

This can be difficult to find in many rural areas and it can take months for something appropriate to come onto the market.

CARE AND SUPPORT

This is limited or non-existent in many areas. Sydney's Community Support Network (CSN), Ankali, and Tiffys Transport do not exist although some form of care and support is available in limited areas.

OTHER EXPENSES

Apart from rent, most other essentials are more expensive than in the city. For example, petrol, electricity, gas, food and clothing all cost more in rural areas.

B u s h t a l k

— Illawarra services —

BUSHTALK?! WELL I DON'T QUITE think of the Illawarra as the bush, but I do expect that a lot of Sydneysiders think of the Illawarra and Wollongong as the bush!

Just recently, I was in Sydney in a bar on Oxford St casually chatting someone up when beaches came into the conversation. I mentioned how nice the beaches in Wollongong are and *Mr Air Head* said, "Do you have beaches in Wollongong?" Well, that turned out to be the only intelligent statement *Mr AirHead* said all night.

In answer to that question, *yes*, we do have beaches in Wollongong. Not only do we have beaches in Wollongong but we have clean beaches!

Hi, my name is Mark and I've lived in Wollongong for most of my life and to be honest with you I love it down here. I live next to the beach, and only five minutes away is virgin rainforest. Oxford St and its night life are only an hour or so away, but, like Sydney, we here in Wollongong have our share of problems too.

I've been openly gay in Wollongong for the best part of five years and in all those years I've never had any major problems with the heterosexual community, but

I do know of a few people who have! As for the gay community? Well, for years several clicky groups have existed, but in gen-

ing for some friendly advice on what to do now. So, I went in to see him only to find him about as friendly and caring as a used condom lying under the bed! I found him to be HIV ignorant and was politely told that I had, at best, maybe three years to live. He then gave me my medical records and told me I needed help, so go find a new doctor. I didn't realize it at that time but in his ignorance he did me a big favour by sending me on my way. I left and went home feeling devastated. Here I am in my late twenties and I have a three year use-by date. With this new found information I spent the next few months wandering around feeling sorry for myself, and asking that impossible question, "*Why me*".

At that time I didn't know who to turn to. To me, HIV and AIDS was something that happened in Sydney — not

here in Wollongong, and especially not to me. I eventually found my way to the Port Kembla Hospital Sexual Health Clinic (PKSHC), which, at that time, was nothing more than a few rooms in a far flung corridor at the hospital. In those few rooms were the doctors and staff that could help me. The doctors reassured me that my life wasn't over,



(Right to left) Mark Douglas, Tracey and Daniel Maddedu at Illawarra ACON HQ.

eral all I can say about the gay community is — for as long as the sun shines queens will always be bitchy.

In March of 1988 my world came crashing down around me, I had just received my positive result. The doctor I was using at the time gave me these results over the phone and told me I should come in and see him. I was hop-

to think of this as a new start and not panic. Looking back on it all now, he was right. It was a new start for me and I have tried to live life to the fullest.

I've been attending this clinic for six years now, and in those years I've seen a few faces come and go but, there has always been a friendly face there. That hasn't changed, and to Vivienne Cunningham-Smith I would like to say thank you for always being there. Not only have faces changed but the clinic has changed. From those few rooms to its own building in the grounds of Port Kembla Hospital with direct access from Farfax Rd. This clinic has always been free and confidential. For all these years I've only ever had a number on my file — not a name. The new face there at the moment is Dr. Chris Carmody, who is also the new director for the clinic. I've seen him on a few occasions and I think that you will find him as I did, and that's friendly and very approachable. For people who



Dr Chris Carmody

may feel more comfortable with a female doctor the clinic also has Dr. Cathy Pell. The PKSHC is open Tuesday noon - 8pm, Wednesday 9am - 5pm and Friday noon - 4pm, they also run a sexual health clinic in Nowra on the far south coast in the Shoalhaven Hospital. This clinic is open Monday 10am - 1pm and Thursday 4 - 8pm. Both clinics can be contacted on (042) 76 2399.

About a year ago the doctors at the clinic told me that I should have a local GP and they recommended Dr. Robert Watson. This seemed like a good idea as you don't always want to go to the sexual health clinic just for a cold. I have been seeing Dr. Watson for quite a while now and he is now more friend than doctor. He's done courses on HIV and has authority to prescribe AZT, ddI and ddC but told me, "you can learn all there is to know about HIV and AIDS but there is more to learn from the people who have to live with it every day." He works in consultation with PKSHC. Dr. Watson can be contacted on (042) 28 3233, and for those of us on Social Security he will bulk bill.

Also here in Wollongong we have ACON Illawarra. They cover a large area, from Wollongong to the far south coast. As a HIV positive person I recommend that you should get in contact with your nearest ACON office. ACON are there for you, so access them and find out just what they can do for you. They need HIV positive people to contact them so they can know how to best serve your needs. This branch of ACON is managed by Daniel Maddedu with a small band of dedicated staff and volunteers. They are all very friendly and will make you feel most at ease. ACON Illawarra is open Monday to Friday and can be contacted on (042) 26 1163. Just a few of the things that ACON Illawarra provide are: information nights for the whole community; a beat project providing information to gay men and men who have sex with men. Every Wednesday they provide a massage service to all HIV positive people and if you're too sick to come in then give them a call and they will try to come to you. They also run a vitamin and supplement service providing vitamins and supplements at a reduced cost to HIV positive people.

There's a youth project for the under 26 year olds (that leaves me out). This is called *Out Now*, they have a drop in centre every two weeks at ACON. The *Out Now* group also have a five week workshop that involves talks on safe sex, how to deal with being young and gay and improving your self esteem.

ACON Illawarra also run the south coast branch of C.S.N. (Community Support Network). This is a network of volunteers and carers who offer help at home for HIV positive people. Not only do they offer help but for a lot of people they offer companionship, so HIV positive people don't feel like they are on their own. I've been lucky up to now and haven't needed the services of CSN, but if the time came and I did need their help I would feel no embarrassment in asking for help from CSN.

This is only the tip of the iceberg of what ACON Illawarra can do for you, but you will never know what's happening if you don't access them! Better still, why not go in and have a coffee with the staff and see for yourself how friendly they are?

I know HIV positive people in Wollongong and small towns across the state wish to remain anonymous due to the fear and discrimination of other members of the community who wish to remain HIV ignorant. I would like to say to all HIV positive people that you don't have to feel ashamed about being HIV positive, it's not your fault. All HIV positive people are innocent.

Let's all hope that in the future with one voice to be heard we can all live in peace and with dignity.

— Mark Douglas

(For other Illawarra services check the contacts pages)

WHILE I HAVE NEVER HAD ANY difficulties reconciling my interest in meditation and personal spiritual development with being gay, at times it has been a queer mix. The experience of meditation is a quantum leap away from other worthwhile experiences in my life like listening to music, enjoying sex, dancing off my face or being with friends.

Meditation, for me, creates an enduring, if indefinable glow through many levels of my life and offers tangible, worthwhile benefits that make all my other diversions and distractions seem transitory. Meditation helps me get over *my stuff* or else enables me to deal with the things I'm *stuck in* in a much more satisfactory way. Meditation is my *exercise* for my spirit, mind, brain and my whole body. It encourages all the different parts of me to *talk* with each other and integrates them in a beneficial and harmonious way. It gives me a way of going deep within myself and listening to my subtle self — it's a counselling session with my inner self. In meditation I appreciate and honour myself.

I can do it whenever and wherever I can find an undisturbed place for whatever time I have available. There is no knocking my immune system to pieces. On the contrary, increasing medical

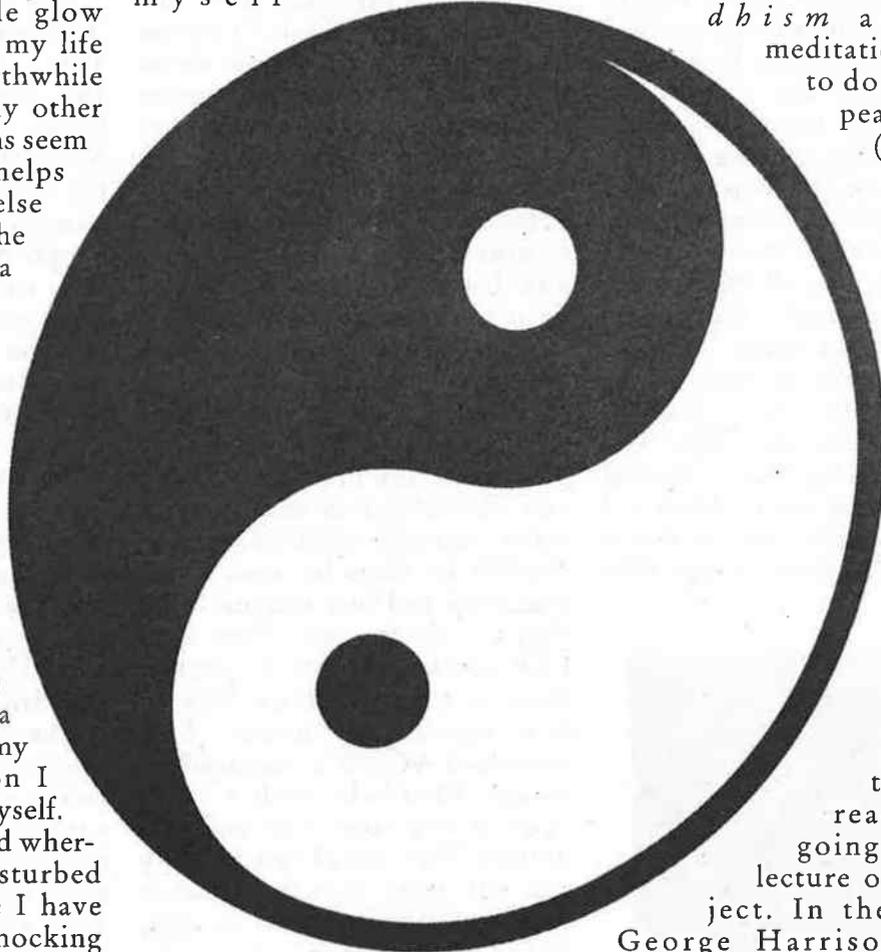
— this is something we already have. One description I like is that meditation is stilling the minds chatter and, in the present, attending to and being aware of one's own mindfulness.

IN THE BEGINNING

MY INTEREST IN MEDITATION BEGAN when I was about 15. I discovered a book on yoga in my local library and began teaching myself

religion. The books all talked about meditation but they didn't clearly say how to do it. Some writers suggested that the best way to learn was to find a guru (teacher) — fat chance for a suburban teenager in Sydney in the early 60s!

Then I developed an intense interest in Japan and things Japanese and a similarly obsessed friend mentioned *Zen Buddhism* and *Zen* meditation. I began to do *Zen* by repeating *koans* (spiritual riddles)
t o



myself. I learned more through reading and going to a rare lecture on the subject. In the late 60s

George Harrison of the Beatles began doing *Transcendental Meditation* under the guidance of a teacher, the Maharishi Mahesh Yogi. As meditation developed in Sydney, I was taught *T.M.*

At this time I was under mega-stress because I had been conscripted for Vietnam. I had profound objections to this idea and became a draft-resister. Meditation became, for me, a settling and centering process that helped me to deal with my worry and anxiety. It enabled me to partly cope with all the overwhelming



evidence suggests that I am strengthening my immune system by caring for my mind and brain by sitting in meditation.

Meditation is not something new, it's something we have all glimpsed. Admiring a guy, getting lost in music, repotting a plant or concentrating on any task that requires all of our attention

Hatha Yoga exercises. As I read more, I began to wonder about this thing which some books mentioned called meditation. The librarians thought I was crazy choosing the maximum allowable borrowings of weird religious books on my fathers library card, though I didn't get much help from further reading on Indian

Contact List



AIDS Council of NSW (ACON)

188 Goulburn St/55 Oxford St. Darlinghurst. 206 2000 (switch). Fax: 206 2069.

COMMUNITY SUPPORT NETWORK (CSN) Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.

CSN WESTERN SYDNEY Pat Kennedy 204 2404.

FUN AND ESTEEM WORKSHOPS For gay and bisexual men under the age of 26. Groups in Parramatta, Campbelltown and city. 206 2077.

GAY & LESBIAN INJECTING DRUG USE PROJECT (GLID UP). Outreach, information & referral. We are sensitive to the issues faced by lesbians & gay men who inject drugs. 206 2096.

HIV/AIDS LEGAL CENTRE Legal advice/advocacy on HIV/AIDS related problems. 206 2060.

HIV living

Support Groups give you the chance to meet others with HIV, exchange ideas and make friends

If you'd like to join a group, become a facilitator, or just find out more about them, give Les a call on 206 2014 (gives good phone)

HOUSING PROJECT SEE ADVERT.

POSITIVE ASIAN MENS PROJECT Looks at the needs of all HIV+ Asian men. Michael Camit. 206 2036 or 206 2090.

POSITIVE WOMEN Individual or group support for and by HIV/AIDS positive woman. Non-judgemental and completely confidential. Women and AIDS Project Officer or Women's HIV Support Officer, 206 2000, TTY for the Deaf 283 2088.

RURAL PROJECT SEE ADVERT.

TIFFY'S TRANSPORT SERVICE SEE ADVERT.

ACON WESTERN SYDNEY 9 Charles St, Parramatta. 204 2400.

ACON ILLAWARRA 129 Kembla St, Wollongong. (042) 26 1163.

ACON MID-NORTH COAST 93 High St, Coffs Harbour. (066) 51 4056.

ACON NORTHERN RIVERS 147 Laurel Ave, Lismore. (066) 22 1555.

ACON HUNTER Level 1, 6 Bolton St, Newcastle. (049) 29 3464.

GENERAL

AIDS RIGHTS COALITION (ARC) HIV/AIDS activist group. PO Box 172, Camperdown 2050. 519 1781.

AIDS TRUST OF AUSTRALIA 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 7.30-10pm. Gus or Jim (02) 558 0061 a/h.

AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO) 231 2111.

CIVIL REHABILITATION COMMITTEE Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders. Joanne Wing 289 2670.

KIDS WITH AIDS (KWAIDS) and parents of KWAIDS. Inquiries c/- Paediatric AIDS Unit, 39 2772.

HANDS ON PROJECT Community based HIV/AIDS training program for youth workers. 267 6387.

INNERSKILL Needle & syringe exchange, information & referral, also a range of free services for unemployed people. 810 1122.

LATIN AIDS PROJECT Support, counselling and information for the Spanish speaking community. 315 7589.

MARK FITZPATRICK TRUST Financial assistance for people with medically acquired HIV. Also administers the NSW Medically Acquired HIV Trust. (06) 287 1215 or (008) 802 511.

METROPOLITAN COMMUNITY CHURCH (MCC) 638 3298. MCC Sydney 32 2457.

MULTICULTURAL HIV/AIDS EDUCATION AND SUPPORT PROJECT Workers in 15 languages who provide HIV/AIDS information. Also provides cultural information, training & consultancy. Peter Todaro 516 6395

NATIONAL AIDS/HIV COUNSELLORS ASSOCIATION Mark Cashman 206 2000.

NATIONAL AUDIO VISUAL ARCHIVE OF PLWA Royce 319 1887 (after 1 pm).

NATIONAL CENTRE IN HIV EPIDEMIOLOGY & CLINICAL RESEARCH 332 4648.

NATIONAL CENTRE FOR HIV SOCIAL RESEARCH (Macquarie Unit). 805 8046.

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS (NAPWA). (03) 483 6700.

NSW ANTI-DISCRIMINATION BOARD Takes

complaints of AIDS related discrimination. 318 5400.

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.

QUILT PROJECT Memorial project for those who have died of AIDS. 360 9422.

SEX WORKERS' OUTREACH PROJECT (SWOP) 212 2600.

SILK ROAD Social and support group for Asian gay and bisexual men. Meets every Friday. Workshops, discussions, social activities. Arnel 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. 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. 357 3011.

SYDNEY SOUTH WEST NEEDLE EXCHANGE For access and locations 827 2222, 828 4844 or Mobile 018 25 1920.

VOLUNTARY EUTHANASIA SOCIETY OF NSW INC. 212 4782.

CLINICS & HOSPITALS

ALBION STREET AIDS CENTRE Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. No Medicare card required. 332 1090.

EVERSLEIGH HOSPITAL A palliative care inpatient facility and community service. 560 3866.

GREENWICH HOSPITAL Palliative care inpatient unit, day hospital and community outreach. 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 2-6pm, Sat-Sun. Outreach bus 8pm-midnight, 7 days. Darlinghurst Fire Station, Victoria Rd, Kings Cross. 360 2766.

LIVERPOOL SEXUAL HEALTH CLINIC/HIV OUTPATIENT CLINIC Elizabeth/Bigge Sts., Liverpool. Free, confidential HIV/STD services, counselling, HIV support groups, practical support. 827 8022.

LIVINGSTONE ROAD SEXUAL HEALTH CLINIC 182 Livingstone Rd Marrickville. Open Mon, Wed, Thur 1-5pm. For appointment, 560 3057. No medicare card is required

NERINGAH HOSPITAL A palliative care inpatient facility, domiciliary and community service. 4-12 Neringah Ave. South, Wahroongah. 487 1000.

PRINCE HENRY (Special Care Unit) Anzac Parade, Little Bay. 694 5237 or 661 0111

PRINCE OF WALES CHILDREN'S HOSPITAL (Paediatric AIDS Unit) High St Randwick. 399 2772/4.

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 (by 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. 350 2742.

ST VINCENTS HOSPITAL HIV MEDICINE UNIT Victoria St, Darlinghurst. Multidisciplinary HIV specialist care including medical, nursing, counselling, physiotherapy, occupational therapy, nutritional advice and community liaison. **Inpatient care:** Ward 17 South. 361 2337. **Outpatient care:** Immunology B clinics, Tu, Thur and Fri AM by referral. 361 7111. Ambulatory care/Urgent triage nurse practitioner on call. 361 7121. Clinical Trials. 361 2492.

SYDNEY SEXUAL HEALTH CENTRE 3rd floor, 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. 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. Pam 843 3143. **Red Cross BTS:** Contact Jenny 262 1764.

WESTMEAD CENTRE (Westmead and Par-

ramatta 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 SEE ADVERT.

FAMILY SUPPORT City: A support group for family members of people with AIDS. Regular short term groups. Helen Golding on 361 2213. **Outer Western suburbs:** Meets evenings on a regular basis. 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 Wed 7pm at 15 Ice St, Darlinghurst. Contact via HIV support worker at NUAA, 369 3455.

HIV+ SUPPORT GROUP South Western Sydney. Meets in Liverpool Wed 6.30pm. Julie 827 8022. Transport can be arranged.

PARENT'S FLAG Parents and friends of lesbians and gays. Meets 2nd Mon of the month. Heather, 899 1101, or Mollie 630 5681.

POR LA VIDA SEE ADVERT.

QUEST FOR LIFE FOUNDATION Emotional support and education for people with life threatening illnesses, their families, loved ones and health professionals. Support groups, meditation/relaxation classes, one-to-one counselling. 906 3112.

SUPPORT OF POSITIVE YOUTH (SOPY) Drop in groups for young people with HIV/AIDS meet every Thursday. Girls and guys welcome. 318 2023

SUPPORT GROUP FOR PARENTS OF HIV+ ADULTS Every 3rd Fri in the month 7-9pm at Ankali House 335 Crown St. Confidentiality assured. Julie Fuad, 569 2579.

SYDNEY WEST GROUP A Parramatta based support group. Pip Bowden 635 4595.

PRACTICAL HELP

BADLANDS Residential harm reduction service providing safe, non-coercive space for people who are at high risk of HIV transmission or acquiring 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. 387 3311.

BOBBY GOLDSMITH FOUNDATION A community based, registered charity providing some financial assistance to approved clients. 360 9755.

DOG GROOMING Reduced rate for PWA pensioners Ben on 519 8785.

DOG GROOMING Free to PWAs on limited incomes. Judy on 559 3225.

FUNERAL CELEBRANT General funerals, free in cases of financial hardship. Patrick Foley on (018) 61 1255.

HANDS ON MASSAGE AND REIKI for PLWHAs. Training of volunteer masseurs. Richard 660 6392

PETS The Animal Welfare League will help with Vet. care for established companion pets. Referrals through BGF, 360 9755.

OUTSIDE SYDNEY

GENERAL

For 008 InfoLine listings, SEE ADVERT.

HAWKESBURY & BLUE MOUNTAINS

BLUE MOUNTAINS PLWA SUPPORT CENTRE Wed 11am-3pm (lunch). Fri 6.30-10.30pm (dinner). (047) 82 2119 or Dennis (047) 88 1110.

BLUE MOUNTAINS HIV/AIDS CLINIC Services include testing, treatment, monitoring and counselling/support. (047) 82 0360. 9am-Noon, M/W/F.

CSN BLUE MOUNTAINS Hands on practical help for people with HIV/AIDS. Pat Kennedy, (02)204 2404.

KARUNA BLUE MOUNTAINS Emotional support for people with HIV/AIDS, their partners, family and friends. 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. Marion Flood (048) 61 2744 or David Willis (018)48 3345.

CENTRAL COAST & HUNTER

CENTRAL COAST SEXUAL HEALTH SERVICE Offering HIV clinic for testing, monitoring, treatments, support. Patrick (043) 20 241.

CSN NEWCASTLE Rosemary Bristow, ACON Hunter Branch. (049) 29 3464.

COASTAL CONNECTIONS Gay & lesbian social group. (043) 20 3399.

HUNTER AREA HIV SUPPORT/ACTION GROUP 6.30pm, 4th Wed every month at ACON. Inquiries (049)29 3464.

JOHN HUNTER HOSPITAL (Clinical Immunology Ward). Lookout Rd, New Lambton, Newcastle. (049) 21 4766.

KARUMAH DAY CENTRE. First floor, 101 Scott St, opposite Newcastle Railway Station. Open Tues 6-9pm (games night), Wed 6-9pm (games night & masseur when available), Thur 11am -3pm (lunch & activities). (049) 29 6367.

KONNEXIONS DAY CENTRE 11am-3.30pm. Mon for lunch & social. Lesley. (043) 67 7326.

NSW ANTI-DISCRIMINATION BOARD
Newcastle. (049) 26 4300.

NEWCASTLE GAY FRIENDSHIP NETWORK
Peer support, workshops and activities for gay men under 26. ACON (049) 29 3464.

POSITIVE SUPPORT NETWORK Emotional/hands on support for PLWHAs on the Central Coast. Keith Jones (043) 20 2247.

THE LAKES CLINIC (Tuncurry) A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thu 10 -2pm. Free and confidential. 55 6822.

NEW ENGLAND & NORTH COAST
ARMIDALE HIV EDUCATOR Melinda Spinks (067) 73 4 712.

BLIGH STREET SEXUAL HEALTH CLINIC. (Tamworth) Free & confidential STD/HIV testing & management. (067) 66 3095.

CHAPS OUT BACK (Coffs Harbour) Assistance & advice for PLWHAs. Drop in centre/coffee shop each Thur 10am-4pm, support group first Sat each month 2pm-4pm at ACON. Steven (066) 51 5703 or ACON.

CLUB 2430 (Taree) Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Bill or Barry (065) 53 7502 or Liz (065) 51 1315.

COASTAL LYNX Mid north coast gay & lesbian support group. (065) 62 7091.

GAY/MSM WORKER Bernie Green. Bligh St Clinic Tamworth. (067) 66 3095.

HASTE (Hastings AIDS Support Team & Network). Craig Gallon (065) 62 6155.

KEMPSEY AIDS NETWORK Madelaine Mainey. (065) 62 6155 HIV Program officer Craig Gallon 018 66 4186.

LISMORE SEXUAL HEALTH/AIDS SERVICE A free, confidential service for all STD and HIV testing and treatment. (066) 20 2980.

NEW ENGLAND NEEDLE EXCHANGE PROGRAM (067) 662 626 (message). 018 66 8382.

NORTH COAST POSITIVE TIME GROUP A support and social group for PLWHAs in the North Coast region. (066) 22 1555.

TAREE SEXUAL HEALTH SERVICE 93 High St Taree, Tue 2-6pm, Thurs by appointment. 51 1315.

TBAGS (Tamworth Boys & Girls Society) / **TAGLS** (The Armidale Lesbian & Gay Society). Bernie (067) 66 3095.

TROPICAL FRUITS Gay & lesbian social group. Regular events. (066) 22 4353.

WOLLUMBIN CARES (North Coast) Community AIDS Resources, Education and Support. Gerry or Keven (066) 79 5191.

SOUTH WEST/EAST
ALBURY AIDS SERVICES Community Health Centre 665 Dean St (060) 23 0206.

Needle & Syringe Exchange, Judy Davis.
ALBURY/WODONGA HIV/AIDS BORDER SUPPORT GROUP (060) 23 0340.

BEGA VALLEY HIV/AIDS VOLUNTEER SUPPORTER GROUP Emotional and practical support to PLWHA, their family & friends living in this area. Jenni Somers or Ann Young (064) 92 9120

BEGAY Bega area gay & lesbian social group 018 60 4180.

COOMA/SNOWY MOUNTAINS HIV/AIDS VOLUNTEER SUPPORTER GROUP Emotional and practical support for plwhas, their family and friends living in this area. Victor on (018) 48 6804 or Pam Davis on (064) 52 1324.

CSN WOLLONGONG Daniel Maddedu, (042) 26 1163.

EUROBODALLA HIV/AIDS VOLUNTEER SUPPORTER GROUP Emotional and practical support to PLWHA, their family and friends in the Narooma to Batemans Bay area. Jenni Somers or Liz Follan on (044) 76 2344.

GOULBURN NEEDLE & SYRINGE EXCHANGE, HIV/AIDS supporter group, AIDS task force. Alan (018) 48 2671.

NSW ANTI-DISCRIMINATION BOARD Wollongong. (042) 26 8190.

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.

POSITIVE SPACE ILLAWARRA SEE ADVERT
QUEANBEYAN HIV/AIDS/STD WORKER Yantene Heyligers (06) 29 89236.

SOUTHERN HIGHLANDS HIV/AIDS/STD WORKER David Williams 018 48 3345.

WAGGA WAGGA HIV & SEXUAL HEALTH SERVICES Paula Denham (069) 38 6411. AIDS Task Force (069) 25 3055 or (069) 38 6411.

YASS HIV/AIDS VOLUNTEER SUPPORTER GROUP Emotional and practical support for PLWHAs, their family and friends living in the area. Alan, (018)48 2671.

YOUNG HIV/AIDS VOLUNTEER SUPPORTER GROUP Valerie, (063) 82 1522.

W E S T
BROKEN HILL HIV/STD WORKER Darriea Turley. Community Health Centre. (080) 88 5800.

DUBBO/MUDGEES HIV/STD WORKER Robert Baldwin. Community Health Centre Palmer St (068) 85 8937.

GALOW (Gays & Lesbians out West). Robert. (068) 85 8937.

ORANGE COMMUNITY AIDS TASK FORCE Shirley-Ann Bailey. Central West HIV Support worker, Luke Austin. Community Health Centre. (063) 62 6422.

REGIONAL HEALTH SERVICE HIV/AIDS COORDINATORS

CENTRAL WEST

Dr. Martha Gelin
Ph: (063) 32-8576/538/571
Fax: (063) 32-8555

CENTRAL COAST

Mr Jeff Smith
Ph: (043)20-3399 (018) 43-6044
Fax: (043) 25-0566

ILLAWARRA AREA

Ms Vivienne Cunningham-Smith
Ph: (042) 75-5823/76-2399
Fax: (042) 76-2521

NORTH COAST

Ms Margaret Hoskins
Ph: (066) 20-2145 Fax: (066) 21-7088

NEW ENGLAND

Ms Christine Robertson
Ph: (067) 66-2288 Fax: (067) 66-3003

HUNTER AREA

Ms Marilyn Bliss
Ph: (049) 291-292 Fax: (049) 294-037

ORANA AND FAR WEST

Dr Kevin Coleman
Ph: (068) 81-2222/2242
Fax: (068) 81-2225

SOUTH WEST

Mr Dalton Dupuy
Ph: (060) 23-0350 Fax: (060) 23-0168

SOUTH EAST

Mr Greg Ussher
Ph: (048) 27-3148 Fax: (048) 27-3183

SOUTHERN SYDNEY

Mr Colin Clews
Ph: 350 2959 Fax: 350 3981

WESTERN SYDNEY

Mr Chris O'Reilly
Ph: 843 3118 Fax: 893 9716

NORTHERN SYDNEY

Mr Graham Stone
Ph: 438 8237 Fax: 906 6174

WENTWORTH AREA

Ms Elizabeth O'Neil
Ph: 047 22-2255 Fax: 047 24-2620

INNER WESTERN SYDNEY

Mr Gilbert Whitten
Ph: 827 8033 Fax: 827 8030

SOUTH-EAST SYDNEY

Ms Jo Sexton
Ph: 350 2959 Fax: 350 3981

CENTRAL SYDNEY

Ms Lesley Painter
Ph: 550 5366 Fax: 550 5039

**Please let us know
your opinion on the
new look listings and
if you want to up-
date your listing or
add a new one!**

ST VINCENT'S HOSPITAL PHARMACY

will be closed on the following day and as a result outpatient prescriptions cannot be dispensed on:

August 5

The pharmacy is also closed on Saturdays and Sundays.

NEW

RELAXATION GROUP

Meets every Wednesday
at 6pm

Albion St Centre Annexe
345 Crown St, Surry
Hills

INQUIRIES: CALL MICHAEL GUY
ON 332 1090

CARER'S GROUP

For parents, partners, friends
and relatives of PLWHAs

19 Audley St. Petersham
(just near Eversleigh Hospital)

Catch 428 bus

Every second Tuesday, 2 - 3.30pm

Call Danielle Chedel on
560 3866

ACON MEDITATION GROUP

Meets
every
Monday
of every
month
at 6pm.



55 Oxford Street (ACON)

Inquiries: Call David

on 358 1318



(02) 206 2016

Un servicio de Información y Apoyo
para personas afectadas por el
VIH y El SIDA

ACON HOUSING PROJECT

206 2039 206 2029

We offer help & advice about
accessing priority housing;
rental subsidy — as well as
harassment and homelessness.

on 206 2039 for an

The Housing Project also has
available to clients
public housing. You
priority housing and in the process of applying. To be placed on the

waiting list, call the Tenancy
Co-ordination Officer on 206 2029.

public housing, in particular;
transfer; and the special
housing discrimination,
Call the Housing Officer

appointment.

a number of houses and units
who are waiting for
must be eligible for

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

DROP IN SUPPORT GROUP

For PLWHAs who would like to
meet others in the same situation
and gain support. Glebe Town
Hall (catch 470 bus). Entry
through Mt Vernon St. Every
Wednesday, 3.00 - 4.30pm Call
Pedro on 660 5455 or Claire on
516 6111, page 6437

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

political and legal events going on around me, out of my control. I even planned to use meditation to maintain myself and my sanity in gaol if, as seemed likely at the time, I was sentenced to two years. How times change. Now when I go to Candlelight Parades I appreciate some of the similarities like remembering friends and cherishing shared experiences with events such as dawn services and Anzac Day marches.

After a year of waiting to be arrested, and trying to hang out in the middle of a very complex political cat and mouse game, I simply could not stand the stress and the paranoia any more and flew to Wellington. For two years I sat it out until political and moral sanity prevailed with the coming to power of Whitlam in 1972.

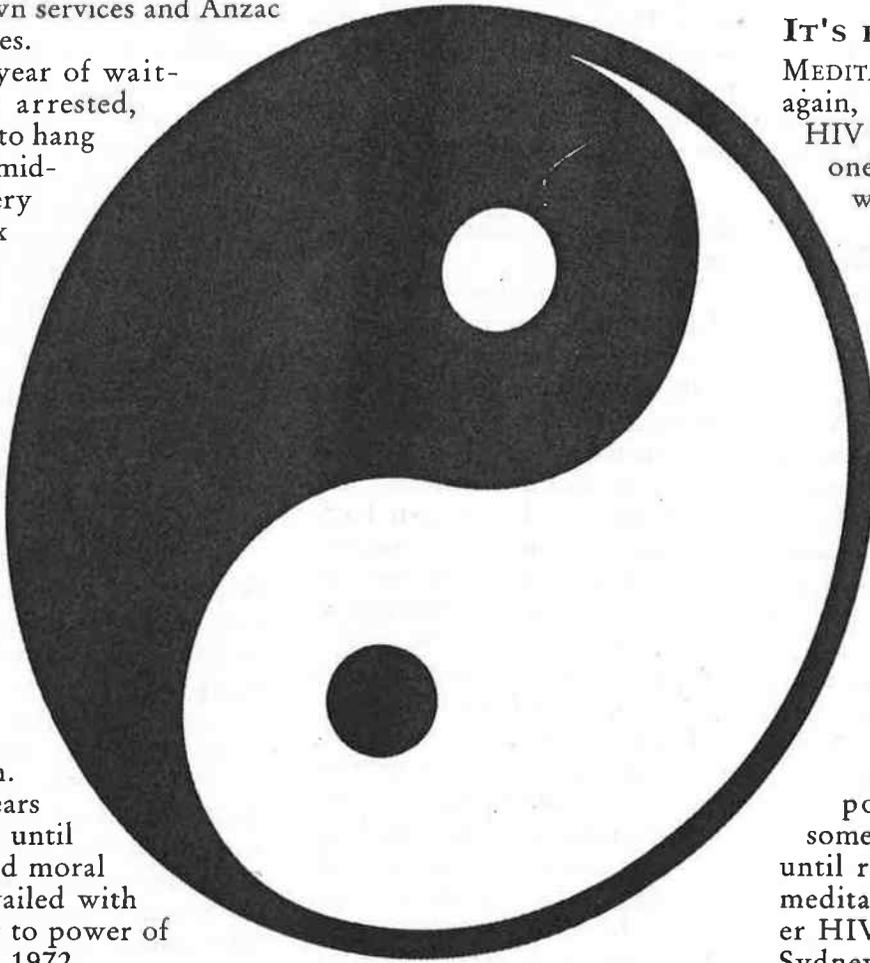
In N.Z. I lived in the countryside, getting myself back together again. While hitch-hiking I met a Californian guy who talked about his guru Meher Baba. It was not until I was back in Sydney for a year or so that I began to get really interested in Meher Baba, but when I finally realised that there was something going on it was too late. He had already died and when I finally visited India and bowed down before his tomb I definitely knew I had missed out on something very special.

In the mid 70s I found *Siddha*

meditation. It was taught through the transmission of energy or *shakti* from a living guru whose name was Swami Muktananda (now where have you heard that name before?). The best description of *shakti* I can give is that

a spiritual name that was unlike all the other strange unpronounceable names he gave to his other followers. I liked my new name immensely and I knew from that meeting that I had finally found my own very live guru.

A PROMISCUOUS MEDITATOR'S JOURNEY



IT'S BACK

MEDITATION IS BACK IN MY LIFE again, not directly because I am HIV positive, but because it was one of the things I turned towards to help me put myself back together again after a major personal breakdown. Although I had been aware of meditation as a useful technique for living with HIV, and I knew of a few positive friends who were into it, it took a catastrophe to bring me back to it again.

One of the most important experiences I had previously had was the pleasure of meditating in a group. It was a very supportive and powerful experience and something I have often missed, until recently when I began to meditate in the company of other HIV positive people here in Sydney.

There are various approaches to meditation but they are all the same thing — meditation has been around in many different formats for thousands of years. If you're shopping around it is worthwhile looking for the style that suits you. Some people are put off meditation because they think there is a spiritual link (I know my experiences tend to confirm that view). Often the best way to get into meditation is through this *cosmic* connection. It's very easy to take the techniques of meditation from the *religion*

it's like the feeling of massive good energy at a Mardi Gras parade or at a football grand final. I began meditating again because it felt good. Eventually I went to see Muktananda at his Californian ashram. I felt comfortable with *Siddha* meditation because, although it was definitely Indian in style and outlook, Muktananda seemed to have no objections to westernising his approach. This made many aspects of his teaching accessible. When I saw him for a *darshan* (meeting) one evening he gave me

and leave the rest.

Once I had the idea of becoming some sort of enlightened being with meditation but I quickly got over that one. I enjoyed much more being somewhat of a bad boy. I am not one of those beings who can claim any uplifting, transforming experiences or profound insights out of meditation. Meditation, for me, is not

It works? According to an article in The Sydney Tribune, a study of practitioners of Transcendental Medicine (T.M.) found that (compared with non-meditators) they had:

87% less heart disease	76% less surgery
67% less joint & bone diseases in people over forty	74% fewer doctors visits
	69% fewer hospital admissions

a quick fix. It subtly works on my whole being on an extremely deep level. The downside is that it takes organised time and dedicated practice to get the maximum benefits.

Now that I'm positive, one of the issues that keeps popping up

is time. I want to get the best out of anything and everything that I do, including meditation, as fast as I can. So, as well as doing my traditional *Siddha* meditation,

I have begun experimenting with an audio-electronic form of meditation which uses a tape soundtrack and headphones to balance the left and right hemispheres of the mind and brain. It helps to entrain the alpha, theta and delta brain-wave cycles that are a scientifically measurable part of the meditative state, if not necessarily all of it. It's claimed that this technique is faster in obtaining benefits than traditional meditation. I'm continuing to expand my repertoire of mind and brain exercise techniques by listening to subliminal audio tapes on healing and immune system boosting as well.

Sometimes I feel that some of the ways of treating or dealing with HIV have perhaps the (un)intended side-effect of just being a sop or a palliative designed to alleviate the symptoms and keep us quiet, not dealing with the deeper causes. Meditation is not simply a coping mechanism. For me it is a life-enhancement method that integrates my way of living into my life with HIV. It has guided me to make better choices for myself, not only for my health, but also in my emotional and spiritual healing.

Last year I learned the hard way about the importance of caring for myself. Living my life simply and well. Now, the best way I can — living life as if I'm living forever and a day and at the same time as if I could be dead tomorrow.

I don't care if whatever I do does or does not work, but I do care very much that what I do is the best for me here and now. That's what I have with meditation.

— Peter Hornby

Where to meditate?

IF YOU WOULD LIKE TO FIND OUT more about meditation in your area, as a starting point, try yellow pages under *Meditation*, or *Alternative Health Services*, or *Relaxation Therapy* or *Yoga*. There could also be some possibilities listed under *Organisations — Church And Religious*.

● In Sydney there's a meditation group for HIV positive people at ACON every Monday evening at 6pm. Call David on 358 1318 for the latest information.

● In country NSW try contacting your local or nearest AIDS council, PLWHA organisation or gay social group for advice.

● Around Coffs Harbour there are occasional meditation workshops run through ACON by Mireela de Maret, ring (066) 514 056.

● In the Hunter area try the *Raja Yoga Centre* on (049) 61 2534.

● In the Lismore area there is the *Life Resource Exchange* on (066) 224 229.

● In the Blue Mountains area there is *Vipassana* meditation at their Blackheath centre. Gay and HIV friendly, it offers three and

ten day courses. Phone (047) 87 7436.

When looking for meditation classes or groups consider whether you want, or can cope with, the religious or spiritual overtone that is an integral part of some meditation schools. And ideally, as with any learning, it is much better if you can have personal tuition from an experienced teacher with whom you feel comfortable, although it also helps if you can be with a group of others going through the same experience.

Books and audio cassette teaching tapes (around \$20/30) are available at the major esoteric bookshops in Sydney, perhaps in some country areas as well. (Try libraries for books as well). I don't have any direct personal experience of these tapes, but I have used other audio tapes to enhance my meditation (which I've found to be very good). Although they're more expensive than the usual audio tapes, their spiritual approach fits in with my personal life views.

More information on learning meditation and other stress reduction techniques from:

PETER HORNBY

HIV HEALTH MAINTENANCE
AND EDUCATION OFFICER
206 2011

(TUESDAY TO THURSDAY)

K O O K A S

, K O A L A S A N D

KANGAROOS

So, you've made the big decision to make the break from the drags, dance-parties, drugs while. Good on you — a Now, there are a few things area, enquire through the what services, social groups ist. Then bring your sense of become a bit more broad- and I don't mean incorporating farm animals or home grown produce into your sexual repertoire.

by Craig Gallon

and drudgery — at least for a change is as good as a holiday. to consider. Choose your Rural Project at ACON or gay friendly activities ex-humour in on the act and minded (if that is possible) —

WHEN YOU'VE SELECTED YOUR AREA, find out a bit about how big the town is. Do you want to live in town or out of town? Could you manage moving from an apartment in Sydney to a house or maybe say five to 500 acres? Believe me, it can be quite disconcerting when instead of the noise of traffic you can only hear the hum of all the bugs that are just waking up as you're out the back having you're pre-bedtime piss. My first thought was — hang on a minute, I'm goin' to bed and all of you (the bugs) are just waking up.

My partner (Geoff) and I moved from Sydney to Port Macquarie, then to a property just south of Kempsey. Had we have moved to the farm straight from Sydney I don't know that we would've lasted. While we are not too far out of town we're far enough. It's a bit of a bugger if you run out of cigarettes or milk because it's not just a matter of "ducking up to the shop" especially at night. For those of you who don't smoke, you don't know how anxiety provoking it can be if you run out of smokes at 11pm in the middle of nowhere — also, the longer you go without a cigarette, the further from town you feel. So, a bit of planning goes a long way.

The move from Sydney was pretty painless. We used a gay-friendly removalist who packed

everything for us. It was painless for me, but for my partner I think I was just a pain in the arse. "What about this. What about that." Just get in the car, Craig, and drive for Chrissakel

So, we got here found a place in Port about 5 minutes to the beach — downhill — and 40 minutes uphill. We drove!

Must say, I think our health improved dramatically due to the

"The blood curdling scream of a mating koala can be terrifying at 3.17am"

extra activity. We'd walk around exploring our new area and do things like go to the beach, which we were "too busy" to do in Sydney. We actually started to relax. We hadn't planned to stay in Port, we had planned to move further north, but we'd made friends, found work and we liked the area.

Moving to Port was sensible for us, as it let us wind down and we did learn how to relax and we got to know each other again. When you live in a city you can

at times start to take our partner, and lifestyle, for granted. We discovered that we each had skills that we didn't know about which lead to an increased curiosity about each other.

We decided we'd look around the area and see if we could find something we'd like to live in. We wanted privacy, acres and, because I'm a gadget queen, we had to have power. (If it's got a button, I'll buy it).

After looking at who knows how many places, and Geoff saying no and me saying "Aw, I dunno", we finally found our home.

It appeared in an advertisement in the newspaper. I rang Geoff from work, got him out of bed, and told him to look at this place on 40 acres. Well, he rang back and said "it's got potential". Well, that was the most positive of responses that either of us had had about any place that we'd seen, so I said "go to the bank and buy the bloody thing". Geoff said "don't you wanna see it?" and I said "nuh! If you reckon it's got potential (he's hard to please), just buy it!" So, he did. I saw it — I cried

Potential!? Now a lot of things this house may have had, but potential (so, I thought) wasn't one of them.

Anyway, we bought it! We packed up the house at Port

Macquarie and moved to (Kundabung) Klub Kundas.

Now the scary bits started like chopping wood, using a chainsaw, what happens if there's a snake?, all that sort of stuff.

I was working with a girl who unbeknownst to me knew the house we had bought, and she was a bit of a shit-stirrer actually. No, she was a *big shit-stirrer*. We were just working away together, and she piped up and said "you just bought a house out on Smiths Creek Road havencha?", and I said "yeh" and then she said, "is it a little green place?" and, once again, I said "yeh", "is it about 7 kays down the dirt road?" and I said "yeh, why?", "aw, 'cause I had a girlfriend who was axed to death in that house." And I'm sure the look on my face will keep that bitch amused for the rest of her days.

She's found out that I would be home by myself, Geoff had gone away overnight, and she thought she'd have a bit of fun. It wasn't malicious on her behalf, just a joke. But it worked.

I lay in bed that night convinced that the occasional thumping outside was time Kundabung axe murderer after his next victim,

I saw the bitch the next day and she said, "rough night, mate?" I said "rough enough" she just laughed and said "fooled ya!"

After months of moving in I worked out what the thumping was — kanga-bloody-roos

See, you expect not to hear anything at night out in the bush, but, as we're sound asleep, thousands, hang on, *millions* of critters are just waking up to begin their 'day'

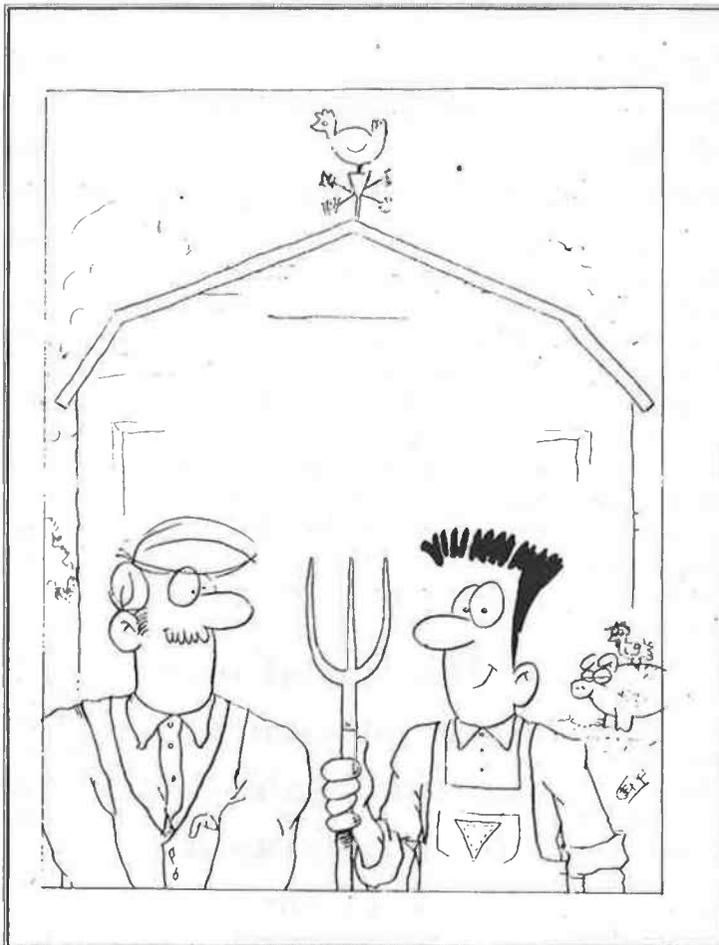
The blood curdling scream of a mating koala can be terrifying at

3.17am, especially when your partner hasn't heard it and is snoring away gently beside you. And you're convinced that whatever is out there wants to get inside to you.

I think back now about how I was a bit fearful about moving so far out of town but now we wouldn't have it any other way.

ACQUIRING SKILLS

One good thing about the move



is the ways that skills you thought you never had come to the fore. Mavis, one of our dogs, decided that the water supply pipe was great to know thru while she was teething.

The best thing to do was to try and fix it, then stuff it completely, then call the plumber. They don't like coming out of town, let me tell you. So you have a go at a lot of things yourself. Mainly because it's not that easy to get someone to travel the distance.

Then Cyril (yes, that's right,

Cyril), our other dog — both Rotweilers by the way — used to get under the house and get tangled in the plumbing dislodging the water supply pipe, therefore emptying the tank. Remember, there is no town water here and we're in a drought, so you've gotta buy water (\$90 per 2500 Itrs).

Once again your plumbing skills come to the fore.

Now to the veggie garden. The veggie garden is one of those things that I hear most friends and acquaintances say they'd love to have when, or if, they move to the country. I say crap! It's hard work! Why, for Chrissake, nurture a cauliflower for three hours a days everyday for six weeks when they're ten cents at the fruit market? Bugger that for a joke!

Another thing friends have said they'd like are some chooks. Well, one of our neighbours gave us some chooks. Three in fact. Patty, Laverne and Maxine. They had cute babies (we got some fertilised eggs off a friend). But it was too tempting for Cyril and Mavis, they had to have a go. This was the morning of *The Great Kundabungian Chick-*

en Massacre with screeches of death and feathers from the chook pen. Geoff and I bounded out of bed stark naked, our ugly bits flying all over the place. Mavis sulked away but Cyril's vision was blocked as balanced on his head was half of Maxine. His snout stuck in one of her body cavities. It was a sad moment for us as we had really looked after our chooks and we were surprised that Cyril and Mavis were indiscriminate killers. This was confirmed when Mavis (with

Cyril by her side) rocked up to us on the veranda and lovingly dropped a kangaroo head at the feet of visitors, who then let loose with a wail of horror. Mind you, Geoff and I weren't overly fussed but Mavis and Cyril had given us all gift. The big question was: who was gonna move the roos-head?

Then there was the snakes. We were moving some wood and found a black snake. Well the poor thing didn't have a chance. Two "nells" in "snake frenzy". It was sliced, diced, Julienned and mashed to a pulp — you could've piped it out of a bag by the time we were finished with it. The snake, by the way, was only about 12-18 inches long. Not big, but then we did have a big one.

Geoff went to feed the chooks and I could tell by the way that Geoff yelled my name that things weren't as they should be,

I went outside to see Geoff standing frozen stiff. He had opened the pen to the chicks and here was this dirty big snake. I said, "what's wrong?" and he said "snake". "Well, get away from it ya bloody idiot!" (So much for being supportive and in control). So he moved. I went and had a look. Two chicks were missing and I knew where they had gone. The snake had eaten them. Well, I know two things: that snakes can't move too fast when they're cold or have just eaten. I also knew that this fella would be back to eat the rest of our chooks. It was them or him. He had to go! The following scene was reminiscent of the previous snake story.

INTERACTIVE

We've learnt a lot since we've moved here. We don't take as many things for granted. We've also proven to ourselves and to others that you can take two city boys away from the hustle and bustle of Sydney and they can fend for themselves quite well. We miss friends, (though they visit a lot) but not the city.

We have a whole new network

of friends up here. They're mainly straight but that's fine. We all have a great time. In rural areas if you are upfront and you're willing to allow yourself to be open minded about other people and lifestyles you get to enjoy so much more.

Our relationship is not devalued by anyone we know, we're very well accepted. Our neighbours are great and supportive. I suppose in a way they've kept an eye on us and I'm sure at times have thought, "what in Christ's name are those boys doing now?"

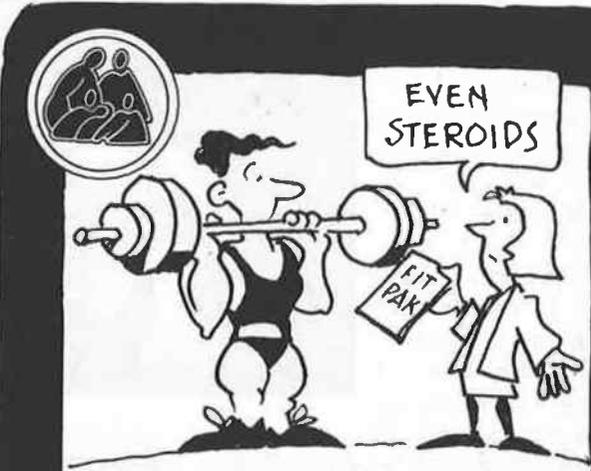
One of our neighbours gave us a rooster. We're sure it was one of his noisiest ones and said to him how bloody noisy it was. He said, as he looked at us in all seriousness, "put a sock over its head". I said oh, sure, at the next Bush Fire Brigade meeting you'll pipe up and say go on, 'ave a look at what those silly bastards at 683 have done to their rooster. Forget it mate. He thought it was hysterical. I dunno, we may be naive but not that naive.

You have a sense of community, like you have in Sydney, but it's very diverse. It's good to see our gay and straight friends getting on with each other. There are usually a number of straight people at our monthly gay dance but they seem to be interactive with everyone and not just "gawking" at the same-sex couples. I'd say that the country has come a long way and that there has always been gay men and

women in rural communities, only now they are more visible.

So, don't be so scared about leaving the city. Sus out the area you want to go to, check that they have the services that you want and see that the lifestyle that you are seeking is available. Bear in mind that rural gay communities are very diverse, there is usually a wide age range, some people work farms, some people work in offices and some people run businesses. Before you move, contact the HIV worker in the area you wish to move to. She or he will be able to fill you in on what's available like social groups and activities, medical and support services and what people do to access these if they are not available in the town you wish to go to.

Most towns have a HIV worker, a Medical Officer trained in HIV medicine and experienced nursing staff. So, what are you waiting for!?



The only safe way to use is with a new fit*
(*needle and syringe)

EVERY TIME

For no-names-asked information about HIV and needle and syringe availability in South Western Sydney contact:
Bankstown 018 446 369
Fairfield, Liverpool and Campbelltown 018 251 920

Free condoms and lube available too.

ISOLATION

ISOLATION, DO I KNOW HIM? 'Course I do. I grew up with him and what a worry he was. Although overall he has been more of a friend to me than a foe.

From an early age I was singled out by those in my age group as one to pick on. I was not allowed to play football with them. I would not fight back when provoked. I excelled at swimming and athletics whilst they were mostly mediocre. I was above average at my schoolwork. All of these were reason enough to single me out for ridicule and I was given the name "Pansy":

It was also about this time that I realised my father's disappointment in me. I wasn't developing into the son that he had wanted. One way or another I survived those early but impressionable years and at the age of fourteen years and ten months entered the adult world. To this day I regret missing out on my adolescent years — the years of experimenting, bonding and learning. My career path took me to the Bank of NSW or Westpac as it later became. A path that took me from one end of NSW to another and beyond to Fiji and Papua New Guinea during the ensuing twenty-five years. Isolation tagged along with me during this time, appearing periodically

as it suited him.

I was in my early thirties when my employers decided I should experience life in Sydney. Isolation

didn't accompany me on this transfer. For the first time in my life I felt I was where I belonged, with my own kind, feeling free to do my own thing. After all these years I had come to terms with myself and acknowledged that I was not asexual but very much gay. Isolation and myself went our own ways for the next five or six years until I received the news that was to turn my life upside down. In 1983 I met up with the bug, HIV, the *Gay Plague* as it was then known. Isolation came back into my life.

Within the next three years I had quit my career of twenty-five years, lost my dignity, had a complete nervous breakdown and moved guilt and shame in to share with isolation. I was on a downhill spiral



THE MEANING OF THE word *Isolation* can vary dramatically from one person to the next. However, one thing is certain it affects every one of us, in one form or another, at some stage of our lives.

We can be isolated by living in "*Back of Bourke*", or we can be isolated when living in the middle of a city. A prison inmate can be isolated, so too can a hospital patient.

A single goldfish in its bowl can be isolated. As can a solo canary in its cage. Many examples like these can (and do) go on and on.

There are the children, the elderly, the sick and the poor who may all be isolated for reasons which appear beyond their control. There are also many others, some whom have chosen to isolate themselves for ones own reasons or another. Those of us in this category could by some, be described as being in a style of *self exile* but we can change that situation when and if it is convenient to us. We can pick up a phone and call our friends, acquaintances or those who support us. We can post off a letter or a postcard and if finances permit we are able to jump in our car, catch a bus or train

just waiting to die and unable to share my innermost feelings with anyone. I prayed that it would all end very quickly and once or twice gave fate a helping hand.

It was about this time that I moved back to the Northern Rivers of NSW to live. In fact I put down my roots not far from where I grew up. I had very little support or even understanding from within my family so ventured to form my own small support group. This support group consists almost entirely of heterosexual women who for one reason or another are willing and able to be there when I need them most. I also have the team at my HIV Clinic in Lismore and of course the gang at ACON Lismore. The round trip to Lismore by bus takes six and a half hours. It's no big deal and it makes a pleasant day out.

In recent times I have involved myself with ACON's Rural Project which has brought me great joy, gaining satisfaction at being able to pass on some of my own experiences to other rural gays to gain from theirs.

Isolation still comes to visit me from time to time, in fact he dropped in only a couple of weeks ago and wanted to stay. I sent him packing eventually as I felt the urgent need to get on with my life, hopefully not on my own as it has been up to now.

To finalise, I will point out that isolation has overall been more of a

Alcohol and Drug Information Service
24 hour service, seven days
Information, assessment, counselling and referrals for alcohol and other drugs, locations of needle exchanges in NSW

008 422 599

Gay and Lesbian Counselling Service
4pm to midnight every night
General counselling and information and referral about gay related issues

008 805 379

Gay and Lesbian Counselling Service Rural Youth Line
Sun-Wed 5-7pm
Information on HIV/AIDS for young guys in country areas

008 672 147

Gay and Lesbian Teachers and Students
Mon, Wed 4-8pm, Sat 6-10pm
Advice and counselling for gay and lesbian students

008 636 693

Gay and Married Men's Association
Mon, Tue, Fri 6.30-10.30pm
Support group for men who are married, were married and are gay, bisexual or attracted to men

008 804 617

HIV Information Line/ Albion Street Clinic
Mon-Fri 9am-8pm,
Sat 10am-6pm
Advice and referral information for HIV/AIDS

008 451 600

Rural Project, ACON
Mon-Fri 10am-6pm
General advice and referrals on HIV/AIDS in country areas

008 802 612

Take Control Line
Mon-Fri 10am-6pm
Confidential and frank information on treatments for HIV/AIDS

008 816 518

friend to me than a foe. He taught me from my early days to be independent, to think and act for myself and among other things to treat others as I would love to be treated.

I may be a bit lonely. However, I

have the happiness and contentment of living in my own piece of heaven here, where the mighty Clarence River meets the terrific Pacific Ocean.

— Peter G, Yamba

and head off and visit others.

If you are like me you can break your isolation by strolling along the riverside, the headlands or the ocean front. Here you allow yourself to find an "innerpeace", so, really, you are not quite so alone.

Most of us have our own ways of letting go of our isolation.

I'm now going to draw your attention to another vast group of men, women and children of varying age groups. The ones who continually feel isolated. What could be worse than having the need to talk to someone that is prepared to listen and show empathy, whether that listener be a friend, a carer or a support person and this can occur frequently. How often do we need to talk to someone who will listen only to find that no one is there in our time of need? It seems almost always that the following occurs:

* The phone is engaged

* Your call rings out

* You cop a recorded message

* You are placed in a queue

* Everyone is busy, and "Can you leave your number, so that they can get back to you as soon as possible?"

None of these reasons are deliberately put there to cause further anguish within, but they sure as hell seem like it at that time

At times when we have that feeling of isolation please try to remember that we are not alone in our feelings, so in a strange way we are not really alone at all.

Community Development in the South East

THE SOUTH EASTERN SEXUAL Health Service (SESHS) provides clinical and educational services in three rural Health Districts of NSW.

Population centres include Cooma, Jindabyne and the ski fields and the coast south of Batemans Bay, all of which have a seasonal influx of tourists. Regional cities in the area include Goulburn, Queanbeyan, Bega, Yass and Young.

The area is diverse economically and socially. Farming communities built around wool, dairy and fruit, saw milling and wood chipping communities, and tourism are the major rural industries

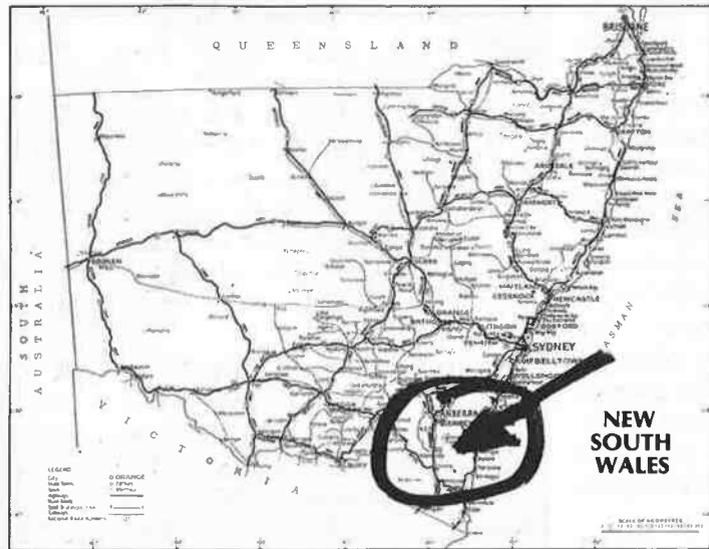
The challenge for the SESHs is to ensure that people living with HIV/AIDS/STDs, or people at risk of becoming infected with HIV/AIDS/STDs, receive quality, accessible, and equitable educational and clinical services across this diverse area. At the same time we are working in partnership with Hospitals and Community Health Centres to ensure sensitive and appropriate services are provided to traditionally marginalised groups.

In structuring the service, some of the key questions which needed to be addressed included:

How can we ensure that a HIV positive person living in a small rural town doesn't need to travel to Sydney, or Canberra, regularly for treatment and support?;

How can we provide information and support to rural gay men who are isolated from each other and from the epidemic?;

What strategies can we employ to access rural men who have sex



In each District volunteer support groups have also been developed. These are: HIV/AIDS Volunteer Supporter Groups; HIV/AIDS Task Forces; Positive Support Networks; and Gay and Lesbian Support Groups.

These groups were seeded using the framework of community development.

Community

development presupposes that peoples health experiences are a part of their social context and social relations, not isolated incidents of treatable illness. This approach involves working in ways that facilitate and empower people and communities to develop their strength and confidence while at the same time addressing concrete problems in a manner which enables them to make their own decisions and maintain some control over the outcomes.

The approach is concerned with building consensus and participation in the community and using strategies of empowerment such as providing communities with information, gaining resources, building community organisations and developing the skills to work and organise locally.

In developing strategies to access rural gay men and IV Drug Users and Aboriginal people, the following critical principles of community development in health applied:

People involved were consulted on the problems they perceived as important. Projects started with an open ended approach rather

with men who don't identify as being gay?;
How can we provide culturally appropriate education and clinical services to aboriginal people who have traditionally not accessed mainstream health services?;
How do we ensure that isolated IV Drug Users access secondary facilities?;
In responding to these questions it became apparent that the theoretical framework and approach provided by Community Development would best facilitate creative solutions.
Organisationally, the SESHs has a HIV Support Worker in each Health District. Their roles include emotional and practical support for HIV positive people, gay support, IVDU Outreach, and education and prevention with designated target groups. As well, a Cross District team comprising a Venereologist, Sexual Health Nurse, Sexual Health Counsellor and Aboriginal Sexual Health Project Officer provide clinical and educational sexual health services in all three Districts.

than the HIV Support Worker setting the agenda. Example: Gay Support Groups in each District were originally formed by contacting key people and working with them to place articles in local papers. As numbers grew, the members themselves decide on the shape and focus of the group.

People were given accessible information to increase their awareness of local resources. For example: members of Gay Support Groups joined local AIDS Task Forces or Volunteer Supporter Groups, and volunteers became involved in education and prevention programs.

No single goal or priority suited all members of groups, as they needed to be multifaceted and evolve over time. Example: Positive Support Networks included gay men, heterosexual men, heterosexual women and IV Drug Users. Where no commonality of interest was identified, smaller connections and partnerships evolved.

Each community chose a different level of participation that reflected that community. Example: AIDS Task Forces in each community developed goals and priorities which reflected the needs of the community; one area may work towards locating condom vending machines in places accessible to young people, while another may work on providing education to local councils.

Community development was not seen as a means to assist HIV Support Workers in managing services but as an end by way of community participation in decision making.

Working with a range of very different communities, developing partnership with aboriginal communities and encouraging community participation in decision making are all strategies which have ensured accessible and equitable services across the South East.

— Greg Usher

The National Association of People With AIDS (NAPWA) and the Australian Federation of AIDS Organisations (AFAO) will be conducting the 5th National Conference of People With HIV/AIDS in Sydney during September/October 1994, (actual dates TBA).

The conference steering committee is now calling for proposals for presentations and workshops to be included in the program. The program will consist of the following four streams:

- ↳ **Treatments: allopathic and complementary**
- ↳ **Support**
- ↳ **Advocacy, Organisation, Development, Activism**
- ↳ **Social and Cultural representation**

Applications will be received until Wednesday 17 August 1994. Submissions for presentations and workshops will be accepted from people with HIV/AIDS and people working in HIV (paid or unpaid). Registration for the conference will be restricted to people with HIV/AIDS. Summaries of presentations/workshops (not more than 200 words) should be forwarded to:

**5th National Conference Of People with HIV/AIDS
A.F.A.O.
PO Box H274
Australia Square NSW 2000**

A Partnership between Sexual Health and Aboriginal Health

EARLY THIS YEAR, THE SOUTH EASTERN Sexual Health Service (SESHS) met with Aboriginal Workers and Service Coordinators on the South Coast of NSW, to discuss the needs of local Aboriginal communities. There had been anecdotal and recorded evidence of sexually transmissible diseases (STDs) in other Aboriginal communities, and people living with HIV/AIDS. This coupled with the traditional lack of accessibility by Aboriginal people to mainstream services, led The Sexual Health Service to consult with Aboriginal service providers to develop appropriate outreach clinical services.

One of the first identified needs was to provide training to existing

Aboriginal Health and welfare workers on sexual health issues.

A series of sexual health workshops were provided by the SESHs on the South Coast at Narooma from the 16th February to the 16th March 1994 for Aboriginal Health Education and Welfare Workers.

The workshops covered the following topics: Introduction to Sexual Health — female and male anatomy; Sexually Transmissible Diseases (STD's); Lumps and Bumps e.g. Genital Warts; Sores and Abrasions e.g. Herpes; Gonorrhoea and Chlamydia; Systematic Infections e.g. HIV, Hepatitis and Syphilis;

The course was very informative and well received. Workers were now in a position to educate their communities on different aspects of sexual health.

Before the workshops started, the Aboriginal Education workshop

A Wagga boys own story

Hi, my name is Andrew Bishop. I have been HIV positive for the last seven years. Of those seven years I spent most of my time in Sydney neglecting myself and living the high life. Then it all went wrong. I ended up in Royal Prince Alfred Hospital. My family decided, as well as me, that it was time to go home. That meant leaving Sydney behind and embracing the highlife of downtown Cootamundra. How exciting. Me, a Sydney queen, home in good old Coota. So I have been home now for almost one year. It has gone so quickly. But I believe now that it was the best thing I could have done at that time of my life. If I hadn't I would not have been able to write this. I would have had to send it via the telephone from heaven or hell. I was lucky. My parents and family

provided a half day workshop to the SESHs staff on Cultural Awareness to give us an insight into local Aboriginal issues. This was extremely productive and informative.

As a result of these workshops a Steering Committee, representing a partnership of Aboriginal Health & Welfare Educators and The SESHs formed. The aim of this partnership is to develop local campaigns and resources, and to implement appropriate outreach clinics.

This led to the development of a resource kit which includes written materials such as guidelines and facts sheets on all STDs, hand outs on male & female anatomy and suggested programs on all STDs. The Kit also includes

are extremely supportive and understanding. They have given me so much help, love and encouragement that coming home was not so bad. But leaving my social life behind was extremely hard. Being the social butterfly that I am. Or, should I say, was.

education materials such as dildos, condoms, dams, gloves, lube, and needle exchange resources. The highlight of the Kit is a set of slides accompanied with a set of photos and written explanations of the various STDs and their symptoms.

The Committee also decided to run a competition for local Aboriginal artists of all ages to submit art work on five sexual health and STDs themes, with \$300 in prize money. The winners' work will possibly become a locally relevant poster on STD/HIV issues.

We are hoping to launch the Kit and announce the winner of the competition in July this year. The launch will hopefully be a major event, with the involvement of



Well, it took me about five months to get myself back on my feet. Most of the people that I came in contact with believed that the sun was setting, so to speak. I did not have much time left. Well I fooled them. I then joined the Riverina Gay and Lesbian Social and Support Group which has its headquarters in beautiful downtown Wagga Wagga. Just the name brings terror to ones heart. Wagga Wagga. I then attended their

social event of the year. The Christmas party. That was fun. That was where I met the lovely Glen who was to become my friend and love.

This opened me to the endless social events on the Riverina Gay and Lesbian Support Groups cal-

The District Health Manager, The Region Aboriginal Coordinator, and the Red Cross District STD/AIDS Coordinator.

In the near future we will start a number of small clinics along the Coast starting at Batemans Bay. These clinics will specifically cater for Aboriginal communities.

The partnership between the SHS and Aboriginal Health has proved successful due to the continual consultation and flexibility of everyone involved. It is hoped that this partnership will continue to remain an important factor in the development of future Aboriginal Sexual Health Services.

— Victor Tawil
Sexual Health Counsellor, South
Eastern Sexual Health Service

endar. (These events being private and public). I quickly formed a group of friends. They are a good lot of fellas and girls, as we say here in the outback. But the support and help for someone positive like myself is minimal. I have been very lucky. But I have spoken to some boys in the area that feel lonely and isolated. We don't have the support groups as Sydney has. Sure, you have family, friends and nursing support, but nobody knows how you feel until you're there yourself. To be able to talk about your anxieties, fears and doubts to someone who knows.

The stigma is still very much entrenched in the country. This makes it hard to be open and start any group related help service. This has not been helped by the view of the editor of the *Wagga Daily Advertiser*, a Mr Michael McCormack. He, in his unrealistic view of HIV/AIDS, and his bigoted heterosexual outlook on homosexuality, has impacted on the community.

The role of many gay people, in the community that makes up Wagga Wagga and its satellite towns, is secretive. Many gay people that live in these communities have fears of retribution and being named as 'gay'. They would prefer to live a closeted lifestyle. This is how it is for some. But for me it is the opposite. I live my life in my country town as a gay man with AIDS. The *Daily Advertiser* has used this secret approach to its advantage. The articles that have appeared in their paper have been ill-informed and very judgemental. When they are rebuked they say that they are unable to speak to people involved because of secrecy.

Most rural people are not as simple minded as the *Daily Advertiser* would like us to believe. I have hardly ever come across hatred or ill informed judgement since I have been home. Most people have been supportive and caring. I believe this has

What Eldridge said

and you'll recall the high order of the sinfulness, I would be delighted to this is a proposal to flaunt their hour experience, and it's widely regarded in Sydney, that Gay Mardi utter debauchery right through the ble to presume that if this Gay Ball scenes of debauchery will occur. of this City. It's a recorded fact that caused by the disease being brought then being spread by homosexuals. health of the people of this City.



Secondly Mr Mayor, there have been numerous occasions where civic disturbances have been caused as a result of homosexuals being in the areas. The two cases recently where homosexuals made approaches to ordinary, decent, honourable, clean living men, and as I would expect, the men were so outraged that they killed the homosexuals, and they got away with it, they walked away free from the Courts. This is indicative of the feeling of the public and I believe that there is a very grave danger that there will be substantial disturbances and breaches of the peace by people determined to protect the good name of this City, if these homosexuals come here. So I ask Mr Mayor that you seek from the Officer concerned; I assume it will be the Chief Health Surveyor, although we don't call the gentleman that now, he's a much more ornate title now, the Chief Health Surveyor as to what powers exist within this City to ban this Gay punch to protect the health of this City and to protect this City from breaches of law and order."

(Statement to a council meeting held May 30)

come about due to the fact that I was born here in Cootamundra. That my family has lived and worked here all their lives. People have asked my brother how I am. People I worked with visit and give support. The local priest, my mother being catholic, has visited and become a good friend.

Since being home my eyes have been opened to the homophobia that exists. Living in Sydney, in the gay ghetto, you become sheltered from it. It is sad that people in their wisdom to condemn homosexuals have to revert to quoting the bible. They do not stop to think that we are people with family, friends and lovers. The disease is only part of who you are. So many times the media has not seen the person, they see HIV/AIDS. This is indicative of our society. It's okay to have cancer, you did not do anything wrong to get it. But HIV/AIDS is sexually transmitted, you asked for it. This is a sad attitude of people.

I have nursing sisters that come to the house three times a week. They have supported and encouraged me. Myself and my parents have helped them understand more about being gay and HIV.

Today the front page of the

Daily Advertiser is again on the gay debate. They really enjoy something that incorporates gay or lesbian.

I personally believe that this all sells papers. The latest being that Mr Jim Eldridge, who is at the centre of this controversy, has received a death threat. It's beginning to become a real circus. But most people would not be taking what Mr Eldridge has to say very seriously.

The gay group in Wagga is, or should I say — due to pressure — are, becoming more open. This does not apply to all members, but those who have the courage and the conviction are open and out. It is like they are being dragged out the closet screaming and kicking. The proverbial balls of the group have dropped. I only hope that we can continue to be able to educate and inform people in rural areas — for the good of myself and of the many young gay boys or girls growing up in this area. Despite the negative publicity, we must continue to break down the barriers. We are people.

— Andrew Bishop

(Inspired by Glen Andersson who believes in me)

In the Lost

Well-known Sydney DJ Mark Alsop moved earlier this year to the town of Buderim on Queensland's Sunshine Coast and now works full-time as an editor and remixer. Here he writes about the reasons why he finally decided to make that big break from Oxford St.

WHAT A THOUGHT CAN do. Surely one cannot seriously entertain the idea of moving *away* from Sydney when most people are flocking to it? Is it a process of desperate need, heartbreak and tension that entertains such a thought? My only reply is that such thoughts are certainly influential!

What a move! I was living just 100 metres from Oxford St. and thoroughly caught up in the *thing that is* being gay in Sydney. My life was productive, my friends abundant, my work stable, but slowly, month after month, came that nagging voice in the back of my head. Those nagging blood results, those frequent trips to the hospital and meeting a cross section of gay Sydney that I had no idea existed. The endless heartbreak of opening up the *Star Observer* and seeing pages of friends passed away still disturbs me. All humanity is my friend, and no one deserves this wraith.

What to do when the all mighty voice within speaks out so damn loud. Hell, I'm really *happy* here. ten years of establishing myself



and now I'm entertaining the thought of turning my back, walking away and never looking back. My life is becoming quite a turmoil. This thought of leaving would tear me apart. . . or would it?

I had the fortune of learning six years ago that big changes in your

life are never easy. If you're willing to sacrifice everything for what you know deep down inside is right, then the payout is bigger. It's really quite simple — risk nothing and get no change in return. Take control of your life, *positive control*, and no one can touch you! I believe we all know what's best for us, tho' many go through our whole life of continual denial. It's time to wake up and see the light while you're still able — even considering that moving is a stress that I really don't need in my life.

— *Never again?*

Clean air — I've forgotten what it's like. Stress-free life? Oh, yes please! Nightly, I had to deal with the clubs and hotel management's egos. Long nights of loud music, often *too* loud in the DJ area to be healthy for you. Oh god! If one more person light up a cigarette I'll scream. My eyes are

Paradise

watering, my breath is rasping as the lighting controller engages another five minutes of lung wrenching fog into the work area. And the management tells me "bad luck if you don't like it". Excuse me, but I work for you and you can improve my working conditions. Even minimally would help. And when I walk home, will I make it safely? My life is permanently on the line as I walk down the street. Now I'm home I swear I could breathe out cigarette smoke from the amount I passively inhaled. My sleep is restless and it's daybreak already. DJ meetings and record buying stress me out even more. Pretty quickly it becomes evident that all is not roses in my life and it's time to listen to that voice inside that says "Get Out".

My life is music and there is the option of becoming a full-time editor/remixer. Thus there will be no break in my creative output. Suddenly things are looking better. I love the sun, so let's live where it's summer all year. The exterior environment that I've surrounded myself in needs to change dramatically if I'm to make improvement with my health. That's one *big, big* decision out of the way. My life is taking a turn by entertaining the

very thought that so much more is awaiting me.

It's sunny in Queensland in winter, the atmosphere is so relaxed. I visit the Queensland AIDS Council often and have a cup of tea or just a chat. I'm in

time. It's important to have love and support and both he and many of my friends gave the much needed help for me to be able to say goodbye to one lifestyle and say hello to another.

I now live in paradise, in a rain-forest on top of a mountain off the Sunshine Coast of Queensland. My editing and remixing keeps me creative and, ironically, all my music ends up on Sydney dance floors! Jamie and I are desperately in love and the pace is oh so easy to

take. We could return to Sydney now and feel confident that our lives have positively changed. Our change of lifestyle has put the world, and indeed Sydney, in its place. Hell, this has been a challenge.

Don't let *anyone* stand in your way. Follow your heart, hear your body and take control of your life *today*. And don't say *can't*. Change will happen overnight if you'll open up and embrace it.

Thinking of moving to Queensland?

Contact the:
Queensland AIDS Council
first for more information on HIV/AIDS services.

Head office

32 Peel St South Brisbane
PoBox 3142 South Brisbane Business Centre 4101
07 844 1990

Gold Coast

105 Frank St Labrador
PoBox 826 Runaway Bay
4216
075 322 673

Sunshine Coast

4 Carroll St Nambour
PoBox 816 Nambour 4560
074 411 222

Cairns

96 Lake St Cairns
PoBox 1284 Cairns 4870
070 511 028

Townsville

T & G Building Cnr Flinders/
Stanley Sts Townsville
PoBox 2106 Townsville
077 211 384

contact with all the important people in Sydney and have put myself on the necessary mailing lists. Information and help is *always* just around the corner. It's only a matter of reaching out and asking for it.

Lonely? No! Jamie (my new boyfriend) was the catalyst that supported thoughts of change. It was important to me to have somebody to love, and he entered my life when I most needed him — tho' I didn't know it at the

Go West!

GRANT

I was born in Dubbo and I've lived here all my life, apart from three years in Sydney. I'd rather live in the country than the city for sure. You can see the stars and the moon and there's lots of big trees. It's in my blood I suppose. I went to Sydney because of my career. To get experience that you can only get in the city and to form my identity as a gay person. At that stage there were no gay people in Dubbo that I knew of. So, the city was the only real option to go and meet gay people at that time.

The pace of life is completely different. I always find that I'm much more constructive and make use of my time better. I think it's got a lot to do with the fact that you don't have all the facilities around you in the country that you do in the city. You tend to go out to find things to do.

Isolation by distance is a hassle, to a point. And with mainstream culture we're more isolated.

I don't think I would be in relationships as long if I was living in the city. It is easier, you don't really have that much choice — I know that sounds a bit callous or whatever. There's no choice to pick and choose, there's not that much talent around the bush!

ROBERT

I think it's a different type of relationship because there's less entertainment, or side attractions, going on you tend to spend a lot more time together. Time with less stimulation. So, it's a lot more peaceful in terms of the relationship. Not so much competition from outside sources. You tend to feel a lot more comfortable doing what city people would probably think was boring. But they're

You wouldn't know it from reading the press, but out Dubbo way there's a thriving gay community. Grant Buchanan and local HIV/AIDS worker Robert Baldwin explain how the gay group works, about how their relationship thrives in the country and how HIV comes into their picture.

actually really enjoyable things when you get down to doing it. Just going driving, wandering around normal shops, going to someone house for coffee rather than sitting on Oxford St. in some cafe. So without all that stimulation of other things you're actually forced to communicate with each other more. To explain the relationship we have, we also have a friend of ours, a dyke who I work with, who's very close to both of us. We spend a lot of time the three of us together. In the city it probably would be a relationship that wouldn't really happen, certainly not as intensely as it has out here. Although there's not the great endless topics to talk about, what the latest entertainment was you saw and things like that, we actually discuss more important issues. How we feel about things rather than what we saw and what we did. I think it makes the relationships a lot more intense, calmer and more substantial.

This is the sort of lifestyle that I choose. I want to be more self reliant rather than relying on outside stimulation and searching for the endless high. I enjoy simpler pleasures. One of the differences that decides if you're happy in the country or not is spending time alone. You tend to spend a lot of time, or rather I do, entertaining myself, which I'm quite happy with. I don't think many people have the knack to do that, so they say the country's boring. And I often say it's not so much that things are boring it's that you're boring.

I remember someone from

Sydney saying to me when I came here, 'don't have any sort of relationship with someone in

your local place. It just ruins everything.' There's allegiances, there's history, people think that the person you're with will know everything you know. I was very wary of that. Grant and I had quite a long courtship and that was one of the reasons. It took me a while to be open about the relationship we were having. The vast majority of people I see know that Grant and I don't talk about those sort of things. He'd never ask me anything like that.

GRANT

With my sexuality it was difficult when I was growing up because you only interact with the people you were born with. Things just weren't talked about and I found myself in strife on a few occasions. Now, living in the country doesn't really affect me [as a gay man]. Of course you have to watch what you say and who you say it to, but apart from that it's fairly easy-going. With the relationship it's the same. I deal with people in my hairdressing business and I know who to speak to about certain things and who not to speak to. Most of my clients, who are females between 26 and 45, I can speak openly with about my sexuality and about my gay culture. A farmers wife probably wouldn't understand and don't tend to, and they're different from the women that live in the town. You don't really talk about it with men of course.

ROBERT

I see [being from] out of town as a plus in terms of my job. When I first arrived people saw that I had

+ and ♀ on the Central Coast

Have you always lived around the Central Coast?

I've lived here for around twelve years. I live with my mum and dad. I've got my daughter here with me too. She's seven and a half months. We live right near the beach, it's got a good view.

Is it important for you to keep your confidentiality about your status?

I haven't disclosed my status to many people. It's not acceptable up here. I have told a couple of friends and they've been very supportive. I haven't really had anyone reject me, which is good. I just recently told my boyfriend and he's been supportive and that's been good so far.

Do your parents want you to guard your status in the wider community?

Yeah, I'm really careful. Only my mum and dad and two of my friends and my new boyfriend know. I haven't told my brothers yet. I don't think I need to tell them until I get sick, or if I get sick.

My parents use the support group at Gosford called PSN, which is for families and people with HIV. They've been really

good support for mum. Dad doesn't really go to the support group, he's not really ready for it.

I don't really go to the support group, I see Debbie at the sexual health clinic. She's my doctor that does all my counts.

"They put me in a position where I had to disclose. I think they've got no right to do that at all"

Do you ever have to come to Sydney for treatment?

I've been taking everything there. I go down every month for blood tests. We need more things here.

I'd like to see people become more aware and try and get women to come into the support group because at the moment it's more gay than anything and that makes it difficult for the heterosexuals. Though the gay community's good for support too.

Have you had any bad

experiences?

Yes. When I was in labour there was a nurse there just watching me and she asked me 'what's it like to have AIDS' — and I'd only found out four days before that I was positive. I thought that was really inappropriate. Also, when I went to use the child care clinic one of the nurses from John Hunter Hospital rang the clinic Sister and said 'I had nothing to tell her.' Yet the Sister at John Hunter had said I didn't have to tell her [the clinic Sister] if I didn't want to, but when I got there I had no choice but to tell her because she said 'oh, the nurse said you've got nothing to tell me. Why are you on Bactrim?' and gave me the hard question. They put me in a position where I had to disclose. I think they've got no right to do that at all. It's got nothing to do with me. It's just my child going in for a check up, there's no need for them to know and I didn't feel I had to tell them.

Interview with Melissa by Vivienne Monroe

no allegiances, I didn't know the gossip or who was with who. So people tended to tell me things that probably they'd never told anybody else before. They'd travel to Sydney to discuss those sorts of issues. I spend a lot of time trying to empower gay men to stand up for their rights. If they're firm about their beliefs and believe in themselves then they won't be challenged so much. I try to use myself as an example. I've had no openly negative stuff in terms of my job and in terms of my private life. It's just Robert, that's who he is. Anything gay in Western NSW that's referred by a health worker or a social worker is now referred

to me. There's even people who say, 'I don't know how to handle this stuff because I've got a few prejudices, but I know you'll know how to talk to this guy properly.' People starting to realise that they've got a few hang-ups but that their role is to help people.

GRANT

The gay group started with beat work. I did the Peer Educational Training (PET) through ACON then beat work. We used to meet regularly at the beat and sit around and chat. Then we decided it was a pretty inappropriate spot to be although it's quite lovely on the

river bank. (It's a bit cold in the middle of winter). I lived in a very big house on my own and quite regularly had visitors. I moved and it wasn't appropriate to have visitors, so we decided to use one of the pubs. We met informally before Robert arrived. A couple of other guys who did the PET, they initiated the group. Got something on paper. Then Robert came along and we haven't looked back!

ROBERT

It's a disaster for me because of my work load!

The first thing I did was to try and get it a bit more organised. One of things that I really see in



The AIDS Council of NSW (ACON) is a dynamic community based organisation providing a diverse range of services for people affected by HIV/AIDS. ACON services include preventive education programs, support & community services and legal and advocacy services.

ACON is committed to the ideal of equal employment and will not discriminate against applicants or employees on the grounds of race, sex, marital status, physical or intellectual impairment, sexuality, religious belief, political conviction, HIV status or any other ground that is not relevant in determining the best applicant for any position.

ACON provides a community based response to AIDS/HIV in New South Wales. Persons with HIV are encouraged to apply.

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(20 hours per week)

This position is located within the womens' team of the AIDS Council of NSW. It will assist in the development and delivery of programs that address the support and education needs of women with HIV infection.

The position requires a person committed to the principles of peer education and to improving the quality of life of women with HIV.

The position requires experience in group work; organisational skills, program development skills and community based support. A knowledge of community resources is highly desirable.

Salary : \$33548 - 34607 pro rata per annum

Essential criteria for the above position includes an awareness of the needs and issues of women with HIV. A duty statement and selection criteria must be obtained before applying. Written applications must address the selection criteria to be considered for an interview. Please telephone ACON Sydney on (02) 206 2000 after 10am.

Closing date: 12th August

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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.

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SIGNATURE _____ DATE _____

country areas is that communication is the really big factor. What happens is that people will form groups because of history or who they're introduced to and they tend to stay in those groups. They go out of rural areas to get any contact with other people. The first thing I did was put out a monthly newsletter by myself with some input from local people and started a mailing list just through meeting people and going to the pub all the time and publicising where the pub was so more people would turn up, and put more people on the mailing list. I just made sure the newsletter came out the same time every month and free. We put ads throughout the whole of Western NSW for a couple of months. Got a lot of stuff there. Used the ACON 008 number, got a post office box. What I was aiming for was to hold a large function to show people that there was the potential to meet a lot of people here in your own home town. Over 130 people came to the dance, which was a very big empowerment thing. It's going from strength to strength. There's now a sub branch started in Mudgee. We've got people all over Western NSW from Broken Hill up to Walgett, the Ridge, Bourke.

The main function is social and within that is support. It's not just people meeting at the pub and chatting. A new guy came on Saturday night. I'd had some contact with him through doing some educational stuff. He'd then outed himself to me and I encouraged him to come to the pub. It took him a while to get up the nerve to do it. He rang me up today and said it was the greatest experience. He'd been in Dubbo five years, didn't know anyone else gay in town. Thought there was nobody here much, just a few dirty old perverts hanging around the toilets or something. He thought they were such a great bunch of friendly, diverse type of people. Although it was just social it was so much support for a person like that. Now

he thinks he's not alone and if there's something that goes wrong he knows where to contact people. He's made some friends he can ring up and socialise with. It's to show people they're not alone and they have some choices. They don't have to move to Sydney or Melbourne.

GRANT

In the city social life is different from the HIV/AIDS stuff, whereas here the group's just a blend of everything. You talk about all sorts of different things. And one of the most important topics is HIV/AIDS.

***"It shits me off a bit
that city people have
a joke about Dubbo.
Negative stuff's
damaging to the
people here"***

ROBERT

I've been very aware that the job involves that (HIV/AIDS), but I've tried to diversify the job in terms of pushing to call it sexual health and include gay and lesbian issues. Saying that we're here to do a whole range of things rather than just HIV. With the group sometimes just my presence raises the issue. We have done some things. With World AIDS Day members got together with some health workers and ran a stall in the main street raising \$400 for BGF. For Dubbo Show we had a safe sex stand. And I've done articles for the local paper. I've talked to people with HIV involved with the group about what they'd like and the feedback I've got is that they're quite happy with the level. They feel that they don't want it raised to any kind of peak activity. They're happy that it's not being ignored. It's there. People are aware of it and where they can go and talk about it.

GRANT

They're getting social contact that ordinarily they wouldn't get. They're not isolated with their culture and identity.

ROBERT

I don't want to scare off people with HIV from the group by singling them out. But I also don't want to make it a HIV group. It wouldn't fulfil their needs, it's a balance in between.

The negative stuff from city people annoys me, especially when they're not willing to challenge it, when they just self-perpetuate it. When we had the dance in April some friends came out from Sydney and they were just overwhelmed that Dubbo wasn't the hick town they thought it would be. The people weren't hicks. They were just the same as city people. They were happily surprised by just how good a life you could have out here. It shits me off a bit that city people have a joke about Dubbo. Negative stuff's damaging to the people here. I chose to come out here. I wouldn't live in Sydney any more, I think it has too many negatives. Though [the country's] not paradise. Going to the country isn't going to solve all your problems. It might create a whole new bunch. But I think it's a different lifestyle, different choices.

Sometimes you get the idea it's all centred in Sydney and up and down the coast, there's nothing West of the mountains in terms of the press. I've tried to get some publicity for what's happening here in the gay press and haven't succeeded. They're not interested. The [Dubbo] newspaper's fantastic and will virtually print anything I put in it. We don't have any big fights out here. The council and the police are quite happy. We're not having any big controversies. They're not publicising that. They're waiting 'till Gerry Peacocke's kicking the shit out of us or something and then it'll get in the paper.

Cashing in on death, or Viatication — A user's guide

IT'S A PROBLEM FOR MANY PEOPLE living with AIDS: unwell and on the pension, they would like access to more money. If you've got a life insurance policy, there is the added irony that there is a lot of money coming to you after death.

In fact, there are ways to convert a life insurance policy into cash before death. People with AIDS who have life insurance policies should be clear on the different options to get the best deal for their position. People with a life expectancy of two years or less have the option of a cash surrender, a private loan on your policy, a living benefit or viatication. Watch out because the options you hear most about may not give you the best deal.

You have a lot of money to gain but also a lot of money you could lose, so it's best to get independent financial and legal advice. As a broad generalisation, the order of preference for people with life insurance will be: private loan, living benefit, viatication and cash surrender.

HOW IT WORKS

RECENTLY ACON'S LEGAL PROJECT had a client called Bruce, a gay man, 45 years old, with AIDS. Bruce took out a life insurance policy ten years ago. He makes monthly payments and his death benefit is \$100,000. Bruce became HIV positive about eight years ago and is now quite ill. His doctor thinks Bruce's life expectancy is about one year. Bruce stopped working a year ago and now gets the pension. Bruce has no dependents to provide for after he dies. He would like some extra money so that he can afford to stay where is currently living and afford to splash out a bit.

Bruce had a few options to consider when he came to us to see

about converting his policy.

CASH SURRENDER

UNTIL RECENTLY, MOST PEOPLE WHO wanted cash from a policy before death would cash in their policies. There are two main types of life insurance policies: *term* policies where the policyholder gets the benefit when they die, and *whole of life* or *endowment* policies,

STEPS IN CONVERTING LIFE INSURANCE TO CASH BEFORE DEATH

- 1 GET PROFESSIONAL, INDEPENDENT LEGAL AND FINANCIAL ADVICE ON YOUR OPTIONS
- 2 LIFE INSURED MUST HAVE A LIFE EXPECTANCY OF TWO YEARS OR LESS
- 3 LOOK AT LIKELY RETURNS FROM PRIVATE LOAN, ACCELERATED

where the policyholder gets the benefit after a certain number of years. You can get a cash surrender on a *whole of life* or *endowment* policy but not on a *term* policy.

Bruce could get between \$7500 and \$35,000 as the surrender value of his policy, depending on things like the size of his premiums and which insurance company he is insured with.

PRIVATE LOANS

WE ASKED BRUCE WHETHER HE HAD ANY friends or relatives who might be interested in loaning him money. The arrangement would be that he names them to receive his death benefit and in return they give him a loan of \$100,000, equal to his

The author is a Policy Officer at the AIDS Council of NSW.

death benefit. He pays them market rates interest of \$13,000 per year and keeps paying his premiums to maintain his insurance policy.

Private loans can be really good because you only have to cover the interest your friend or relative loses by giving you money now and collecting it later. Companies who offer a similar service will charge extra money to make a profit on the transaction. Also, you can tailor the loan to suit you and your lender. As always, Bruce could have difficulties in mixing friendship with business but less difficulties than usual because Bruce and his lender always know that he can pay back the loan.

Of course, Bruce may not have a friend or relative who can come up with the cash to make the loan and who wants to do the deal. If not, Bruce should look at other options.

ACCELERATED BENEFITS

INSURANCE COMPANIES OFFER WAYS of getting at your money before death. These schemes are called *terminal illness benefits*, *living benefits* or *accelerated benefits*. To qualify for his insurance company's scheme, Bruce had to get a doctor's report stating that he had a life expectancy of one year. Once the insurance company was satisfied, it would pay some of Bruce's benefit to him immediately, with the rest going after Bruce's death to the people he named.

It is important to check whether your company offers accelerated benefits. Some companies have added this option to pre-existing policies, so you might not realise that you can get accelerated benefits under your policy.

There are big differences in the

types of accelerated benefits that the different companies offer. One example is *Legal & General*, which, from 1990, offered policyholders up to 80% of their death benefit, with a limit of \$250,000 pay out. *AMP* offers 80% of the death benefit with a limit of \$500,000. The remaining 20% is paid out after death and the policyholder does not have to pay premiums after being paid out. Some companies will not give accelerated benefits until a person has one year life expectancy and other companies only pay to policyholders with a six month life expectancy.

For Bruce's death benefit of \$100,000, he can get \$80,000 now and the remaining \$20,000 goes to the person he names after his death. He can also stop paying premiums.

VIATICATION

SINCE THE START OF 1994, A WESTERN Australian company has been advertising in the gay press, offering to buy life insurance death benefits from people with terminal illnesses with up to two year life expectancies. This offer from

Living Benefits (Australia) Limited is the first in Australia, although companies in England and the United States have been making the same offer for several years now. Another company, *Concept Benefit Planning*, act as brokers between Australia life insurance policyholders and American viatication companies

Viatication companies pay 65% to 85% of the death benefit depending on the life expectancy of the policyholder and the amount they pay in premiums. They take over the policy, pays the premiums and collects the benefit when the life insured dies. They consider policyholders with two year or less life expectancies (compared to one year for most accelerated benefits schemes).

Because they are new, we aren't sure how well either of the firms work in practice. *Living Benefits* have a number of procedures in their contracts which will protect consumers if those procedures are followed. These include: confidentiality; suggesting independent legal and financial advice; advice on when the

client could do better converting their policy in some other way; ten day cooling off periods before the deal is struck.

Bruce could expect to get about \$70,000 from a viatication company.

ISSUES RAISED BY VIATICATION

THERE ARE TWO TRANSACTIONS IN viatication and, according to solicitor firm Clayton Utz, neither of them are taxed. They are the payment to the policyholder by the viatication company and the payment, after death, by the insurance company to the viatication company.

Because the industry is new, there is no government regulation or minimum ethical standards. The best body to regulate viatication would be the Insurance and Superannuation Commission. The ISC's Cathy Bowler says they do not currently regulate this type of sale of insurance policies because "there should be no obstructions to the establishment of [viatication] because it provides a useful alternative to policyholders to surrender their policies." However, if

\$ Your options if you have life Insurance and a terminal illness* \$

OPTION	ADVANTAGES	DISADVANTAGES
Maintain policy until death	Beneficiaries get the full death benefit	No money while alive; premiums to be paid until death
Surrender policy	Life expectancy irrelevant	Small sum paid; poor returns compared to other options; not available for term life policies
Loan from friends or relatives	Minimal reduction on the death benefit; flexible terms	Not available to all people; requires trust from the creditor
Accelerated benefit	Up to 80% of death benefit paid; the part that does not come while living goes to beneficiaries after death; deals with the same company that offers the insurance; no premiums required after pay out	Only available for limited (1-½ year) life expectancy; living benefit pay out is capped
Viatication	65-75% of death benefit paid; available for 2 years or less life expectancy; no maximum pay out cap	Part of death benefit not paid is kept by viatication company, not paid to beneficiaries

* Features of these options differ dramatically from case to case. This is a rough guide.

it becomes necessary, ACON may lobby the ISC to change this stance.

COMPARING THE OPTIONS

DIFFERENT OPTIONS WILL SUIT different people — it depends on your circumstances. Commenting on the situation in the United States, AIDS insurance expert Thomas P McCormick says, "There are three major ways to obtain cash from a life insurance policy, yet most people know about only one called viatication. This method, which usually should be the last choice if one of the others is available, is well known because it is heavily advertised."

A loan from a friend or relative may be best because you can negotiate the term that best suits both of you. Presumably, the friend or relative would only charge market interest rates and not look to make a profit. Of course, there can be problems in doing such a deal.

Accelerated benefits will often be the next best option. Their terms are more limited, like requiring that the policy holder have less than six months or a year life expectancy, but they do not take out any money because you are converting your policy early. The other limits are a maximum on the total sum they will give you up front and a limit on the percentage of your death benefit they pay up from (eg, maximum of 80% of your death benefit, up to \$250,000).

Viatication is perhaps the most flexible way to convert your policy, but also the least cost effective. As you would expect, viatication companies charge a fee for performing the service which you do not have to pay with the other methods. They will, however, take clients with life expectancy longer than one year (up to two years) and they have no percentage or total limit on the amount they pay you.

PROFESSIONAL ADVICE

WHICH OPTION YOU CHOOSE CAN make a big difference to the amount of money you get and the way it fits your needs. You will be making the decision when you are

unlikely to be well, so you probably will not feel like finding out full information about your options. ACON believes that it is vital for people considering converting their life insurance policies to get full independent legal and financial advice. Many people considering converting their policies will be worried about the cost of this advice. After all, their aim in converting their policy is to get money in a time of need.

Do not be put off. Many solicitors and financial advisers are prepared to wait until after their client receives a lump sum before they have their fees paid. That means a client need pay nothing until she or he has received a pay out.

Some AIDS Councils have lists of professional advisers and if you are considering converting your policy, then contact a few to find out their fees and whether they will accept payment after you have re-

ceived a lump sum. Some advisers will hold off charging their fees but will not advance money for other expenses like doctors' reports.

— Geoffrey Bloom

Wanted!

HIV positive people who have any experience with computer data bases or computer bulletin boards — that is, setting them up and/or using them. A working group is being set up to push for the establishment of a positive, user friendly, HIV/AIDS data base for conventional and complimentary treatments and therapies. Also sought are people with Internet experience or in accessing overseas HIV/AIDS data bases and bulletin boards.

Contact:

PETER HORNBY 206 2011

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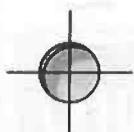
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206 2040

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812 404**

PHILADELPHIA

- REVISITED -

ONE OF THE DISADVANTAGES OF living in the country is that I don't get to see new movies when they are released. Which explains why I have just seen *Philadelphia* at my local picture palace, the former butter factory

Four country cousins, who separately and collectively have been through the HIV mill, deliberated on the merits of going into Nimbin to see this movie. It seemed as momentous an event as attendance at the Candlelight Rally in Sydney, but without a supportive crowd and a gay bar to retreat to after. Were we exposing our vulnerable emotions to excessive torture? We steeled our nerves, rugged up and armed ourselves with big hankies — we'd been warned!

Philadelphia is created in the mould of the great courtroom dramas, but as such it comes off second rate. For some strange reason the lawyers remain seated in court whilst questioning the witnesses in the dock. This makes for very static courtroom scenes and there is a total lack of exciting backroom consultation between lawyers, clients and advisers that we know, and expect, of such drama. We are also excluded from nearly all of the deliberations of the jury and are

only given visual clues to their feelings and prejudices. Whilst the trial is about discrimination based on ignorance and appearance, we, the audience, are curiously only allowed to guess the opinions of

lawyer, Denzel Washington, the other actors are relegated to shallow roles.

Many opportunities are lost through poor writing. When Tom announces to his family that he plans to fight his HIV discrimination he gains unconditional support. This results in a tender scene of family bonding and support but does that reflect the reality of many a family who grapple with the news that their gay son/brother is dying of AIDS?

Similarly, the baddies

the jurors by their outward appearances. Fast, biting, intelligent drama this is not.

The story is basically sound — the goodies win, the baddies lose and the ending comes with the sting we are all expecting. Tom Hanks dies. Tom acts well and looks disturbingly like so many of my friends with the virus.

The director has attempted to use a rich musical score, including a surprisingly sensitive song by Bruce Springsteen, to mask the inadequate dialogue. Apart from Tom and his initially reluctant

don't get the chance to verbalise any anxiety over their actions. Any feelings they may have on the case are only conveyed by their facial expressions in court. Poor Tom's lover doesn't really get a look in either. His relationship with Tom and Tom's family is treated in a cursory fashion. The great gay/HIV movie was once again being denied us by glossy, simplistic Hollywood.

These deficiencies are all resolved by a cinematic ending of Spielbergian force. Hollywood at its most graphic. A death bed



scene of such intimacy and intensity that you feel you have no right to be there. Something many of us have been through, and will never forget, but something so sacred and private that it may be almost crude to include in a movie.

The camera nestles next to Tom's head, he struggles to breathe whilst his friends and family bid their final farewells. It's the ultimate tearjerker. Beautiful and touching (and for me cathartic), but is it also a total manipulation of the ultimate act in a person's life? To ensure the general public will leave the cinema in howling sympathy?

Don't get me wrong. I'm not canning the movie, or regretting that I've seen it, or advising you not to see it. I'm just regretting that Hollywood has so desensitised us from our emotions that it has to use such an obvious device

to make us cry.

The rest of the audience lapped it all up. There was some initial identification with Denzels early homophobic reactions, but then that was a deliberate device to elicit a change in an ordinary straight guys response to the gay/HIV issue and chart his enlightened response once he had been exposed to a real life gay/HIV encounter. There was a gratifying amount of sobbing from the audience. But we shouldn't have been surprised by that as our audience knew they were going to a gay/HIV tearjerker. And, after all, we were viewing this with a tolerant, unconventional Nimbin audience. It's not for nothing that we had chosen to live here and not in homophobic rural Tassie.

Of course, we left the cinema last. Wrenched dry by a cheap (though strangely satisfying)

Hollywood trick. What would have been the result of that case of discrimination if it had happened in Lismore, our regional centre? Would our biological families, scattered across the Eastern Seaboard, have sat in court everyday supporting us? Would the gay/HIV lobby have protested outside the Lismore courthouse? Indeed could our friends have come up from Sydney for the trial? Would an average HIV pensioner have been able to mount a court case against a firm of solicitors? And would we be granted a touching last goodbye scene with our friends and family and a handsome Latin lover? It all seems like fantasy from this country boy's perspective, but hey! I had a good cry, and after all that's what I went for.

Three stars.

— Rod Thorpe

Inside back caption comp

This lil' ole cheesy snap was taken at the glamorous BGF *Boys Own Bake-off*, held early June at The Oxford Hotel. Luminaries, from the left, are Leo "cheeky" Schofield, Denise "gobsmacked" Roberts and Maggie "the freak was 50 years ago lovie" Kirkpatrick.

And don't they look delighted to be dipping their trowels into whatever it is they're being presented with?

Yum!

What crossed our minds is what was crossing theirs. So (it was a rainy day at the office) we thought we'd get you, dear reader, to answer the question that's frazzling our brains.

What are they thinking? Put some words in those bubbles!

And there's a prize in it (three actually) for the best entries — as judged by our ultra-glamorous Newsletter Editorial Group (sounds boring, but really it's very hip).

First prize is dinner for two at the *Blue Tang Cafe*, which serves excellent value food at *The Cricketers Arms* in Surry Hills, gift vouchers from



Natural Alternative for grooming products and for clothes from *Central Station Records*! Second & third prize winners get just the gift vouchers.

Rush, rush, rush those entries by **July 31** to:

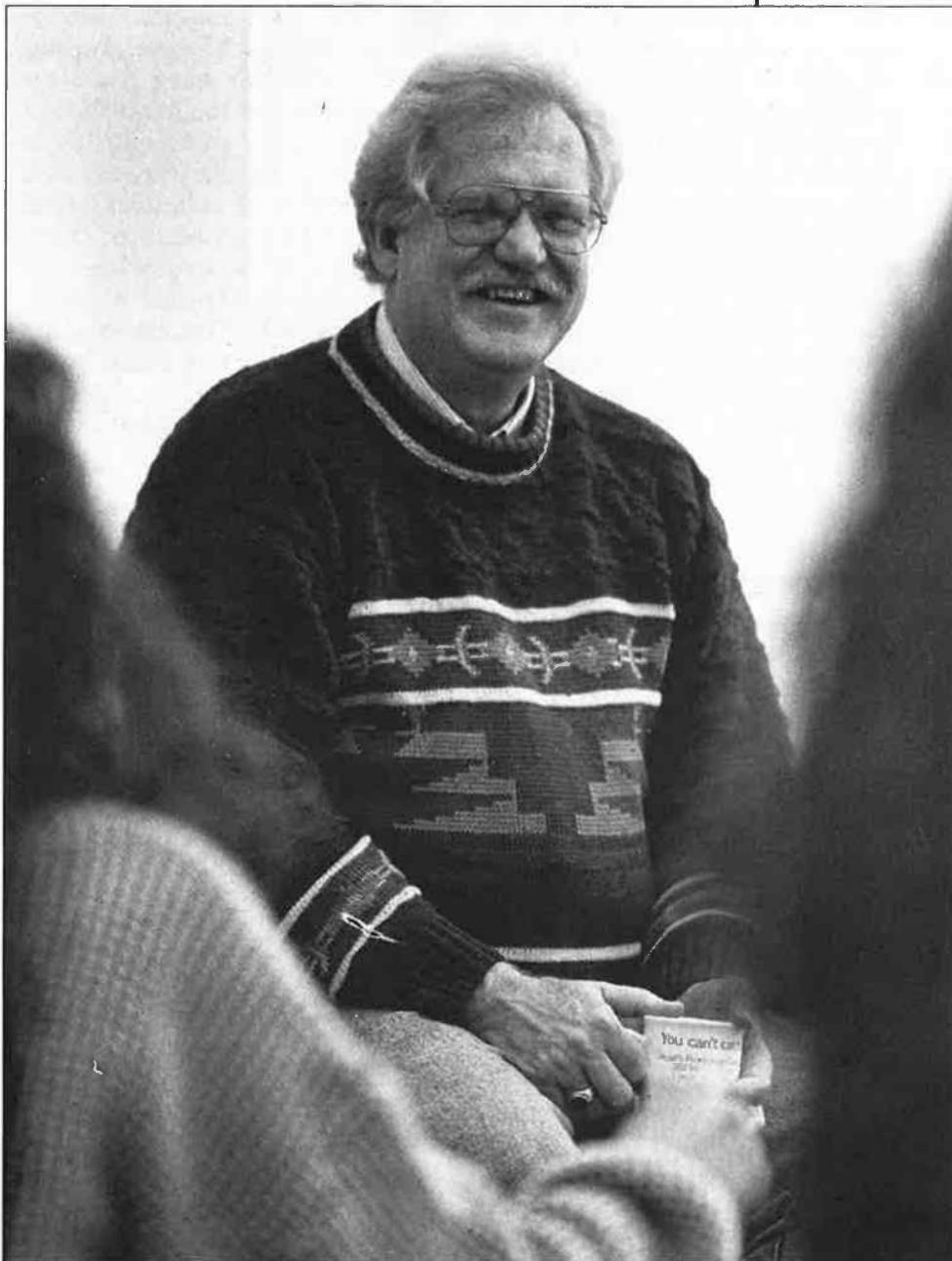
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 **NATURAL ALTERNATIVE**
THE NATURAL WAY TO GOOD HEALTH



PHOTO: C. MOORE HARDY (PH/FAX: 665 9678)

**“I don't quite fit
their picture of
someone who is
HIV positive.”**



DHSA23 FPM.64 ROBERT

“I'm lucky in that I work in a university which is a very tolerant environment. I teach trainee teachers, and I have often included HIV education as part of my course. It's interesting to see what happens to their faces when I tell them I am HIV positive. Because they see me as a Lecturer, and not as someone who fits their picture of a person with HIV. With the staff, I don't go around shouting my status from the rooftops, but I don't hide it either. In the staffroom, we all have our own cups, and mine says “You can't get AIDS by drinking from this cup”. People can take that any way they like. If they ask me about it, I tell them.”

**HIV doesn't discriminate
...people do.**

ROBERT

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For information on HIV/AIDS call: **008 01 11 44**
or for the hearing impaired TTY: **008 03 23 65**


NATIONAL AIDS CAMPAIGN


AUSTRALIAN NATIONAL
COUNCIL ON AIDS