

No. 47 September 1994

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

**Yokohama  
Special Report**



**TB takes off**

# PLWHA News

IN A WORD, AUGUST HAS BEEN difficult. Treasurer Graeme Blair and committee member David Martin have both resigned due to illness while Secretary Robert van Maanen has been homebound with pneumonia. As active and constructive members of PLWH/A, their absence makes a huge impact on our work, at a time when we have lots to do. Thanks and best wishes aren't enough, of course, but they are due. Meanwhile, co-ordinator Annella Wheatley is still away but Claude Fabian and Greg Allen are holding things together remarkably fabulously given the circumstances.

The PLWH/A AGM has been set for Tuesday 27 September starting at 7 pm at the YWCA, Whitlam Square, corner of Wentworth Avenue and Liverpool St. [This booking was unconfirmed at the time of going to press. Call PLWHA for further information]. This is a crucial meeting in the light of our reduced numbers, as the new committee is elected at this meeting. If you've ever been even

mildly tempted by the possibility of joining us, then this year's AGM is a must.

Current members will receive written notice three weeks prior to this date, giving details of venue and times. If you're interested but not yet a member, then we'll go to almost any lengths to encourage you to become one. Membership forms can be obtained by calling Greg at the office on 361 6011, [and there's one on page 31] or you can join and pay your \$2 annual fee on the night.

We're plowing on with the launch of the Positive Speakers' Bureau, which is moving ahead strongly thanks to the efforts of staff and committee. The first training course for potential speakers gets underway on September 1 and we plan to publicly launch the project sometime during World AIDS Awareness Week (nee World AIDS Day). We've also applied for funding for a part time position to co-ordinate the speakers' bureau on an

ongoing basis as it's quite clear the demand and interest will be higher than we anticipated.

Editor Canning has just swished out to lunch leaving a stern instruction to "keep it as short as possible", so I'll sign off here with another exhortation (maybe even a plea) to budding committee members to check us out at the AGM. See you there.

— Alan Brotherton, Convenor

## Notices

**FORUM POSTPONED.** The open forum on *Advance Directives* planned for September 10 at the PLWHA office has had to be postponed to a later date to be advised. PLWHA regrets any inconvenience caused by the postponement. *Talkabout* will advise readers when the forum can be run again.

**DARREN REYS AU YOUNG** died on the 6th of August. A tribute to Darren will be published in the October *Talkabout*.

**TIM CARRIGAN** died on the 27th of August. A tribute to Tim will be published in the October *Talkabout*.

The article *Supplement It!* in August *Talkabout* was written by Caroline Brooks, not Hilda High.

**COOGEE FLAT SWAP.** Department of Housing. Very bright and sunny large one bedroom. 3rd floor. Five minutes from beach and public transport. I want to swap with someone who lives in Darlinghurst/Surry Hills/Woolloomooloo. If your unit is bright and sunny please call Robert on 664 2895. P.S. You can grow anything!

需要在雪梨南部  
獲得有關 HIV / 愛滋病的  
資料或援助嗎?

保密的錄音資料

電話：391 9972 (廣東話)

免費和保密的性健康診所

電話：350 2742

免費和保密的醫院服務

電話：350 2955

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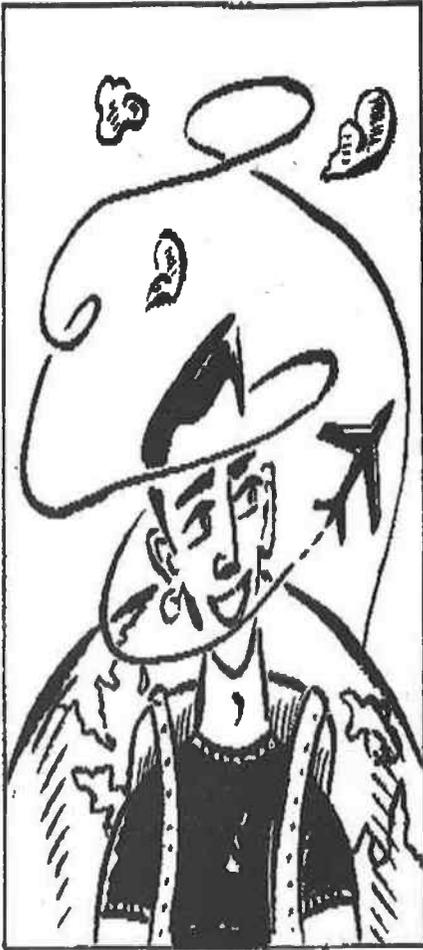
免費和保密的注射針  
和針筒交換處：

Canterbury 附近地區：016 28 8504

St George 附近地區：018 479 201

Sutherland 附近地區：018 277 717

# Contents



Cure Hate: Stop AIDS 8  
Tribute: Stephen Cummins 10  
Yohohama, Full On 11 Home  
Sweet Home 22 tb Takes  
Off 24 Herb Trial 27 Baby  
Therapy 28 Review: Paul  
Monette 31

## **Regulars**

PLWH/A News 2 News 4 Letters 9  
Contacts 17 Subscriptions 31

## **This Month's Cover**

By Phillip McGrath. Get your shots before going overseas because tb's taking off!

# 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**

**SEPTEMBER 19**

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.

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## Terror in Zimbabwe

"AIDS IS CAUSED BY WHITE homosexuals," according to Zimbabwean president Robert Mugabe. He called homosexuality, "a curse on indigenous African culture." Other officials have called for the arrest of all homosexuals, forced abortions for women with AIDS who become pregnant and the execution of infected mothers. Members of the Gay and Lesbian Association of Zimbabwe have been forced underground by the Mugabe-led campaign.

## Capital Q vs Press Council

SYDNEY'S GAY WEEKLY *CAPITAL Q* IS the subject of a complaint to the Australian Press Council over its coverage of the Bobby Goldsmith Foundation AGM.

The complaint, the first to the industry self-regulatory body about any gay publication, concerns a July 1 story headlined "Scandal Plagues BGF Elections". In a letter to the Council, complainant Bo Vilan described the article as "biased", "dishonest" and "distorted", claimed "omissions of crucial issues and facts" and described the headline as "both hysterical and inaccurate". He called the alleged failure of the newspaper to identify former Mardi Gras president Richard Cobden as the "challengers" lawyer "serious misrepresentation".

Subsequently, *Q* carried a letter from PLWHA convenor Alan Brotherton alleging a "misrepresentation of PLWHAs views regarding the AGM" and that he was misquoted. Brotherton questioned "whether [*Capital Q*] is there to report the news, or to create it by engendering conflict through sloppy and selective reporting."

Calling himself "an ordinary person off the street" and "exactly the sort of person that can be

influenced by newspapers like *Capital Q*", Vilan told *Talkabout* he is not "politically involved with any of the groups connected with this year's AGM." Vilan says in his letter to the Council that he fears for the future of the Foundation's community-based fund-raising if its profile is damaged by what he describes as "vindictive reporting." "It wasn't until I started reading all the letters and articles surrounding the AGM and spoke to some people who were there," he said. "That I started to smell a rat. Just a little investigation revealed a very different picture to the one painted by *Capital Q*."

## Funding fights

PLWHAS IN BRITISH COLUMBIA (site of the Commonwealth Games) have won a battle with the Canadian province over plans to slash funding for services. Said British Columbia Persons With AIDS Society Executive Director Kathryn Eggert, "we have demonstrated that collective action can effect change." Meanwhile in the land of the Long White Cloud, Kiwi AIDS organisations have a major battle on their hands as the conservative government continues savage funding cuts. Leading AIDS organisation Gay Men Fighting AIDS has described the Nationals selective paring of AIDS money from gay and MSM programs as "political genocide".

## Sleaze out time

PLWHA WILL BE STAFFING A *TIME-OUT Room* at the 1994 Sydney Gay & Lesbian Mardi Gras Sleaze Ball, however it will not be administering any form of sponsoring ticketing system at Sleaze such as the one which operated at the Mardi Gras party.

Said PLWHA Convenor Alan Brotherton, "PLWHA is involved in organising *Time-Out Rooms* because of the cultural relevance of the Mardi Gras to the majority of PLWHAs who are gay men.

They're important as they give positive people their own space at a major community event. I think it's vital that they be recognised where they choose to party."

## AIDS art deluge

THE FIRST EVER EXHIBITION DEVOTED to AIDS by a major world gallery will open November 12 at Canberra's National Gallery and run through until March. *Don't Leave Me This Way: Art In the Age Of AIDS* is a joint venture with the federal government's National AIDS Campaign and will combine a conference, lecture series, schools program and film festival with the exhibition. Criticisms of the substantial government funding for the show by well-known journalist Martyn Goddard in the August issue of *Outrage* magazine will be addressed in an interview with curator Ted Gott in October *Talkabout*.

The conference, *Harmed Circles: Cultural Responses To The AIDS Crisis*, is described as a "dynamic mix of lively debate, film, video, song and performance work". Numbers are strictly limited and registration closes October 1. Further information on the program and registration from (06) 271 2504.

A satellite show to the major exhibition will run at the Canberra School of Art November 7 - 12 and will feature additional work from some of the artists in the major show as well as other cutting-edge work.

## Questions over Euthanasia law

A NEW DUTCH LAW PERMITTING euthanasia carried out under strict guidelines is, according to doctors involved, leading to a stricter rather than a more lenient environment. It was supposed to clarify the position of doctors who previously had only an informal assurance that they wouldn't be prosecuted.

## Positive Retreats

THE HIV SUPPORT PROJECT AND PLWHA Inc. (NSW) recently received a private donation to help set up Positive Retreats. Some people may be aware that Positive Retreats have been successfully run in other states in the past. Well now it is our turn.

Positive Retreats aim to provide a space where HIV positive people can have some time out in a stress free environment. This gives positive people the opportunity to meet other positive people in a relaxed environment where we can build friendships and networks. A further aim of Positive Retreats is to enable positive people to explore complementary therapies in a non-threatening atmosphere. However, if a positive person just wants to come to the retreat and do nothing, that's fine. Each retreat will comprise of approximately 25 positive participants plus several support crew like the chef and the practitioners.

Positive Retreats is only open to people with HIV/AIDS. However this is not a condition for the support crew or practitioners.

Positive Retreats provide a wide range of activities for the participants attending. As mentioned above, participants are free to do as much or as little as they want. Subject to confirmation and availability of practitioners the following activities are planned to be on offer: acupuncture; massage; meditation and visualisation; bush walking; swimming at the swimming hole; tennis; horse riding; story telling; healing circle; reiki; homoeopathy; traditional Chinese medicine; qigong; crystal therapy; art as therapy; and other activities.

Positive Retreats will be fully catered and participants with particular dietary requirements will be catered for. *It should be noted that Positive Retreats are recreational drug and alcohol free.*

Positive Retreats are to be held

*The comic book industry has produced a number of responses to the AIDS epidemic but, until now, hasn't created a HIV positive character.*

*Enter Shadowhawk — the first positive superhero.*

*Created by Jim Valentino from Image Comics, Shadowhawk is African-American former district attorney Paul Johnstone. He's injected with the virus by evil drug dealers, but the comics makes a point of reminding that 'it doesn't matter how you get it'. Says Valentino, "I was trying to come up with a good reason to motivate someone*

*into becoming a superhero. My viewpoint is one of a father who is very frightened by AIDS and how little people understand or realise about this disease and how it can strike them." Another motivation was that he wanted "to say something" to his young, mostly teenage male, audience, "In complete denial about this disease." Recently, The Incredible Hulk produced a be-red-ribboned AIDS special. Could there be a trend here?*

*Valentino says, responding to critics who believe comics "an improper medium" for HIV/AIDS education, that he's merely dealing with something "real." "It's certainly more real than guys taking nose dives off buildings. Shadowhawk, after all, is fantasy. AIDS is not."*

*Very real has been the response, from readers commending the "awesome" plot twist to the usual rent-a-right-winger letters. Shadowhawk is available at all good comic shops.*

on a farm and healing centre in the Southern Highlands district of New South Wales. The district is characterised by its natural beauty and the drive there takes a leisurely two hours down the Hume Highway. Pine forests, natural bushlands and wildlife can all be found at the property or within close proximity.

The property offers an oppor-

tunity to appreciate nature, greet the sunrise, watch for shooting stars in a brilliant night sky and view wildlife in its natural habitat. The lovely little creek which runs through the property is lined with sleepy willow trees and is an ideal setting for relaxation. The property has four self-contained cottages with their own facilities including inviting log fires. The



— Poz

accommodation is comfortable, yet humble in comparison to the fantastic beauty that this natural setting offers.

The investment for the retreat is \$40 unwaged (unemployed and pension) and \$100 waged (employed). This cost covers all transportation from Sydney to the retreat and back, all food, accommodation, and all of the activities except for horse riding which will have an additional cost involved.

To obtain an application form or simply find out more details, call Les on (02) 206 2014 Mon-Fri 10am-6pm. The retreat has limited numbers and confirmation of attendance will only happen upon receipt of the completed application form and payment. This will be handled on a strict first come first serve basis. So if your interested in attending, ring up as soon as possible to avoid any disappointment.

— Les Szaraz

## PCP and race

A FIVE-YEAR OLD AMERICAN STUDY of nearly 1,200 PWA's has found that black PWA's are "much less likely than whites" to contract *Pneumocystis carinii* pneumonia. Researchers said there was "no ready explanation" for the racial disparity. Another US study has found that men diagnosed with PCP in 1990 had only one-tenth the risk of dying compared with those diagnosed in 1984. Over 100 AIDS drugs are now being developed according to the US Pharmaceutical Manufacturers Association annual survey. Ten are awaiting approval with twenty in Phase III testing.

## Access update

ACCESS, A GUIDE FOR NEWLY DIAGNOSED PLWHAs, is being updated. Revisers Levinia Crooks and Matthew Toomey want to hear from people prepared to be photographed for a group shot, "showing the diversity of people

who have HIV" at the end of September. They're also running focus testing. Contact (before September 15):

(02) 380 6358 or REPLY  
PAID #580, POBOX 1073,  
DARLINGHURST 2010

## Health care worker scare

HEALTH INDUSTRY BODIES ARE divided over calls for compulsory testing following the case of the Sydney obstetrician who tested HIV positive in early August. The case was the focus of a media blitz during which the NSW Health Department (NSWHD) effectively 'outed' the man concerned. One newspaper, the *Herald-Sun*, ran a survey which claimed that a majority of respondents believed all health care workers should be compulsorily tested and sacked if they're positive.

Among those questioning the NSWHD's conduct was ACON's Don Baxter. The breach in confidentiality has led to, "a crisis in confidence among health care workers in the health system's willingness, capacity and commitment to defend their privacy and their rights."

None of the HIV positive workers approached by *Talkabout* were prepared to be quoted for this story — even anonymously. Says PLWHA deputy convenor Les Szaraz, "There is an inherent fear among health care workers of disclosure because of job security. We should be encouraging positive people to feel comfortable — especially in the health care setting. There are some very good positive workers. A very good example was Dr. Brett Tindall. He contributed enormously. The climate created by George Rubin [NSWHD] is driving them underground again. That's a subtle form of discrimination perpetuated by NSWHD."

Szaraz described the NSWHD as "hypocritical." Noting the

HIV anti-discrimination legislation, he said that workers fear of discrimination was self-evident, "in the fact that no-one wants to come out and talk publicly [to *Talkabout*] about it." He says that positive doctors have told him that they believe, "this is a push to get them to stop practising" and that many gay workers are reluctant to come out because, "They're in what George Rubin called a 'high risk group'," and called for an education campaign amongst workers unaware of infection control guidelines to help stop discrimination against HIV positive people seeking health care that he believes is encouraged by the "current climate." Federal Health minister Carmen Lawrence has pointed to such workers as one of the greatest perpetrators of discrimination.

"The real issue is fear of HIV and that flows onto all positive people because they find it harder to access services."

## Anti-Vilification

LAWS WHICH INCREASE PROTECTION against discrimination and vilification for PLWHAs came into force early August. Copies of guidelines to the new laws, what they do and don't cover and how to make a complaint under them, are now available from the PLWHA office.

## Fundraiser update

ENTERTAINER REG LIVERMORE'S Wentworth Falls garden will feature in a *Blue Mountains Cottage & Country Style* gardens tour that'll fundraise for HIV/AIDS late October. The tour provides shuttle buses, gourmet picnics, gardening sample bags and prizes as well as ten gardens in their springtime glory. Tickets are \$15 and it happens over the weekend of October 22-23. Bookings and more information from Sue on (047) 59 1611.

Where the Oxford Hotel leads, ACON Illawarra is following

## B r i e f s

● New in the Hunter is the Women's HIV/AIDS and Sexual Health Support Network. The group, initiated by local lesbian magazine *Sappho of The Hunter*, is aimed at supporting positive women, their partners and friends as well as raising awareness, especially among the lesbian community, about HIV and other sexual health issues. More details from PoBox 206 Adamstown 2289 or ring Helen on (049) 524 362.

● *Plus Voice*, one of the new glossy American magazines for PLWHAs profiled in the last *Talkabout*, went out of business after one issue. *Pozis* still going strong though and is now available at The Bookshop in Darlinghurst.

● Taking safe sex promotion to new lengths is the Canberra sex industry. They're trying to raise \$30,000 to enter a car driven by sex workers and covered with safe sex messages in a "bush rally". Among the prizes in their raffle are hourly brothel sessions.

● Are you interested in attending a support group for long term survivors of HIV? If you are interested in becoming involved in a group like this, or have some ideas to offer, please call Les at the HIV Support Project at ACON on 206 2014.

● *The Australian* chose the headline *AIDS Victim Sues Over Super Fund Clause* for its story on the Melbourne man suing his Super Fund over its HIV exclusion clauses.

● The AFL has introduced new rules demanding that a player "suspected" of being HIV or HepC positive be tested or face a \$2,000 fine.

● In a six-page feature in September *Australian Women's Weekly* Prince Lorenzo, of 'Pitty Pat' infamy, reveals his, "Tragic last chapter." — partner, Robert Straub has AIDS. The story, which they retained editorial control over, discusses their 25-year old relationship and their life now with AIDS. Straub contacted *Talkabout* to encourage readers to seek out the piece.

● Copies of the poster for the federal government's anti-HIV discrimination campaign are available (as well as other resource material) for free from the Department of Human Services and Health on (06) 289 8101.

● Three openly HIV positive candidates are seeking election to the US Congress in November.



(Top) Cookcheck girls at Chequers Luncheon Club fundraiser in Woollongong (see *Talkback*, page 9). (Bottom) Smiles all round as PLWH/A picks up its cheque for \$4,000 from ACON's Hand In Hand party proceeds.

with a bake-off fundraiser for PLWHA September 17. Venue is the New Orleans Cafe (Keira St) from 2pm. More information from (042) 26 1163.

## Acknowledging difference

SOUTHERN SYDNEY AREA HIV/AIDS Service has launched a publicity campaign aimed at PLWHAs from non-English speaking backgrounds. Coordi-

nator Colin Clews said, "We feel it is essential that Non-English speakers have much better access to treatment and care services. This involves much better advertising and ensuring that the services are sensitive to language and cultural needs of clients."

Winners of the Inside Back Caption Comp in July *Talkabout* were: Paul Farrab (Maroubra), J Steedman (Camperdown) and B Hibberd (Glebe). Many thanks to our sponsors, Blue Tung Cafe, Natural Alternative and Central Station.

# CURE HATE: STOP AIDS

IT'S A SIMPLE ENOUGH INJUNCTION, and the central slogan of a joint campaign by the Lesbian and Gay Anti Violence Project (AVP) and the AIDS Council of NSW. The first in Australia to make explicit the connection between homophobia, the resulting violence against lesbians and gays, and violence against people with HIV/AIDS.

No-one in Australia specifically collects data on the number of acts of harassment or violence perpetrated against people with HIV/AIDS. But any one of us could recount incidents where we, if we are ourselves HIV positive, or our partners and friends who are HIV positive, have been the targets of violence of some sort.

The New York City Gay and Lesbian Anti Violence Project recorded 158 instances in 1992 in which people with HIV reported violence, of which 7:3% were ascribed to HIV prejudice.

These are subjective measures of HIV related violence, those where the person being attacked believed the attack was HIV-hate related. There are also objective measures of HIV-hate related violence. When taking reports of violence, the AVP asks those reporting what was said to them by their attackers. In 1992, 4.6% reported taunts about their presumed HIV status, and for 1993 the figure was 7.7%.

Although the AVP has received a number of harassment reports from PLWHAs in public housing, *Count and Counter*, the data collection of the AVP, only recorded two incidents of violence in each of 1992 and 1993 where those attacked said that the main motivation for the attack was their HIV status. The figures for 1994 are not as yet collated.

Let's put the figures into some kind of perspective. Only a small

proportion of violence of any sort is ever reported. Studies of violence put it at less than 20%. The incidence is more subject to under-reporting where, as with people with HIV/AIDS, those who are the target of the violence are likely to be reluctant to report because of their concern about how they will be treated. People with HIV/AIDS who have been attacked have had little reason to believe that they would be treated sensitively and equitably.

At the same time, the level of violence against lesbians and gays is quite high. Since 1988, there



have been seven studies across four States in Australia. What emerges is that in an average population of gays and lesbians anywhere between 8% and 30% will say they have been physically attacked at some time in their lives. The selection of lesbians and gays as targets of violence is not an accident. It's clear from the form of the attacks, and by the verbal abuse accompanying the attacks, that violence is driven by homophobia and hate.

It's the link between AIDS phobia and homophobia that the new campaign particularly targets. Since AIDS first entered the popular demonology in 1982/83, reports from gay and lesbian communities promote the view that violence against us has also increased,

peaking at times of heightened media attention. It's difficult to say whether there has in fact been a rise in the level of violence over that time. The AVP has only had two complete years of data collection, and while the numbers of reports of violence has increased over that time, it's impossible as yet to say how much of that increase is due to an increase in violence and how much to an increasing willingness to report violence when it happens.

What is clear is that HIV/AIDS is used as the excuse for violence in a proportion of the incidents. More than that, it's used as an excuse for the homophobia that underlies the violence. When confronted about their acts of violence, many of those who attack lesbians and gays express surprise that people see what they have done as wrong. They have taken on a message that it's okay, that no one's going to mind, or that they'll get away with it. The message comes from structural homophobia still prevalent in the law, in religion and in some parts of the medico/psychiatric sectors.

In the same way, violence against people with HIV/AIDS is undoubtedly seen by those committing the violence as, if not condoned then, likely to be ignored on the basis of the kinds of messages they continue to get of the pariah status of people with HIV/AIDS.

The current campaign draws out the links between these two areas of violence. It recognises that effectively addressing one depends on effectively addressing the other.

— Paul VanReyk

THE LESBIAN & GAY ANTI-VIOLENCE PROJECT: POBOX 9  
DARLINGHURST 2010.  
PH: 360 6650. Fx: 380 5848

# Talkback



## Good night out

It was a night to remember in Wollongong! Word was out that a benefit for people living with and affected by HIV/AIDS was to be held at Chequers night club in Wollongong. I know what the gay community in Wollongong can be like — any excuse for a party will do. So Saturday 13 August the gay community from Wollongong and the south coast all rallied together for a benefit to raise money for the PLWHA Luncheon Club held every Monday at the Lizard Lounge in Sydney. It was also an opportunity to let Wollongong know that the Luncheon Club exists, and to let the Wollongong's gay and lesbian community know that they are more than welcome to join in the fun of the Luncheon Club.

There was a show by the best of Sydney performers and a sprinkling of Wollongong talent who all donated their time for this benefit. Hostess for the night was the sensational star of stage and back-rooms, Ms Betty Winsor, who I think was born with a mic[rophone] in her mouth. Backing up Ms Winsor was the glamorous Ms Muffin and The Boys who all danced their buns off for the crowd, and not forgetting Ms Tess Ticle, the seductress of the 90s. Wollongong was represented by the devious Ms De De and the glamorous super talented star of Wollongong (who is just waiting to be discovered) Maria Kenny, who like always looked fabulous! Bitch — she would scrub up and look great in a dishcloth.

It has been quite awhile since Wollongong has had a show of this calibre, the show seemed to go on forever to the delight of the

audience who were screaming for more. Well done to everyone who was in the show. It was a night to remember.

A big thank you must be given to all the business people who donated prizes for the raffle.

Most of all a warm thank you goes to the gay and lesbian community of Wollongong and the South Coast for supporting this benefit, without you this night would not have been possible. Also thank you to the brave souls from Sydney who came down to Wollongong on a bus so old that Henry Ford designed it! I hope you all enjoyed yourselves down in Wollongong, I know that the staff and management of Chequers Night Club would love to see you all again. I also hear that the bus trip back to Sydney was a lot of fun, except someone lost their false teeth. All I ask is why did they have their teeth out?

In all a fun time was had by all. I hope that we all can get together again soon.

Carol Ann King who organizes the Luncheon Club was over the moon at the success of the night as bucket loads of money was raised — in excess of \$1,600. Good on ya, Wollongong.

To Carol Ann and the PLWHA Luncheon Club, Wollongong says thank you for the fun night and wishes you all the very best for now and the future.

— Mark Douglas

## Ariss eulogised

I have learnt with profound shock and regret of the sad news of the death of Robert Ariss who passed away 20 days ago.

The late Robert Ariss rendered dedicated service in AIDS research. He worked tirelessly,

[for] the [betterment] of his own community and *Talkabout*. As a contributor to *Talkabout* since 1991 (when I started receiving the newsletter) up to the present time, Ariss proved himself to be reliable [and] always placed the interest [of others] (especially the Body Positives) before his own.

He has dedicated his entire life to the noble cause of uplifting the well being of others and particularly the gay community. He performed his duties with dedication, commitment and determination. The cruel hand of death has robbed your community of the love and care of a loving friend, his colleagues and friends of a trusted companion and his village of a dedicated leader and true servant of his people.

During this time of grief, I join the whole family in mourning his death and pray to the almighty god to grant his departed soul a place in ever lasting life. Amen!

— Januarius Rodgers, Fort Portal, Uganda

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## Carbon Copy

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To: Paul Keating, Prime Minister, Canberra

I write in relation to your forthcoming visit to Japan and your meeting with the Japanese Prime Minister in particular.

As you may be aware Japan's policy on HIV/AIDS leaves a lot to be desired.

HIV Positive people are denied entry into the country, either as visitors or residents (excepting the recent Yokohama International AIDS Conference). There is no education taking place with funding for gay or bisexual men. Many of the county's dictionaries still

# Tribute

STEPHEN CUMMINS, NOTED FILM-maker and a founding director of Queer Screen, died on Tuesday 23 August of AIDS-related lymphoma. He was 34 years old.

Stephen embraced life with vigour and determination and his achievements were many, too many to list here. He inspired countless students through his work as head of 4D Studies at UNSW's College of Fine Arts and gave time, energy and encouragement to other artists and community organisations. He is perhaps best known for his short film *Resonance* which won the Best Short Film award at the 1992



Sydney Film Festival and is still showing around the world. Among his other works, *Elevator* and *Le Corps Image* have both won international awards. His last completed work was a short piece *Body Corporate*, made with dancer Matthew Bergan for SBS-TV's *Eat Carpet* program.

say that homosexuality needs to be treated as a mental disorder. Less than five companies in Japan have written policies saying that they will not dismiss employees with HIV. Less than twenty-five Japanese hospitals will treat people living with HIV/AIDS (PLWHAs) and only a small number of doctors will have PLWHAs as patients. A large proportion of PLWHAs have been dismissed from work because of their HIV status.

I ask that you raise this issues with the Prime Minister. It is time that Japan changed its attitude of pure neglect in AIDS service delivery and discrimination against PLWHAs. In this, Australia has much to be proud of and much that we can proudly show the Japanese the way forward with.

— Paul Canning, Talkabout  
Editorial Coordinator

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



Talkabout, Po Box 831  
Darlinghurst 2010

Besides being a gifted and committed artist, he was to me a constructive critic and great friend. Incisive, analytical, witty and intellectual, he was also warm, gentle and generous. Acutely aware of the many and multiply layered misrepresentations of people with HIV and AIDS, he offered his insights freely and constructively, and addressed these issues through his own work. At the time of his death, he was working on a film entitled *Status*, in which he sought to explore the difficulties of disclosure and the meaning and significance of HIV and AIDS from the perspective of people with HIV themselves. Using dance, drama, narrative and humour, *Status* promised to show us in a way we've never been shown before.

Stephen dealt with adversity creatively. During the making of *Resonance* in 1991, Stephen was

bashed one night on his way home from Darlinghurst. He responded to this event by re-working the film, together with his friend and collaborator Simon Hunt, to examine the resonance of this event, starting that night in the casualty ward at St Vincent's. The result is a deeply telling exploration of anti-gay violence. This courage and resolve, the ability to examine and understand the meaning and significance of events, also showed in Stephen's response to his HIV positive status and his sudden illness.

His death was unusually, unfairly rapid. Two months ago, he mentioned to me on a dance floor in Auckland that he was feeling "generally unwell". Nonetheless, he partied on, made numerous guest appearances at a film festival, politely and creatively answered (sometimes ludicrous) questions from the audience and generally revelled in the attention and status he received. Within a fortnight he was in hospital, where he continued to work on the script and contract for *Status* in between receiving guests and holding court as graciously as the circumstances allowed. Even after chemotherapy failed him, he remained optimistic and determined.

He died at home, peacefully and bravely, in the early hours of Tuesday morning, his parents at his side. He left behind works of lasting significance, the beginnings of another and an intricate web of friendship and love. He took with him so much more, so many possibilities and bright futures, but most of all the magic of his presence — sparkling, sensual and utterly irreplaceable.

— Alan Brotherton

# Yokohama, full-on

— live from the 1994 international AIDS Conference —



## Act UP/OCCUR taking the stage at the closing ceremony

YAWNER IN YOKOHAMA READ THE headline in America's leading gay magazine *The Advocate*, but it wasn't just the gay media acting bored as we reached the Tenth International AIDS Conference. In the absence of any great scientific 'breakthrough', most of the mainstream media ignored it as well.

Marking this year's event was

a re-focus on the importance of human rights and the empowerment of disadvantaged groups (especially women) led by former World Health Organisation head Jonathan Mann. The future direction of research was also a subject for debate, particularly since the American government's move towards a greater emphasis on so-called basic research.

According to *The Advocate* this, "is already having the unintended effect of exhausting media and public focus on AIDS."

Yawner? Two PLWHA delegates (who report back to Talkabout over the following six pages), as well as many of the overseas PLWHAs interviewed, found inspiration alongside the information at this year's 'nonevent'.

# "Yokohama was inspirational" — Susan Paxton

YOKOHAMA WAS THE FIRST INTERNATIONAL AIDS Conference I'd been to. I was very excited about it being held in Asia because I'm particularly interested in issues around development and gender equity. In Asia the total number of HIV infections will soon overtake Africa. HIV has increased eightfold throughout Asia in the past twelve months.

The Community Forum was a fantastic opportunity to share experiences and make links with people from a huge range of AIDS-related organisations around the globe. It also meant that when the main conference opened the next day, and the numbers swelled to 10,000, there were already a few familiar faces in the crowd — which is one of the beauties of specifically focused pre-conferences.

Everybody in the *Activism and Advocacy* workshop articulated the need in future conferences to have workshops on skills-acquisition such as hands-on skills in advocacy for changing government policy.

The opening of the conference was technically spectacular, but what remained with me throughout the next few days was the young, positive, Japanese gay man, Toshihiro Oishi, who spoke out about his status in front of the Prime Minister and the Crown Prince, in a country which only has two openly positive people, where the majority of infected people are haemophiliacs and where gay-identity is not acknowledged at all. Listening to Oishi I realised the powerful education the Japanese people would receive as a consequence of Yokohama.

One session that sparked my interest was Dr Welbo from the Chinese Academy of Traditional Chinese Medicine who had used

Tenth International  
Conference on  
**AIDS**  
International Conference  
on STD  
Yokohama Japan  
August 7-12, 1994



Chinese herbs on eight patients and followed them for up to five years and they had all sero-negative converted. I've still got to debate the meaning of this with a few medical practitioners here.

But the most exhilarating aspect of the conference was being with people of every race and colour from every part of the globe, actively working towards eradicating HIV and improving the life of people who live with the virus.

As well as the programmed sessions, informal workshops sprung up everywhere each day. I was invited to one such workshop on young women's issues by Elizabeth Reid. I'd read and admired her work from afar, and there I was listening to Elizabeth's mind at work. She was describing the complexities of the language of sex for a young woman as a dancing of the mind and that if you don't practice this dance, you don't know how to do it.

It was a very exciting workshop. There were women from South Africa, Malaysia, Uganda, The Philippines and the USA. And all were echoing similar stories: that young women, the least powerful in our society, are being infected at a higher rate than anybody else.

At a meeting with AIDS

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SUSAN PAXTON IS A MEMBER OF THE JOINT ADVISORY COMMITTEE OF THE VAC/GMHC. SHE WAS INVITED TO YOKOHAMA TO PRESENT A POSTER ENTITLED *PRIORITISING WOMEN'S ABILITY TO BE SELF-SUFFICIENT* BASED ON HER PAPER AIDS: *THE FEMINIST ISSUE*.

workers in the Asia-Pacific region. We workshopped practical ways of acquiring or improving skills of non-government organisations in funding applications. We suggested APCASO develop a directory of funding sources for non-governmental organisations in the region and provide technical training in proposal development and writing. This is an area in which Australia has something to offer.

Elsewhere, Juan Hernandez from *Collectivo Sol*, Mexico, spoke of the speed and silence of the spread of HIV and that decisions to surround children in silence puts them in a very vulnerable situation. Arnaud Lavauzelle from *Aides Federation*, France spoke about increased infections caused by the criminalisation of HIV, and the direct relationship between increases in AIDS cases and increases in violations of human rights. He said that the greatest violation of human rights is spousal dependency.

I heard Jon Unqphakorn from *ACCESS* in Thailand discuss *Models of Counselling and Support*. He stressed the vital role of counselling, especially over a long term, in raising the self-esteem of PLWHAs, particularly where there is widespread social stigma and discrimination, and that women-specific models of counselling need to be developed. Mazwa Banda from Zambia also spoke out about the need to empower marginalised groups in a session addressing *Future Strategies Regarding Children*.

From Yun-Fong Ngeow of The University of Malaya I learned that Australian Aborigines have an STD rate 49 higher than the general population. As Peter Plot from the World Health Organisation (WHO) had said

earlier, STD care enhances protection against HIV. The vulnerability of the Aboriginal people has not yet been adequately addressed.

An abstract session on alternative therapies by Albert Checks from US Helping US in America was really refreshing. He told me things I knew but I like to be reminded of the connection between the mind, body and spirit, the link between food, the body and disease and that without peace of mind no herbs can help and that stress kills faster than anything.

On the last day of the conference Stefano Bertozzi from The WHO Global Program on AIDS gave an interesting perspective on the impact of HIV. He talked about how AIDS destroys vulnerable structures in society such as families whose work is gender-based or countries which are poor and unstable — pointing to Rwanda with the highest percentage of PLWHAs in the world and how that has been the catalyst for a abrupt breakdown in social structures.

Bertozzi stated that high-income countries with low infections are going to lose more dollars than low-income countries with high levels of infection. This is because they will experience a loss in trade with poorer countries. He argued that it ultimately costs rich countries more *not* to prevent AIDS in poorer ones.

Overall during the conference there seemed to be a move towards looking at the people who are living longer, rather than those who are dying, both medically and socio-behaviourally.

The empowerment of positive people, and of women in particular, was given quite a bit of 'airplay'. I was disappointed that there were relatively few positive speakers — and they were usually placed last in the speaking order. However I detected a overall willingness to understand and accept that HIV positive people have the most vital role to play the epidemic.

I felt that the underlying score to many talks was a dream or a push to develop a culture in which positive people can speak out openly without fear of discrimination.

In Australia we have initiated some very successful projects. I was very proud to be able to share some of the success stories Australia with people I met. We've made an enormous contribution to HIV prevention, but there is still an enormous contribution we can make. The successful models we develop for the gay community can often be adapted for other communities.

I think of the recent *Negotiated Sex* project from the VAC/GMHC which looks at trust in relationships. If you changed the plot, and about three words on the poster, you've got something that is appropriate for other groups both in Australia and in developing countries. Let's start thinking laterally.

The PLWHA Speakers Bureau is proving day after day what powerful educators positive people are. How can we build on this and get PLWHAs into every school?

How do we build the self-esteem of PLWHAs so that they feel confident to speak out? I wonder how many of us are HIV positive but too afraid to advocate publicly on behalf of PLWHAs.

How do we develop models that will provide the support to PLWHAs to be open about their HIV status without fear of discrimination in any form?

These are some of the questions I'm left with — and Yokohama was inspirational!

**"FULL-ON EVENTS"**  
— GEOFFREY HARRISON  
THE 10TH INTERNATIONAL AIDS Conference in Yokohama was a week of full-on events with 10,000 people from around the world attending the forums, round-table discussions and plenary, looking at the abstracts and

an incredible amount of time meeting other people with HIV and AIDS from around the world.

In many ways I found the meetings with other HIV+ people to be the most useful outcome of the conference. It has now highlighted to me the urgent need for our community here in Australia to start giving assistance to so many other parts of the world, especially our neighbours in the Asian Pacific area. It is probably time for us to setup a 'buddies' system so that we can start providing them with the backup, the information and assistance that most of them are not receiving at the moment in their country.

And why do I feel this is a 'must' for us to do? A few examples which highlight the problems that exist in Asia: India is expecting five million PLWHAs by the year 2000, non-government organisations have only just begun to initiate programs aimed at public education. Social and political apathy along with irrational fears, superstition and low public awareness are the major deterrents faced by PLWHAs and small voluntary groups. The spectre of AIDS looms over India and government support for PLWHAs is not keeping pace with needs. The social taboos common in South East Asian cultures prevent the necessary open discussion and awareness sharing which is crucial to providing appropriate health services and support for PLWHAs.

Thailand currently has 400,000 to 600,000 HIV positive people with an estimate of two to four million by the year 2000. It has only a small number of community based organisations providing assistance and support. Discrimination seems to be rife with a recent police clampdown on prostitution being an example. Empower, a volunteer organisation in Bangkok said that the police claim to have rescued over 800 sex workers, but what they really did was arrest them. They quoted the Prime Minister as saying "A prostitute killing

herself is nothing serious". Recently a sex worker killed herself when she could not receive assistance from the police, they say. A 23 year old HIV+ woman told of discrimination in many areas including hospitals secretly testing clients for HIV and refusing to treat if they had an HIV+ status.

Other problems include the Japanese government's denial that a gay community, let alone an HIV+ gay community exists in their country. There are currently no education campaigns that target the gay Japanese

community for prevention from contracting HIV or for service delivery once someone finds out that are HIV positive. Discrimination is entrenched across the country with only one HIV positive gay man who has been willing to be public about his HIV status. There are less than 25 hospitals trained and willing to care for PLWHAs.

On the medical and scientific side of the conference there was not very much to enthral many of us who have HIV or AIDS. Robert Gallo, from the American



**Conference central**

Cancer Institute, asked what type of research should we be doing? More vaccine studies? If we block HIV replication would we really stop progression to AIDS? (The answer seems to be yes.) Can we avoid or escape mutation of HIV?

French researcher Luc Montagnier suggested three possible approaches. Studies of apoptosis, oxydative (process to oxygen) stress and its relevance to AIDS pathogenesis (how it causes the disease), and the relationship between mycoplasma (bugs/bacteria) infection and HIV infection, saying we need to move towards a global therapeutic approach in which antivirals, antibiotics, antioxidants (inhibit oxygenation) and the restoration of cytokine (message of the system) network, especially involving IL-2, are all applied simultaneously to curb replication.

Leading American researcher Jay Levy talked about the past ten years and that we need understand how to stop replication. Long-term survivors (LTS) remain of great interest, although at least three of the papers presented on LTS had a different definition of what long-term survival or long-term non-progression is. At the *Aldyn McKean Symposium* Rob Anderson talked about being HIV positive for 15 years — using the title "healthy positive".

But there wasn't very much said that many of us who place a lot of our time in the HIV/AIDS treatment area did not already have some knowledge of. In most it was just a repetition of much of



**Japanese gays and lesbians, members and supporters of their increasingly vocal organisation OCCUR, join forces with overseas Act-Up members in a Yokohama demo. Japan's first lesbian & gay pride march swiftly followed this demo.**

what many of us already know. Treatments for HIV and AIDS have not progressed very much at all over the past year, with only a bit of hope from early results of protease inhibitor studies.

One of the few pieces of new information that did come up was that two recent studies have shown a major decrease in transmission of HIV from mother to child during pregnancy and birth when using AZT. Another one was combination of antiretrovirals with protease inhibitors. One study has shown that a combination of three drugs was better in terms of immunologic and virologic markers than two combinations and that there was no difference in toxicities.

But it was learning about the rampant discrimination and denial that currently exists in too many parts of Asia, and our need to place some of our time towards helping to overcome this gigantic problem, that was the conference highlight for me. It is definitely time for us to start telling our AIDS Councils and the Federal Government to work a bit harder in assisting our neighbours. Commonwealth neglect for our region was shown through the absence of any presentation or display stand at the conference. Shame, Government Departments, shame.

Another concern is that, although Australia is well ahead of our neighbours, when I look at where we stand in comparison to American treatments and trials, we almost match Asia's overall neglect. Australian PLWHAs need to start pushing on a national level for a more feasible and realistic service delivery in the field of treatments.

We should all listen to what Jonathan Mann (former head of the World Health Organisation and now director of the International AIDS Centre at Harvard University) said at his session — stop and think and then take some steps. Mann's paper was *The*

*Personal and Global Challenge of Renewal*. He asked, "do we really understand enough? Are we really doing enough?" He described the global AIDS strategy as ineffective, with AIDS spreading at alarming rates. "Our strategies are not working and we need to change." They have, "become a source of false reassurance. Those most vulnerable to HIV are being discriminated against and denied basic human rights." (Sounds like moves in Victoria while I was away at the conference to use our names in the records instead of a code).

Says Mann, "we need a new global strategy with an ethic for caring. We must grant all people their human rights, treating all humans as equal in dignity and rights. Mere survival is not our goal. Let us choose a path of self-

***"The term 'long term survivor' annoys me. I can't help but think of American parking lots when I hear that phrase! — we have short term parking and long term parking lots"***

examination, rigorous honesty, and tolerance. Let us revitalise and rekindle the effort against AIDS, drawing on the spirit and inspiration. We need to express through our work, our belief — our spiritual conviction — that our lives have meaning, that we are connected to each other and that in a larger world we can make a difference — ultimately, that we are all worthy, and equal, carriers of the spark of life itself."

Mann reconfirmed to me that

INTERNATIONAL PLWHAs INTERVIEWED BY GEOFFREY HARRISON. HARRISON TRAVELLED TO JAPAN ON A SCHOLARSHIP FROM THE 10TH INTERNATIONAL AIDS CONFERENCE COMMITTEE.

we should be taking a stand on our needs to PLWHA communities, AIDS Councils, supporters, doctors and scientists. Gaining their assistance in moving the Government past the denial which they currently have regarding our needs, past their slack approach towards the assistance that we need to be providing the Asian region and past their denial of direct funding to NAPWA.

## INTERNATIONAL PLWHAs

**ALDYN MCKEAN, USA**  
At last year's Berlin International AIDS Conference McKean pushed very hard and strong on many issues relevant to PLWHAs. A major force in ACT UP New York for many years, he passed away earlier this year. *The Aldyn McKean Symposium* is now a part of the International AIDS Conference program.

Deeply missed around the world, during the conference his ashes were carried from outside the Conference Centre to the ocean off Yokohama in what was for many of us a most personally moving ceremony. It was important just to have a chance to feel grief and loss. Not only for Aldyn McKean but for all people.

Aldyn, there are many of us who miss you. We thank you for what you did for all of us with HIV around the world.

**ROB ANDERSON, USA**  
Anderson presented his paper as a 'healthy positive' person.

"The voices of 'healthy positives' such as myself are often ignored. I am in a unique situation, for 15 years since contracting HIV I have lived completely symptom free."

"Somehow, when I was diagnosed, I remained calm considering all of the hysteria that was around me. I kept my status private for a number of years, only sharing it with my family and close friends. I intend-

ed to keep it that way as I had seen how people react to what they see as the 'kiss of death'. [Such] reactions contribute to negative energy and do nothing towards my wellbeing. Then it became apparent that I had to come out."

"After being in a number of papers, I get letters from other HIV positive people who haven't come out due to their fear of the stigma associated with HIV. These people are looking for a thread of assurance that they don't have to die from HIV — nobody has the right to rob them of that hope."

"My big question is what do I think keeps me alive? I eat well, get sufficient rest and sleep, exercise, live a relatively balanced, low stress life. You are free to decide what you will allow to have power over your self. It is the will of my spirit to survive, my reincarnation that keeps me here."

"The term 'long term survivor' annoys me. I can't help but think of American parking lots when I hear that phrase! — we have short term parking and long term parking lots. Everybody knows that in a relative period of time, whether its hours or days, you're going to leave the lot. So just call me a survivor, a healthy positive."

**SHAUN ROBERTS,  
GLOBAL NETWORK OF  
PWHAs (GNP)**

Roberts talked about the 1995 GNP+ conference in Cape Town, South Africa. He wants to change the focus of the conference in order to make it more participative, so the people attending to have something concrete to go back home with. Extending health care in developing countries and 'twinning' between north and south should be prominent he says.

"This conference in Japan is still just a scientific conference. Nothing new has come out of it. The entire focus has to be re-evaluated. It's a bad sign when there are still only two or three presentations on alterative or complementary treatments. Two

years since the Amsterdam conference, when complementary treatment issues first arose, it's still not happening."

He felt that if the last ten years have proven anything it must be that people can't keep on fighting this battle without active involvement of PWHAs in the conference. "PWHAs have to have input in all aspects of the program, in scientific research, prevention and care and international networking. Scientists say that this conference is becoming too NGO (Non-Governmental Organisation) orientated and they don't have time to discuss their scientific research. There is a call from the scientific world to exclude NGOs and PWHAs. We need to get this sorted out otherwise this conference is a waste of time and money. Scientists are not evaluating what they are doing."



Shaun Roberts

**AUXILLIA CHIMUSORO,  
ZIMBABWE**

Chimusoro sang this song (written by Philly Lutaya, a Ugandan popular musician who died of AIDS a few years ago) during her speech and talked about how she has set a network of PLWHAs in her home area with no support. The group has continued to grow and provide support for PLWHAs in her local community.

*I am somewhere/Alone and  
frightened/All the darkness/Life  
is hurting/No more loving arms/  
Though my arms are here  
Give me love/Give me hope/  
Don't desert me/Don't reject  
me/Whet I need is love and I'm  
not dying*

*In times of joy/In times of sor-  
row/Let's make a stand and  
fight until the end/With open  
hearts let's stand up and speak  
out to the world*

*I'm very frightened/Life is  
hurting/No more loving arms/  
I'm tired and lonely/Feed me  
love, feed me love/Give me  
hope/Don't desert me, don't re-  
ject me/What I need is love  
and understanding*

*Today it's me/Tomorrow  
someone else/It's you and me  
who need to stand up and fight/  
We'll share the night in a fight  
against AIDS/Let's come on out,  
let's stand together, fight AIDS  
In times of joy/In times of sor-  
row/Lets take a stand and fight  
until the end/With open hearts  
let's speak out to the world/See*

**PLWHA AGM**  
7pm, Tuesday September 27  
**YWCA\***  
Corner Wentworth Avenue & Liverpool St  
\*To be confirmed - ring PLWHA on 361 6011  
for more information

# 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)

**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 sup-

port 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** Provides info on HIV health services, gay networks/advocacy and encourages the adoption & maintenance of safe sex practises in the country. Nigel/Rob 206 2090 or 008 80 2612.

**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 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.

**AUSTRALIAN NURSES IN AIDS** Special interest group for nurses. John Miller

339 1111 or Maggie Tomkins 332 1090.

**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, Prince of Wales Hospital, 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.

**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

## ACON HOUSING PROJECT

### 206 2039 & 206 2029

We offer help & advice about public housing, in particular: accessing priority housing; transfer; and the special rental subsidy — as well as housing discrimination, harassment and homelessness

The Housing Project also has a number of houses and units available to clients who are waiting for public housing. You must be eligible for priority housing and in the process of applying

Call Heidi Becker on 206 2029 or Michael Modder on 206 2039 for an appointment

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. Advice, information & daily activities in an informal supportive environment. Lunches on some days, massage, acupuncture & other services available. 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.

**KIRKTON 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, Wahroonga. 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 Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

## EMOTIONAL SUPPORT

**ANKALI** Emotional support to PLWAs, their partners, family and friends. Trained Volunteers provide one-to-one non-judgemental and confidential support. 332 1090.

**CLASH** Confidential group of HIV+ heterosexuals who support each other by taking away some of the hardship of being alone. (Free call) 1-800 812 404.

**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.

**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** Un servicio de informacion y apoyo para personas afectadas por el VIH y El Sida. 206 2016.

**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



**Office:** Suite 5, Level 1, 94 Oxford St., Darlinghurst.

**Post:** PO Box 831 Darlinghurst NSW 2010.

**Fax:** 360 3504

### Current PLWHA Committee

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

support group. Pip Bowden 635 4595.  
**YOUTH HIV SUPPORT WORKER** Counselling, advice, information to positive youth and their peers in the Central Sydney area. 690 1122.

## 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. 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.

**FOOD DISTRIBUTION NETWORK** Cooperative distributing cheap boxes of fruit & vegetables. 9am - 4pm Mon-Fri, 699 1614.

**HANDS ON MASSAGE AND REKI** 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.

**PETS** The Inner West Veterinary Hospital will never refuse urgent treatment for a pet because of lack of money. 516 1466.

## OUTSIDE SYDNEY

### 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

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

**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

**NSW HIV/AIDS Information line**  
 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

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) 23 2905.

**THE LAKES CLINIC** (Tuncurry ) A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thu 10 -2pm. Free and confidential.(065) 55 6822.

**WOMEN'S HIV/AIDS & SEXUAL HEALTH SUPPORT NETWORK** For positive women, their partners and friends. Awareness raising. Helen (049) 524362.

### 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. (065) 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.

**GRIFFITH HIV EDUCATOR/SUPPORT WORKER** Laurane Pierce. (069) 62 3900.

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

**NOWRA SEXUAL HEALTH CLINIC** Confidential

## **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

### **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

### **ORANA AND FAR WEST**

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

### **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

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** 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 12pm-5pm.

**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 I S T**

**BROKEN HILL HIV/STD WORKER** Darrlea Turley. Community Health Centre. (080) 88 5800.

**DUBBO/MUDGESEXUAL HEALTH/HIV SERVICE** Robert Baldwin. HIV/STD

Worker. Community Health Centres Dubbo (068) 85 8937 & Mudgee (063) 72 6555.

**WESTERN LINK** A group for gays & lesbians in western NSW. Robert. (068) 85 8937 or Paul (063) 72 4477.

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

## **ACON MEDITATION GROUP**

Meets  
every  
Monday  
of every  
month  
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Street (ACON)

Inquiries: Call David

on 358 1318



*the light and save the children  
of the world*

**JUNIL D'SOUZA, INDIA**  
D'Souza talked about being HIV positive in India, where there is no support systems in place except for those which PLWHAs have set up for themselves — "it's all look after yourself".

"When I discovered that I was HIV positive I also discovered that only a few doctors are working in the HIV field. India does not have the medical services for PLWHAs. There is discrimination, isolation, and no confidentiality. In seeking health care for myself I had to work out a strategy of my own. I found out that drugs such as AZT and ddi are not available."

"I believe that HIV development is associated just as much with the mind as it is to the body — it requires an holistic approach. Traditional Indian medicines treats the person rather than the disease."

"I use natural therapies — acupuncture, nutrition, vitamins, homeopathy. Using homoeopathic methods I was able to adjust my mental and behavioural attitudes and my compulsive, addictive personality. My biggest struggle is with cigarette smoking. I need to change my attitudes, behaviour and habits."

"I start early each morning with my exercise practice and a prayer on support, nourishment,

strength and enlightenment. It helps with my spiritual understanding. With my own responsibility to care for my health, I organise my strength from my mind and my body. I use warm water with salt which I place in one nostril and let it pass through to the other. I also use auto-immune therapy. Desensitising my self with the drinking of my own urine took me a little time to adjust to — but I believe that it is giving me protection against opportunistic infections."

"Accepting my status has made me a more sensitive person than I had been before. My sensitivity has made me see the goodness in myself."

**RUSSELL VAN DE VENT, SOUTH AFRICA**

Van de Vent wants new information on prevention and education from a global perspective. He has a deep concern that not enough is being done for PWHA's in Africa, saying that if African PLWHAs are consulted by international bodies, "it's on a tokenistic basis."

Uganda was an exception to this, he said, as they now have PWHA's trained to do counselling and training. A, "one to one perspective has been brought into being [in Uganda], but in many other countries this still has to be developed." And developed countries PLWHAs should teach their skills of advocacy, activism

and how to present services to Asia, he said.

Pleased with the new government in South Africa — the new constitution is very democratic with anti-discrimination provision for gays and lesbians — he says that the new health minister has already brought about major changes in the field of AIDS.

He felt that the two years before the next conference in Vancouver is time which PLWHAs should spend lobbying around human rights.

*More detailed treatments info from Yokohama can be found in the August and forthcoming September issues of AIDS-X, the monthly treatments update newsletter. Copies are available via ACON or contact them for subscriptions info (\$12 only for a years worth) at:*

PO BOX 254, DARLINGHURST  
NSW 2010.

*Reports, transcripts and copies of daily conference updates are available for a small cost (\$5 a copy for PLWHAs on low incomes, more for organisations) from Geoffrey Harrison. A full list and rates from:*

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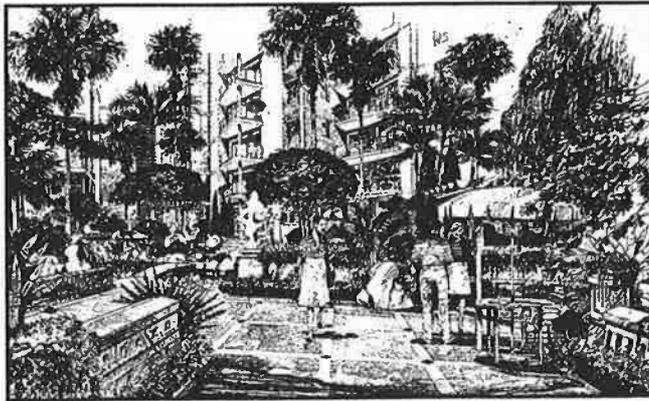
*We are looking for ninety individuals who have been clinically diagnosed as category four AIDS to trial alternative therapies cost free*

*The trial is the first of its kind and the results will be presented at the 1995 World AIDS Congress in Africa*

*If you are interested in taking part contact Jan on 361 6011 and leave your name, address and phone number*

# Home sweet home?

IT SEEMS INCREDIBLE THAT in 1994, the provision of suitable housing to people with HIV/AIDS is still an issue. If you had asked me at the end of 1992 whether I thought that this would have been so, I would have laughed in your face. Unfortunately suitable housing is still a serious problem for PLWHA.



It seems unimaginable now that when the first application was made to the NSW Department of Housing (DOH) by a PLWHA, the whole floor of their George Street building was evacuated. People who currently work in the AIDS industry were aghast that this could have happened so recently. It happened in 1989. How quickly AIDSocrats forget — that is if they ever knew.

There is a certain complacency in Sydney about housing for PLWHAs, it's as though service providers (and some PLWHAs) think that all problems with housing are solved just because PLWHAs are no longer housed in suicide towers in Waterloo. Besides, the often heard reply when criticising the current housing situation is, "We have the Special Rental Subsidy scheme — what's the problem?"

So, what schemes are available? What are the eligibility criteria? What are the pitfalls? How do you apply for the various schemes?

## **SPECIAL RENTAL SUBSIDY (SRS)**

This pilot scheme came into being in September 1993, with the aim of enabling PLWHAs to remain in the private rental market, and to lessen the pressure on priority housing in the inner city. Rental subsidies are calculated to insure that you pay no more in rent than you would if housed in DOH stock. The subsidy is based upon

data from the Rental Bond Board that sets a benchmark as to the market rent in your area. Your rental subsidy will be paid monthly, by cheque made out to your landlord or real estate agent.

Eligibility for the SRS is based upon your income and assets and the nature of your 'disability' (e.g. HIV category three or four). So if you receive the Disability Support Pension from DSS on the grounds of HIV, you are eligible — subject to your assets. The amount of subsidy will take into account the \$68.40 rent assistance per fortnight that you may receive from the DSS. If you have more than about \$15,000 in liquid assets (liquid assets = bank accounts or investments) you are deemed ineligible for this scheme. However if you receive any regular income and a partial pension you may be eligible for some rent assistance on a pro-rata basis.

There are a couple of pitfalls with this scheme that are worth taking into account. If you wish to take advantage of this scheme while sharing a flat or house with someone, they may be income tested. This scheme is currently only available on the grounds of HIV — many real estate agents in the inner city know this. Your confidentiality is blown as the cheques sent to your estate agent or landlord are drawn on the DOH's bank account. This scheme

unlike priority housing does not guarantee security of tenure. If when your lease expires your agent gives you notice to quit, you are then back in the market for another flat, and although you can continue the scheme (with the necessary revised paperwork), the possibility of having to move when you are unwell is not a pleasant one. Every time your rent increases you have to do the

bureaucratic paper chase, which can be very tedious.

Although I have outlined the pitfalls, not all the news is grim. Many people are happier to continue living where they always have without facing the 'stigma' of living in DOH accommodation. So if your flat in Betty Bay with the harbour view and the fabulous neighbours falls into the market rent level you are probably better to stay there. But if you live in a situation where you change flatmates every six months and your accommodation doesn't suit your needs you may consider priority housing.

## **PRIORITY HOUSING**

This scheme as the name implies provides you with DOH accommodation much faster than otherwise would be the case. Any resident of NSW is eligible for public housing subject to income and assets, but the waiting list is long (seven years in some areas), so basically when accepted for priority housing you 'jump the queue'.

To be eligible for priority housing you must fulfil certain criteria. Some of the situations most relevant to those of us with HIV are:

Have a severe medical condition or disability which is being adversely affected by your current housing;

Being subject to violence where you now live, such as sexual assault, domestic violence or

serious harassment;

Being homeless or threatened with homelessness.

So any or all of these criteria coupled with reduced income (i.e. disability support pension) may enable you to take advantage of this scheme. As with the SRS this scheme is assets tested. However just because you fit the criteria doesn't mean you will be housed in DOH housing. You may still be encouraged to use the SRS.

The major pitfalls with priority housing are:

If the housing offered to you fulfils your specific criteria you can't refuse the offer;

You may be housed in a complex with 'unsavoury' neighbours or just don't like the accommodation;

It can take a while to be transferred to somewhere more suitable and then only with some supported evidence as to why you 'must' move.

It's not all gloom and doom with this scheme. If you are lucky enough to be housed in some of the department's newer housing in the inner city you will find that they're comfortable, quiet and convenient (position, position, position!). Your rent can be automatically deducted from your pension, so you never have to worry about paying your rent. You will never have to move again, if you don't wish to.

Unfortunately applying for any of these schemes is not as easy as the DOH would have us believe. While many DOH staff go out of their way to help, this unfortunately is not the case most of the time. It really depends on the luck of the draw. Some DOH staff don't know about their housing policy for PLWHAs. It has often been reported to me that when people are offered inappropriate department of housing accommodation, and they choose to reject these so called 'offers', threats are made that their rental assistance will be cut off. When I have expressed concern to DOH staff about these threats made to PLWHAs to discontinue rental

assistance, the standard reply is, "We can't be expected to keep people happy all the time, people with HIV are very demanding."

Demanding we should continue to be. Secure, adequate housing that maintains quality of life is not a privilege — it is a right.

So how do you go about applying for the most suitable scheme? There are no easy answers here, but a rule of thumb is to have anything you may possibly need in the way of paperwork handy, and be aware of your entitlements.

Support letters for your application should be quite explicit, preferably from someone who is familiar with the policies of the DOH, and has some experience with assisting people with applications. Just because the person writing a support letter on your behalf is helpful doesn't necessarily mean they know how to address your specific housing needs.

You can seek advice from social workers, the HIV Support Project at ACON (206 2011) or the housing officers at ACON (Michael 206 2039 and Heidi 206 2029).

Application forms for either of these schemes are available from your nearest DOH office, you can collect them or telephone the DOH and have them posted to you. The priority housing scheme forms are date stamped, so you must lodge your application within three months, and your date of application is deemed to be the date stamped on the form. If your application is approved, your date of application determines your position on the waiting list. All applicants who wish to be housed together should apply on the same form. You will need some supporting documentation to lodge your application. This supporting documentation must be a letter from your doctor outlining your medical condition, proof of income (e.g. a form from DSS stating your eligibility for the disability support pension) any relevant bank statements or investment details. A letter from a social worker or ACON is handy to support any

specific criteria (e.g. proximity to support services, doctors etc.).

So with all this in hand, your application will be acknowledged either by post (within 30 days) or in person (if you lodge direct with DOH). You will be informed in writing as to the DOH's decision, and if more information is required you may be asked to attend an interview at a housing office. Once you have been approved for priority housing you will be placed on the waiting list until the first suitable property becomes available. This waiting list for one bedroom accommodation in the inner city (Sydney) is currently about fourteen months long. You will receive disability rental subsidy (DRS) in the meantime, ensuring that you still only pay \$31.80 per week out of the basic pension, (after the DSS and DOH rental assistance is taken into account). When you are housed in DOH accommodation you must inform the DSS of your change in living circumstances then all rental assistance ceases.

The SRS (special rental subsidy) takes effect immediately. There is a 28 day waiting period for DRS (disability rental subsidy) during which time no rental assistance is paid by the DOH, although you will still receive \$68.40 per fortnight from DSS. If your unable to pay your rent during this 28 day period the Bobby Goldsmith Foundation may be able to help (maximum \$55 per week) if you fall within their safety net criteria.

Although the thought of going through all of this seems daunting, I guess the message is you don't have to face it without some help. There are services which can help you through the mounds of paperwork, use them!

— Stephen Gallagher

*(Information contained within this article is based on Special Subsidy Housing Assistance for People With HIV/AIDS published by NSW Department of Housing, Dec. '93)*

# TB takes off

TUBERCULOSIS (TB) HAS re-emerged as a major worldwide health problem. Although it's remained a major health problem in the developing world, in the developed world TB control was thought to be possible with the advent of effective treatment. However rates of TB started to climb again in the United States in 1986, and in Australia in 1991. One factor associated with this has been HIV.

The re-emergence of TB has resulted in a lot of news coverage, and has sometimes caused fear amongst people with HIV and AIDS. TB has become a scary subject — the object of this information is not to scare you. Consider that:

In Australia, TB remains a disease that can be treated and controlled. If we take the right measures, TB will stay like that; There are things people with HIV can do to minimise their chances of getting TB;

In Australia, the incidence of TB is very low;

In Australia, drug-resistant TB is extremely rare.

So, why are TB and HIV associated with each other?

Let's say I had TB and I spent 8 hours in intimate contact with 20 people, none of whom had HIV, and they all got infected with the germ that causes TB. 18 of those people would experience no signs of TB disease for the rest of their life. Two of those people would go on to develop active TB disease. The 18 people have what is known as latent TB infection.

Now let's say I spent that eight hours in intimate contact with 20 people all of whom had HIV. In this case, on average, two of those people would develop TB every year.

For people without HIV, there is a *lifetime risk* of 10% in developing



active TB disease once they have been infected with the organism. For people with HIV infection, there is a 10% *annual risk* of developing TB disease once they have been infected with the organism. That annual chance is influenced by the underlying state of the immune system. Thus, in areas where HIV is common, the incidence of active TB disease has increased.

In many parts of the world, over 60% of people have latent TB infection. If HIV appears in those populations, there can be a dramatic increase in active TB disease. In Australia, people with latent TB infection are less common and depend on which population you're talking about. It is thought that between 10-20% of Australians have latent TB infection. That percentage is higher in some groups — for example in prisons, in some groups of injecting drug users and in aboriginals. The percentage is higher if you've come from a so-called high risk country or lived in a high risk country.

In Australia, the number of active cases of TB amongst people with HIV has remained low, although the trend is very

slightly upwards. In the United States there have been outbreaks of TB amongst people with AIDS where the infection has spread from person to person. In Australia, so far there has been only one small cluster outbreak of TB amongst people with HIV. Until September 1993, TB had been the AIDS defining condition in 15 people.

So, what are the things that people with HIV can do, both to minimise their own chances of getting TB and to prevent its further spread?

Some steps are:

For people with HIV who have a functioning immune system, get latent TB infection treated;

Get persistent coughs diagnosed by a medical practitioner. If your doctor has suggested TB and the cough has persisted, then ask them to investigate the possibility of TB;

If possible, avoid travel to areas where TB is common;

Take sensible measures to avoid putting yourself at risk of TB when you're aware of someone with active TB disease. For example if a friend is in hospital with TB, wait until they have been on treatment for at least a week before visiting. If you're doing volunteer home care then perhaps you might want to avoid clients with TB in some situations, such as when the client has stopped taking medication to treat TB because they've become too sick;

If you get active TB disease, or are having latent TB infection treated, complete the course of medication. This is important not just for you, but will decrease the chance of drug-resistant TB developing.

We're now going to have a look at each of these strategies.

## GETTING LATENT TB INFECTION TREATED

The test to determine your immune status in relation to TB is known as the Mantoux test. It involves a small subcutaneous injection of the tubercle antigen. If your immune system is familiar with this antigen, there will be a very strong response and a large red swelling occurs. If you get a large swelling of sufficient size, this is known as a positive Mantoux.

A positive Mantoux result means either:

You have TB infection (latent or active);

You have been previously vaccinated for TB and you still have immunity;

You have infection with an organism that is a close relation to the TB organism.

Most people in Australia up until at least the 1960s were given the BCG vaccine for TB while at school. This vaccination program continued into the 70s in Victoria. This vaccine is a live organism which is a close cousin of the TB organism. Immunity with this vaccine lasts about 15 years. This vaccine should not be used in people who are HIV positive, as it has been known to cause disease in such cases.

TB is part of the family of bacteria known as mycobacterium. Other bugs of this family can occur in humans. In people with AIDS, MAC or mycobacterium avium complex is a common condition. Infection with these organisms can also cause a positive Mantoux reading. This is more common in Northern parts of Australia.

If you get a positive result and you haven't been vaccinated in the last 15 years, then latent infection with TB is assumed. It is now recommended that all people with HIV have this latent infection treated.

There are very good reasons for getting this latent infection treated early. It is far more likely that you'll be able to cope with the

drugs used to treat TB while you are well. If you have latent TB infection then the chances of going on to active TB disease are quite high — and this could be quite hard to treat if you are very ill. Getting the latent infection treated successfully means that you will not then develop active TB. However, reinfection with TB can occur — so it doesn't mean you have lifelong protection.

Treatment involves being referred to a specialist chest clinic and taking a course of two to four drugs for six to twelve months. Just as HIV doctors are expert at treating HIV disease, chest physicians are expert at treating TB disease. Chest clinics are also aware of issues of confidentiality.

A negative Mantoux test means either:

You have not been exposed to TB;

You no longer have immunity from the BCG vaccination;

You have been exposed to TB but

parts of your immune system are not working well enough to show a positive response.

A positive Mantoux test depends on a functioning immune system. For people who are immune compromised a Mantoux test therefore does not have much use. The status of the immune system is sometimes checked by the use of another test — the multiskin CMI test. In this test a number of antigens are injected into the skin and immune responses are checked for. If this test shows a totally negative response then the Mantoux test is taken as unreliable. The multiskin CMI test is only used in this context — if you have a negative result it does not mean your immune system has stopped working. All of these tests mean you have to go to the doctor three times — once to have the Mantoux and multiskin CMI test given, two days later to have the multiskin CMI test read and the next day to have the Mantoux test read.

If you do have no immunity and a negative Mantoux, then latent TB infection is not normally assumed. It is not standard to treat

everybody in this situation in Australia because the incidence of latent TB infection is low and, for everyone with low CD4 cells, experiencing the side effects of the drugs is considered a worse outcome than preventing TB. The exception to this is where it is considered very likely that someone has been exposed to TB. In this case preventative treatment will sometimes be recommended.

## GETTING PERSISTENT COUGHS DIAGNOSED

Probably the most important way of preventing the spread of TB is getting it diagnosed and treated. Once treatment has been established and is working, then people are not considered to be infectious. Equally, if people with HIV are aware that that cough could be TB, they can gently remind their doctors about it. TB is diagnosed by a chest X-ray and by testing the sputum for TB organisms. If someone has TB, then inducing sputum puts the medical person at risk of getting TB — so often this will be done in a hospital or chest clinic in what is known as a negative pressure room.

## AVOIDING TRAVEL TO HIGH RISK COUNTRIES

Sometimes we don't have a choice about where we can travel to. However, when we do, health should be a major factor in our choice of destination. TB is common in many parts of South America, Asia and Africa. It is particularly common in Bali, Sub-Saharan Africa, Vietnam and India. It is likely that TB will increase in many parts of Asia as more people become immune compromised due to HIV infection.

TB is also becoming common in some large American cities. However, just like Australia, so far it is confined to particular groups like the homeless. Thus, unless you're going to sleep in a homeless shelter, then probably your chances of coming into contact with TB are not great.

If you are going to spend time in a country where TB is common, it used to be suggested that you take some anti-TB drugs as a preventative measure. This is not now recommended, because you would have to take the drugs for at least six months and unless you do and you do come into contact with TB, all you're doing is helping to make TB more resistant to the drugs used to prevent and treat it.

#### COMPLETE THE COURSE OF MEDICATIONS

There are good reasons to complete the course of anti-TB medication. If you don't, you have a higher chance of TB recurring. Just because you've got better, doesn't mean there aren't TB bugs that remain in your body. The bugs that remain are more likely to be a bit resistant to the drugs used — so that if you stop and TB does recur, it is more likely that the TB will be harder to treat. Completing your medication is one of the important ways to stop the development of drug-resistant TB. For this reason, people with active TB will have their therapy 'supervised' to make sure that they are completing their course of medication.

#### DRUG RESISTANT TB

One of the reasons that TB has hit the news again is because of the development of multi drug resistant TB. In Australia, single drug resistant TB is unusual, two drug resistant TB is rare, and three or more drug resistant TB is extremely rare. If we do the right things then we might be able to keep the situation like that. Drug resistance has happened in the developing world because often multiple drug treatment regimes cannot be afforded and a complete course of medication cannot be afforded. In the developed world it has happened because of poor compliance in completing anti-TB treatment. There are more than ten drugs that can be used to treat TB. In New York, forms of TB have been found that are resistant to more than eight of these drugs.

— Ross Duffin

## Tiffy's Transport

206 2040

Tiffys provides transport for PLWHA to hospital or clinic appointments. The service operates 7am to early evening, Monday to Friday.

For more info, or to make

a booking, please call 206 2040. Ask for Monica.



Cần giúp đỡ hay hướng dẫn  
về siêu vi khuẩn HIV/Bệnh AIDS  
trong vùng Nam Sydney?

Máy ghi âm giải thích kín  
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Liều Miễn phí và bảo mật,  
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Dịch vụ Trao đổi Ống  
và Kim Chích Miễn phí và bảo mật :

Xung quanh vùng Canterbury,  
Điện thoại : 016 288 504

Xung quanh vùng St George,  
Điện thoại : 018 479 201

Xung quanh vùng Sutherland,  
Điện thoại : 018 277 717

هل أنت بحاجة إلى معلومات  
عن فيروس HIV ومرض AIDS  
في جنوب سيدني؟

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مقابل وبصورة سرية:

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معلومات سرية مسجلة.

هاتف رقم: 391 9971

علاجات صحية حنسية مجانية وسرية.

هاتف رقم: 350 2742

خدمات مستشفى مجانية وسرية.

هاتف رقم: 350 2955

# New evening outpatient clinic and dispensing arrangements Royal Prince Alfred Hospital

A new Outpatient clinic for HIV/AIDS patients will be held on alternate Tuesday evenings from 4 pm - 7 pm in the Outpatient Department at Royal Prince Alfred Hospital. Access to the Outpatient Department is via the main entrance to the Page Chest Pavilion, Missenden Road, Camperdown. Turn left into the ground floor Outpatients Department.

The dates of the Health Clinic are as follows:

20th September, 4th October,  
18th October, 1st November,  
15th November, 29th November,  
13th December.

During these clinics the Outpatient Pharmacy will be open to dispense prescriptions. HIV/AIDS patients who are under the care of GPs rather than Royal Prince Alfred Hospital doctors, are welcome to have their prescriptions for anti/retroviral medications dispensed on these Tuesday evenings.

For any medication enquiries please feel free to contact:

**Cherie Lucas, Specialist  
Clinical Pharmacist  
— HIV/AIDS**

Phone 515 6111 (pager  
6835) or phone 516 8617  
(Outpatient Pharmacy)

HIV Information & Support BBS  
(02) 818 2876

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Internet, News, Usenet and more.

## KM.I Herbal Formula Trial.

A NEW, COMMUNITY-BASED HERBAL trial is now underway which will aim to test the hypothesis that herbal extracts, "will indeed improve immune activity in people with AIDS" as well as comparing "the effect with that of conventional treatment."

The trial, one of the first of its kind in Australia, has gained the support of Mediherb pty ltd who are supplying the herbal extracts for free. According to surveys, most PLWHAs will access so-called alternative therapies at some point.

Trial organisers Janet Kneen-McDaid and Ruth Kendon, both qualified naturopaths, believe that, "certain herbal extracts may increase activity of the immune system." If herbal extracts can indeed improve immunity in PWAs, they say, they may experience fewer and less severe opportunistic infections, enhanced quality of life and, "possibly even increased life span." However the pair do stress that, "this is *not* an attempt to find a cure for HIV or

AIDS. It is an attempt to reduce opportunistic infections with minimum harm to the patient."

They're seeking 90 participants.

To qualify for the trial, you must be diagnosed as stage IV AIDS. That is, you must have had an AIDS defining opportunistic infection as well as a T-cell count below 400. They are particularly seeking applications from women, kooris and members of ethnic minorities.

There will be three groups with thirty people to each group and the trial is of six months duration. Information on how these groups are to be run will be available from the trial organisers.

Although the Herbal Formula has no known major side effects, minor ones include: terrible taste; slight tingling of the tongue; mild insomnia; and mild nausea (if allergic).

If you wish to apply for the trial please phone PLWHA on (02) 361 0011 and leave your name, address, and return telephone number.

### HIV/AIDS SERVICES IN CANTERBURY??

In-patient,  
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and treatment, counselling,  
information and referral:  
phone 350 2742

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

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

# Baby Therapy

TWO NIGHTS AFTER MY SON WAS born I had a terrible nightmare in which a lizard was slithering around on the head of my bed in the maternity ward and every time the orderly tried to catch it, it slipped away. I watched from the end of the bed in growing horror and woke sobbing, terrified. The meaning was immediately obvious to me. It was death coming for my baby. But death didn't come for my baby and was really not very likely to because by that time he was out of intensive care and into the observation nursery and doing very well.

Birth and death have been very closely associated for me since I was a teenager when two babies in my family died, my two nephews, within a couple of years. There were other deaths in my family as well at that time. So multiple loss as a concept — which I didn't have a name for then — was certainly no stranger to me at the time I started working in HIV some fifteen years later. In fact I think in some vague sort of way I thought it qualified me for the job. I thought, 'oh yeah, I've been there. It's a bit different but I know what it's like.'

But I didn't realise how much I knew what it was like. It took about eighteen months before it really hit home with the death of Megan Mkwanzani, a woman who left behind two small children. That event opened the pandora's box that was my repressed grief of many, many

years. It was a very bad time for me then because Megan's death came in a period when there were many deaths which affected me and the people I was working with. Andrew Carter, Terry Giblett, Peter Steinheuer, just to name a few. I rushed off to do as much counselling as I could and felt, after a few months, and I still feel now, that I got a lot of that grief resolved, or rather worked out, understood, made sense of a lot of my life.



*coochy, coochy coo*

But of course, once I got pregnant year or two later the grief returned because this time it was me and my baby that were under threat. (Interesting that I use the word 'threat'. Death felt closer than ever before and so did the dark pit of grief). It was very immediate and once again I was rushing off to counsellors. My homeopath gave me a special remedy for fear of death which seemed to work really well. By

the time my baby was born, even though he was rushed off to intensive care immediately, it was OK. Even then I was, on the surface at least, not believing that he could really die. But under the surface I was terrified as the dream shows. I thought that 'death is a green iguana', (though the lizard wasn't really an iguana). And life is a small black haired bundle called Kwajo Mark Asiedu who has his grandfathers legs and his fathers ears, my chin — poor child! As I write this he's almost two months old and very much alive.

A couple of days after Kwajo was born Vaughan Edwards died (he was one of the regular volunteers around our office). I found out quite by chance on the day he died. One of my friends said to me, 'how stupid of your workmates to tell you about his death.' She could see I was upset by it. And I thought, 'Well, no. It's not really.' It didn't worry me because by this time I'm so used to birth and death being a part of my life that it's fine to hear about a death at the

same time as I'm in the middle of birth. I was obsessed by death at the time anyway. Birth and death were all I could think of. Robert's death. My baby's birth. His health. And it didn't matter. You can feel Grief at the same time as you feel joy. What I found two months down the track is that I don't continue to be obsessed by death. I'm not one of those mothers who continually check to see if their baby's breathing,

though I do do it every now and again just to make sure he's still with me! I'm not terrified of him dying. His life seems very secure.

A few months before I started working for PLWA in 1990 one of my friends had a child. It was the beginning of a time in which I always knew someone who was pregnant or who had a baby. All of my circle of friends seem to be reaching the age where you start doing that. It was a very strong antidote to what I was experiencing at work. Often in my life there would be a birth and a death in the same week. I had regular times to visit my friends' children and look after and play with them. I called it baby therapy because they were a really strong reminder that life goes on, that there is life in fact, that it's not just death all around you. It doesn't take away my fear of people dying, and doesn't ease the pain of grief very much, but baby therapy has brought a lot more joy and fun into my life. It's very comforting and ironically I've found that I became a source of comfort in the same way for other people because of my pregnancy. And judging by the reactions to Kwajo when I bring him into PLWHA or ACON 'baby therapy' works for others too.

Although I got used to births and deaths occurring in very close proximity to one another I got a very nasty shock when just a month before my baby was born Robert Ariss, who was a very good friend and work partner, died.

The second half of my pregnancy, from the beginning of this year, was hard because I was seeing Robert's health deteriorate and that of other friends around me, like John Gardiner, who also died recently. It was very hard to feel that I was this huge, abundantly full-of-life person while seeing other people with their life draining away from them.

When I interviewed John I felt almost obscene, sitting there thinking this is life and death in one room. I was — whooh! — I was like a full-blown rose! And he was dying. You could see it. But I don't think he thought it was obscene at all. He was really enthusiastic about the fact that I was having a baby — as so many people have been — because they do see it as such a positive force and it reminds them, as it reminded me, that there is life out there. But it wasn't much comfort to me to be the one pregnant this time.

It felt very strange at Robert's funeral to have people to say how lovely it was that I was having a baby when all I could think of was his loss.

On my bookshelf I've got a photo of him taken a few weeks before he died sitting beside a photo of my baby taken half an hour after he was born when he was in a humidicrib with lots of little wires attached to his tiny body. I think those pictures will be side by side for quite some time yet.

— Jill  
Sergeant

*Editors comment:*

*Jill's article resonates with many of the feelings I have had since I started working for PLWHA in May.*

*Soon, I will be an uncle for the first time, and some of my*

*straight friends are getting to the age when babies start happening. Kwajo is one result of this and, although he's not so popular when he does his Linda Blair in The Exorcist impersonation, his presence around this office and ACON's seems to completely change the atmosphere. Funny that.*

*There is a certain freedom in celebrating the joy of life by going 'goo goo' at a small human being. Often death and grief are surrounded by presuppositions on our part of what constitutes the right way to behave. Recently this has been my experience when friends have questioned my grief for someone I "hardly know." The hierarchical order into which our emotions are often shunted (or buried) disappears with a baby. We feel blessed with his presence.*

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# Review



PAUL MONETTE IS UNDOUBTEDLY America's best known gay writer on the subject of AIDS and HIV. He shot to prominence in the late eighties with the publication of *Borrowed Time*, a memoir of the decline and death of his lover Roger Horwitz. Last year, Monette achieved one of the highest literary accolades when he was awarded the prestigious American National Book Award/Non-Fiction for his coming out autobiography *Becoming a Man: Half a Life Story*. It is generally acknowledged that AIDS has made Monette into the writer he is today. Prior to AIDS Monette was mostly writing Hollywood screenplays and lightweight novels.

*Becoming a Man* has only recently become available in Australia in its British edition. Previously, it was only available as a more expensive American import. This new edition from Abacus features a Bruce Weber photograph on the cover and two pages of glowing reviews from various papers and magazines just inside the cover. This memoir is a testament to the tyranny of the closet. Monette's struggle to come out took him "half his life."

Although *Becoming a Man* is his best known book, he has written many other books of both fiction and non fiction that deal specifically with HIV and AIDS. His follow up to *Borrowed Time* was in a different genre but still dwelt on the same subject: the death of Roger. *Love Alone* is a book of poetry. Eighteen grieving elegies for his lover. His next book was a novel *Afterlife*. It centres round a group of friends who are "AIDS widowers"—men who had all lost their lovers to AIDS. His next



Paul Monette

novel *Halfway Home* explores the difficult relationship between two estranged brothers: one gay and HIV positive, the other straight and in trouble with the law.

May this year saw his latest book *Last Watch of the Night: Essays Too Personal and Otherwise* published. It's a collection of essays on a variety of subjects. There are several travel pieces, an attack on the Catholic Church, even an essay on his dogs, as well as those pieces that deal with the realities of dying of AIDS. Monette turns an unflinching gaze upon the state of his own body and those of his friends at times of intolerable sickness.

Many suspect this may well be Paul Monette's final book. Though he has just published a book of poetry in America it is basically a collected works. When *Last Watch of the Night* was launched Monette was too ill to fulfil various publicity appearances. Appearances at bookshops round the country were cancelled. So was a signing at the American Book Fair in Los Angeles. No word has

filtered through to Australia since of how he is faring.

His new book of poetry is entitled *West of Yesterday, East of Summer* and does contain some previously unpublished pieces, along with notes and reflections to place the work in context. It should be available in Australia in mid-October.

— Graeme Aitken

## RECENTLY PUBLISHED AIDS/HIV TITLES

*Life Sentences: Writers, Artists and AIDS*. Edited by Thomas Avena. \$45. Hardcover.

*The Anarchist AIDS Medical Formulary: A Guide to Guerilla Immunology*. Selected Essays by Charles R. Caulfield with Billi Goldberg. \$23.95. Paperback.

*Practices of Freedom: Selected Writings on HIV/AIDS*. By Simon Watney. \$35.95. Paperback.

*AIDS Treatment News Volume 3*. Edited by John S. James. \$29.95. Paperback.

*Landscape without Gravity: A Memoir of Grief*. Barbara Lazear Ascher. \$19.95.

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AIDS Council of New South Wales Inc.

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.

**HIV WOMENS' SUPPORT OFFICER**

(20 hours per week)

This is a part time position that works closely with the existing HIV Womens Support Officer. 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: 7th October**

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

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

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

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

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PHONE (W) (H)

- I wish to apply for membership of PLWHA Inc. (NSW)
- I wish to subscribe to *Talkabout*
- I wish to renew my subscription
- I wish to make a donation of: \$ \_\_\_\_\_
- I enclose a cheque/money order for \$ \_\_\_\_\_

In the interests of your confidentiality

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

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Please forward this completed form to PLWHA Inc. (NSW),  
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SIGNATURE DATE

# HIV *living* information forums

## recreational drugs

wednesday 14 Sept 6.30pm to 9.00pm

- do recreational drugs speed up progression to AIDS?
- how to get the best from your drugs
- party drugs and opportunistic infections

## nutrition

wednesday 21 sept 6.30pm to 9.00pm

- eating to stay well
- can food boost your immune system?
- vitamins and other supplements

**these free sessions are organised by hiv positive people for hiv positive people, but anyone is welcome**

**~just turn up, the only silly question is the one you don't ask**

**A C O N**

AIDS Council of New South Wales Inc.

188 Goulburn Street  
Darlinghurst NSW 2010

for further information call (02) 206 2011

# Positive Retreats

**From 4pm Thursday October 13 until evening Sunday October 16, the HIV Support Project and PLWHA Inc (NSW) will be holding its first retreat for HIV positive people.**

Come along to a stress free country location where you can enjoy nature, try complementary therapies like acupuncture and massage, meet other positive people in a relaxed environment or just come along for a break away.

The retreat will be alcohol and recreational drug free.

An investment of \$40 unwaged and \$100 waged will be the cost of the retreat.

**For more details, and to obtain an application form, call Les on 206 2014, Mon - Fri between 10am and 6pm.**

