

No. 50 December/January 1994/5

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



Positive
Speakers
Bureau

PLWH/A News



ASTUTE READERS WILL PROBABLY HAVE worked out, from the 97 or so pages devoted to it in this issue, that the launch of the Positive Speakers' Bureau was *the* event of the month (if not the year) for us. There's little left to say here about it other than to thank the many people who made it all possible. Thank you.

Media coverage of the launch was fairly good, given that a lot of press virtually ignored World AIDS Day (unless Kylie was involved), with Channel Ten News running a good story and a feature planned for *The Australian*. Perhaps the most heartening response was a very on-side article in the *Dubbo Liberal* — sure, it's not high profile, but it's probably a mostly new audience. We'll have to wait until the new year to see how many extra requests we'll receive for speakers, given that most people seem to have other things (mostly to do with credit cards and gift wrap) on their minds right now.

The other good news is that we have received a grant for a part time coordinator for the Positive Speakers' Bureau. We'll be moving to get this filled as quickly as possible so that an extra training course can be run as soon as possible and all the administrative loose ends can be tied up before they unravel completely.

We've had a few calls from prospective speakers and we'll try to get something moving as soon as we can. Don't change channels yet.

Other good news is secretary Robert van Maanen's return from hospital to the fray, or more precisely the staff management agreement.

PLWHA and ACON jointly sponsored a meeting of concerned parties with St Vincents' Hospital. SVH Chief Executive Ron Spencer addressed the meeting about the new funding agreement. Unfortunately, there was a distinct lack of detail as to just how the new arrangements would work which has left quite a few people with the same concerns they had before the meeting. More details are supposed to be available around Christmas — always a good time to release details of something because, of course, everybody's paying attention then. Also on the subject of Vinnie's, we've been reassured the new ward will be ready by Christmas.

Among the Health Minister's new funding announcements was the news that around \$2million (the figure gets fuzzy around the edges at times) will be earmarked for a dementia care facility. There are a number of working parties working

on this and PLWHA reps are having input into them all. At the moment it's not clear where the facility will be but the aim is to develop a service which meets needs across the state.

Drug company Glaxo has responded to pressure from a number of directions and is holding a meeting in Sydney on December 13 with PLWHA groups and other parties (it's a party time of year) to talk about making their antiretroviral 3TC more widely available in Australia. They're concerned "to ensure the speediest, most appropriate and compassionate availability of 3TC, without compromising research". Well, we've all gotta make compromises sometime — maybe it's Glaxo's turn.

Staff and committee have also been busy trying to resist the general flow of the universe and introduce some sort of order into the filing system in the office. Work is also underway on planning for 1995, setting up the next Positive retreats for the end of January and getting ready for the usual Mardi Gras frenzy of tickets, viewing rooms, time out rooms and parades.

Happy New Year!

— Alan Brotherton

Notices

Contributions are sought by February 15, preferably earlier, for a special issue of *Talkabout* in March on Complementary Therapies.

PLWH/A's office will be closed for the holidays from December 23 through January 3.

Readers wishing to be involved with the PLWH/A presence at the 1995 Mardi Gras, including the Time-Out Room, or who want more information on ticket arrangements, should contact 361 6011 early in the New Year.

Talkabout is now available via the HIVNet Bulletin Board in Australia and Internet internationally!

NAPWA

The National Association of People Living with HIV/AIDS (NAPWA) is the peak body representing Australian State and Territory People Living with HIV/AIDS organisations.

NAPWA Representatives are made up of volunteers from these state and territory organisations who work to ensure that positive people are appropriately represented in the national response to AIDS.

Scientific Advisory Committee for the National Priority Program in Social Research, "People Living with HIV/AIDS and their Carers"

The task of this committee member is to provide advice to the above program: given their area of expertise; to assist the research team to meet the research objectives. Two areas of research have been funded to commence in 1995: *HIV Clinical Trials and Discourses on Living and Dying with HIV/AIDS*. Both will be focusing on the experiences of people with HIV/AIDS.

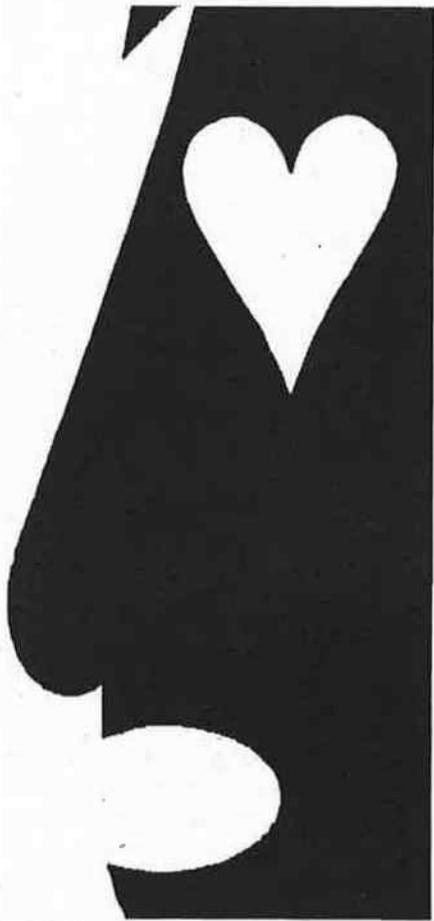
It will be the responsibility of the person representing NAPWA on this committee to provide the NAPWA Executive with a written report or minutes of meetings attended. This material is to be submitted no later than one month after each meeting has been held.

It is anticipated that the successful applicant would need to commit to three meetings per annum, which will be held at La Trobe University, Melbourne. Representatives from Melbourne are encouraged to apply. It is anticipated that applicants will have close connections with State/Territory based PLWHA organisations. Further information is available from the National Communications Officer, Russell Westacott.

Phone: 02 231 2112 Fax: 02 231 2092

Expressions of interest close Friday 6 January 1995 and should be faxed to the above number.

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This months cover

By Alex Zinzi. As 1994 draws to a close, *Talkabout* covers one of the best things to have happened to PLWH/A all year — The Positive Speakers Bureau. And a merry New Year to all our readers!

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Talkabout

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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
JANUARY 16

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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Briefs



When Bangladesh's Muslim fundamentalists put a price on the head of novelist and women's rights campaigner Taslima Nasreen, AIDS workers in the country feared the worst. Human-rights and foreign non-government organisations (NGOs) speaking out for Nasreen, who's accused of blasphemy, have been a visible target for fundamentalists demanding the expulsion of all foreign NGOs. WHO estimates that Bangladesh has 20,000 HIV positive people but experts say that, like neighbouring India, that figure will explode. Nasreen has consistently attacked the country's strict social codes. Male exploitation through sex is an important theme of *Lajja (Shame)*, the book which provoked Muslim demonstrators. Said one AIDS worker, "Nasreen talks about issues that are central to whether our work will succeed or not." (WorldAIDS)

Los Angeles Mayor Richard Riordan has declared an 'AIDS emergency'. The move is aimed at circumventing a state law barring needle-exchange programs.

The Catholic Church in Brazil, the world's largest, is being forced to reconsider its attitudes towards AIDS as HIV reaches into its ranks. Although figures are unreliable, at least 70 priests are thought to have died. Fr João Batista Monteiro is the only priest to have disclosed his HIV status. Convinced that many priests lead active, clandestine — often homosexual — sex lives, he says that "Priests are just men like any other." The Brazilian Church has moved from a position of condemning PLWHAs "by divine law" to providing care without moral condemnation at a number of well-equipped centres, but it still refuses to endorse condom use. However its influence on the government over condoms appears to be waning. (WorldAIDS)

Southern African insurance companies are refusing life policy payouts if the holder dies from AIDS. "We have to do something or we sink, go insolvent," said Theo Hartwig from South Africa's Old Mutual Assurance Company. The company, one of South Africa's biggest, has inserted exclusion clauses which allow them to "not pay if a person dies of AIDS" said Hartwig. Most workers in the region have some form of life insurance and now the industry is demanding HIV tests before issuing new policies. 4.25% of South Africans were believed to be living with HIV in 1993 — a figure which is expected to jump to 16% by 1995. In Zambia one in eight of the population is expected to have died from AIDS by 1998. (AAP).

Euthanasia ?OK

THE FIRST AMERICAN STATE TO ALLOW doctors to hasten death in terminally ill patients has had its new law put on hold by a lower court.

Oregon's Measure 16, passed by referendum in early November, allows patients with six months to live to request a lethal drug dose following confirmation from two doctors that the illness is terminal. The patient's request must come three times, the third in writing, then the patient must administer the drugs themselves — a major difference with similar measures voted down in California and Washington. Euthanasia advocates now face a long drawn out court battle to get the law operating in Oregon.

Also: The Dutch High Court has ruled that a psychiatrist who helped a depressed but healthy patient to die should not be prosecuted; The Australian Cancer Council has published a booklet, *Your Rights as a person Living with Cancer*, which says that cancer patients have "a right to decide for themselves when the time has come to let go"; and a recent poll published in *The Australian* shows that only 15% of the population are opposed to euthanasia.

Third national strategy

THE AUSTRALIAN NATIONAL COUNCIL on AIDS (ANCA) held a two day workshop on "Future Directions" at the Waratah Hotel in Sydney on 6 and 7 December. The workshop brought together educators, carers, bureaucrats, doctors and community representatives from across Australia to discuss the current national strategy, its strengths and weaknesses and whether Australia needs a third strategy. The current strategy runs until 1996 and the workshop was the first stage of consultation in its evaluation.

The workshop was also the first opportunity for the Commonwealth appointed independent evaluator, Professor Richard Feachem of the London School of Tropical Medicine, to meet and hear

the views of people involved in Australia's response to HIV/AIDS.

Among the issues raised were the likelihood of no further funding increases, and what our priorities should be in light of this. PLWHA representatives addressed the meeting, raising the issues of continued lack of action on treatments and the slowness of legal reform. NAPWA Convenor Geoffrey Harrison and PLWH/A NSW Convenor Alan Brotherton also questioned the Commonwealth's commitment to including positive people as partners, pointing out that PLWHA groups are under resourced and sometimes afforded only a token consultation on issues of concern.

Most of those attending strongly supported the development of a third national strategy, in order to strengthen and continue the coordinated national response seen to date. At the closing plenary, both the Department of Health's Helen Evans and Professor Feachem stressed that it was "highly unlikely" that there wouldn't be a third strategy.

The evaluation of the current strategy will take place over the next year and will involve wider community consultation and, for the first time, an economic evaluation of the effectiveness of both the education and prevention and treatment and care programs.

A Kyabra Retreat

May the light of love shine
over the land.

May the waves of love pour
over the sea.

May the song of love be
carried on the wind.

May the flow of love enter the
hearts of men.

and,

May the purest love heal the
Earth.

RECENTLY, TWENTY ODD QUEENS WERE seen cramming themselves and their luggage into a minibus. Why? Because ACON were holding their first ever retreat for positive people. The weekend was billed as 'An introduction to alternative therapies' and, for many of us, it was.

How To Reach PLWHA
Pick up the phone, dial
361 6750 and inquire
about advertising

and, for many of us, it was.

Participants came in all shapes and sizes. Some of us had explored the alternative health options, some were beginning, some of us were sceptical, some of us had been sick and others had hardly had so much as a cold. The important thing was that it didn't matter, if someone needed help there was always a helping hand.

Kyabra is an Aboriginal word that roughly translates as 'a place of gathering and healing' and it has been carefully established to be precisely that. Proprietors Sue and Michael Lytton-Hutchins have established an environment that was certainly unique. Sue has the more dynamic role in terms of the healing centre, Michael was busy on our weekend tending to the 2,000 acre bio-dynamic sheep farm that comprises the remainder of their livelihood.

Susan specialises in a form of personal growth therapy known as 'Cutting the ties that bind'. I must admit that I didn't participate in her course myself but from talking with Sue and some of the people who did it seems to be a very powerful personal growth technique not dissimilar to 'Loving Relationships Training' or various other workshops. The basic premise being that all illness has its roots in some emotional need and if you can locate and heal the emotion basically you can release the need to be sick. This does sound a bit off the planet, or it would if you didn't consider that Sue herself is living proof that this technique works having healed herself not only of a life-threatening thrombosis but of cancer of the colon as well!

Sue wasn't the only practitioner on hand that weekend. There was a massage therapist, an acupuncturist who specialised in Chinese medicine, a homeopath who also used acupuncture and flower essences and last, but by no means least, an 'art as therapy' expert. Basically we booked in at the start of the weekend for whatever we wanted to receive or participate in and although there were quite a few of us and only a few therapists. I don't think anyone missed out on



Kyabra chow time!

something they really wanted to try. It goes without saying that there was no compulsion to do anything if you didn't want to, you could do as much or as little as your heart desired.

Other activities were available including horse riding, bushwalking, and tennis. It was still just a little cool to use the swimming pool although a few intrepid adventures were said to have braved the leaches to swim in the damn. Ichh!

The accommodation consisted of three little houses that once were workman's cottages on the property. Actually ours reminded me of my Aunt's house on the South Coast. They were warm and friendly and full of comfortable furniture, so we can forgive the seventies light fittings and posters of little kittens. There were eight of us per house, so it was cosy — but at least no one in mine snored!

Helen, our 'Chef Extraordinaire', created masterpieces of culinary delight.

I'd like to personally thank the organisers of the weekend, particularly Claude [Fabian], who worked so hard to see this retreat become a reality. Also I'd like to say thank you to the therapists whose love and expertise were an inspiration. Given that these kind of retreats have been running in other states for positive people for some

time it seems remarkable that it has taken so long for it to happen in NSW. But hey, better late than never. Given that there are something like fourteen thousand positive people living in our state it seems a shame that there aren't more of these opportunities. [Look out for notices of future Retreats in *Talkabout* or call Les Szaraz on 206 2014 for more information]. Actually I'd almost feel guilty if I managed to get on the next one because it would mean that someone else misses out. Nah!

For all who visit Kyabra

May peace descend upon you
May love fill your heart
So your inner light shines
Each day with added
brilliance
Cast the old aside that is no
longer serving you
And become renewed in this
place of peace

— Richard Barton

Alternatives

THE AMERICAN NATIONAL INSTITUTE of Allergy and Infectious Diseases (NIAID) has handed out US\$25 million for research into alternative therapies, "acknowledging that the future of 'traditional' drugs appears gloomy" *The Advocate* reports. Recent studies have shown results from substantial nutritional supplementation and much research

(Continued over)

Briefs



• The AIDS Trust has announced that its net income for the year to June 30 was \$658,723. Biggest earners were *CounterAid '93*, which raised nearly \$300,000, and *Voices For Life*, a Warners CD, which netted \$232,000. From this, \$259,000 was handed out in the last financial year (see article in July *Talkabout*).

• A new social and support group for "Indian guys who fantasise about other guys" is being formed. Contact 'Dost Down-under' at PO Box 367, Leichardt 2040 or phone 744 3181 after business hours.

• ACON has attacked as "inexcusable" delays in NSW Government funding for PWA access to Rifabutin, a drug used in treating MAC that is available in Victoria, Queensland and the ACT.

• A *Country and Country Style Gardens* event, reported in October *Talkabout*, raised a staggering \$22,000 for Blue Mountains HIV/AIDS organisations, \$6,000 up on the previous year. The next event for Blue Mountains PLWHA is an Australia Day dance party, January 21 (see advert, page 29).

• An amendment to an ACT Drugs law to permit the medical use of cannabis has been revised to allow only strict trial use following pressure from doctors organisation the AMA, a back down from Territory Liberals and opposition from the Labor Government.

• The *National AIDS Bulletin* carries two blank pages in its current (December) edition. No, it's not a major printers error. They were, according to the magazine, to contain a story by writer Stephen Dunne on positive/negative relationships. But the text proved too hot to handle for the NAB's publishers AFAO who, following the controversy over the Bruce Brown/Tim Carrigan cover earlier this year, didn't want to risk federal funding.

• The HIV Support Project will be conducting a Long-term Survivor Support Group commencing February '95. If you're interested in joining the group, or just want more info, call Les on 206 2014.

• The Sanctuary is a new service that offers a unique concept in healing that is currently unavailable to people living with HIV/AIDS, a place where people can explore different types of healing therapies that are complimentary to their existing medical treatments. It is a free service for anyone living with or affected by HIV/AIDS. The initial program will be offered on Tuesday and Friday afternoons from 1:30-5:30pm. The Sanctuary commences on January 17 at the Glebe Neighbourhood Centre. Bookings are essential for the following therapies: Remedial massage; Shiatsu; Complimentary therapies advice; Reiki. Please phone Lindsay on 516 7830 about bookings. Transport can be arranged through Tiffys (206 2040) and more

information about the service, or information about the various therapies on offer, can be obtained from David on 560 3057. (David Murray)



time is being poured into finding roles for particular antioxidants.

Although the grants represent only a small part of the agency's annual budget they are committed to expanding the program, according to NIAID executive director Dr. Anthony Fauci.

In 1992, following a high profile campaign which included legislators receiving more mail on the issue than any other that year, the US National Institutes of Health established an office of Alternative Medicine with a mandate to submit alternative treatments to rigorous trials. However other arms of the government have been less kind to non-traditional medicine. Citing the need for protection against dangerous products, the Food and Drug Administration has raided doctors and other suppliers of supplements. "Gestapo tactics" according to Michael Onstott of Act-Up/San Francisco in *Poz*: "The FDA hurls the accusation 'unproven' at a health claim" to support "the armed enforcement of one side of a pseud-scientific argument." They have an "anti-competitive agenda favouring the drug industry over the supplements industry, at the expense of consumers' access to a range of health choices," Onstott adds.

Other treatments groups have argued that "regulation is reasonable" — a debate which has spilled over into disagreements about new FDA drug approval rules, particularly those for new protease inhibitors. Spencer Cox of Treatments Action Group (TAG) argues that, "Simply making drugs available is not enough. The bottom line is that we are not getting enough information to know exactly how to extend lives." TAG's Gregg Gonsalves asks, "When do you start AZT? When do you switch to ddI? When do you stop? No one can answer any of these questions. We shouldn't repeat the same mistakes with protease inhibitors."

At the time of going to press promising treatments news was due back from an international conference in Glasgow and multinational Glaxo was due to make a decision on local supply of

the drug 3TC. More news on both in the next issue of *Talkabout* and we'll be covering complementary therapies in a special issue in March.

Nutritional supplement Advera is now available locally (in Chocolate and Orange Cream), according to Deborah Giblett of Abott Laboratories. "It will help maintain your weight, muscle mass and energy, without causing diarrhoea. Advera can play a key role in your fight to maintain your weight, your muscle mass and to preserve the quality of your life," adds Giblett.

(See *Take Bactrim Bitch*, page 25)

Notification

A NUMBER OF AIDS ORGANISATIONS, including PLWH/A, have joined forces with the NSW Health Department in a campaign to encourage more PWAs to ask that their doctors notify the Department of their progression to AIDS.

The reason? Commonwealth funding to all states is based on the number of people notified as living with AIDS in each state — and under-reporting has meant less health money for NSW. Notification is confidential and completed in the universal 2X2 coding.

\$5.2m extra

IN THE LONG LEAD UP TO THE MARCH State election, the NSW Government has ploughed an extra \$5.2m into HIV/AIDS with the aim of shifting the focus to "community health promotion and prevention" in "14 'priority populations'" according to NSW Health Minister Ron Phillips. The state needs to continue to "adopt an aggressive approach to HIV/AIDS, despite a radical decline in the number of new infections," Phillips added.

A large slice of the money has come from the winding up of the Medically Acquired AIDS Trust, set up after court-ordered large pay-outs. \$2m from this will be used for new and boosted HIV-related dementia services including a inner-city six-bed unit. Other large slices went to the refurbishment of ACON'S new building and the establishment of a Positive Retreats Trust Fund.

As well, the money covers funding for: A HIV Support Officer for Positive Young Men; Recurrent money for *With Compliments*; A part-time worker for PLWH/A's Positive Speakers Bureau; The HIV Support Project to take their Information Forums around the state; Research into HIV-related discrimination, violence and harassment; A HIV Community Development worker for Pride; And an Accommodation Officer to coordinate the establishment of BGF's new housing project.

Also receiving a boost were dental services for PLWHAs at Sydney's United Dental (UDH), St Vincents and Prince of Wales hospitals. UDH's Dr John Wilkinson says that, "HIV patients [will] not placed on the general waiting list for public dental care." Appointments at UDH can be made via Sue Mathieson on 282 0246. The new Prince of Wales service can be contacted on 399 2369

+ve Women

THE SECOND NATIONAL POSITIVE Women's Conference isn't on 'till the end of February (the week before Mardi Gras in fact), but planning is well advanced. They wanted a long lead time, says Vivienne Munro, ACON Women's Support Officer, so women can consolidate their own groups and feed in their issues: "to get a grounding of support on the grassroots level and to get as many women as possible."

They're hoping for 100, twice the attendance at the last conference in 1991, where women came from all over Australia, even NZ. "From that conference there were a lot of things that happened, particularly with funding, and we got a newsletter going. It really consolidated support groups. Women from Brisbane and WA went back and started them. We're still reaping the benefits of having that time together. At that conference we made a resolution to have one every year — it's taken four years to find the funding to have a second conference. My vision is to create a national data base for women — a national identity. So when a spokesperson is wanted they can come to this national identity. We can decide for ourselves and

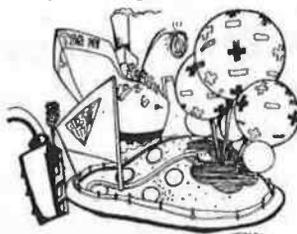
they're not chosen on a ad hoc basis. We don't have a voice and we're afraid to speak out. There's discrimination out there. 50% of HIV Positive women have children, so there's other considerations about speaking out." But the main focus, for Munro, is for women to come together and share experiences and knowledge: "For me that's the focus and anything else that comes out will be a bonus."

The conference is on February 24 through 27 at a out-of-Sydney, bushland, venue. They'll be complementary therapies, a social program, medical support, childcare, presentations and discussions. For more information contact Julie Bates on 360 9192 or 231 2111.

World AIDS Day

'IT ISN'T WHAT IT USED TO BE!' — where have you heard that before? Despite near-zero media attention, World AIDS Day (WAD) saw a lot of stuff happening *apart* from the Positive Speakers Bureau launch.

Who, who saw it, will forget Gilligans Island wrapped in plastic? "A wishing well. Located in the heart of where the HIV virus is most felt; the immediate local community." If the crowds of gawking bystanders were anything to go by, it was the event which had the most immediate impact.



Controversy reigned over the "Kylie and Tony" WAD launch at the Hospice. Particularly the absence of a PLWHA speaker and the *La Dolce Vita*-like papparazzi frenzy. Apparently Kylie's people requested only her plus one to speak. So that was that. WAD organisers AFAO decided in mid-December that it wants 50% representation on its executive for PLWHA by the middle of 1995.

Immediately after attention shifted to the International Disability Conference at Darling Harbour. NAPWA's Andrew Morgan provided the lone PLWHA presence.

"There's tensions between the PLWHA community and the disability community but I think I gave the



Photo: Claude Fabian

PLWHA Brenton Heath-Kerr actually shocked some of the crowd (and stole Carmen Lawrence's media) at the opening of Art in The Age of AIDS with this, ACON funded, costume. Debate was rare at the accompanying conference. US artist Nayland Blake, who designed the show's poster, was at the centre of one of the few raucous ding-dongs when he, quietly, laid into "soup kitchen" mentalities from HIV/AIDS workers and the art world's reasons for interest in AIDS, arguing that the aim should be "to put yourself out of business. This would not exist if people weren't dying. Theory is not going to save us." (See Review, page 30)

audience a new understanding," he says. "There was a connection with the other people there. They went out of their way to make me feel welcome. It's more about dispelling myths than animosity. An alliance is happening but I don't think we're supporting that as much as we could be. We've got an awful lot to learn from them — as they have from us. They're strong and organised. I was impressed." They run their show he says and "if we take self-empowerment and self-determination to the degree that we should, we'd have lots more HIV Positive people in decision making forums about AIDS. This is the era of us taking over."



Relax no more

I am no longer going to be running the relaxation group that I have been doing for the past few months [at the Albion St Centre]. You have previously featured some ads for the group in *Talkabout*. Thank you for your support. A number of people who came along said that they had seen these ads and this is how they found out about the group.

Thank you for helping to publicise the group and for your excellent publication.

— Michael Guy

Editors note: Although the relaxation group is no more the meditation group still meets at ACON every Monday. Further details in contacts.

Q again

What an extraordinary reaction from Peter O'Shea in his letter to you (*Talkabout* 48).

When your magazine interviewed me regarding the Press Council complaint, I understood that you would be giving *Capital Q* the opportunity to respond to the article. I presume that letter was the response.

What a pity that instead of just responding to the details of your

article, Mr O'Shea uses his opportunity as an excuse for a personal attack upon me. His letter would be a little easier to deal with if it actually made sense (is it your misprint, or did he really write "No, yet the writer takes his letter to the editor of *Capital Q*, which we could have easily have not published, as proof of guilt", and then "two BGF stories" (there were three)? And what is the strange assertion that it received better coverage than any other HIV news that month? I guess it doesn't say much for his confidence in *Capital Q*'s case if he has to resort to slagging off your magazine and my reputation, instead of an intelligible response to the article.

Perhaps the most surprising aspect is that Mr O'Shea carries on as though he doesn't have a forum of his own in which to express his views publicly. I only wish I had as few opportunities as he has, to make my words public!

— Bo Vilan

CSN Concerns

I have taken a special interest in the articles in the *NAB* [*National AIDS Bulletin*] Oct. issue, and the ten years celebration interviews in the latest issue of *Talkabout*, particularly as a recipient of the services of CSN.

The level of support for, and the rights of the carer have been paramount to the success and level of care that CSN volunteers can provide. CSN and their carers have supported my choice to continue working, and without their help with my children, especially during the illness and death of my partner, I know I would not have been able to achieve the things that I have.

The *NAB* mentioned CSN's origins, seated in the gay community, and I am fortunate to have been able to reap the benefits of these initiatives. In 1984 CSN comprised of exclusively gay men looking after gay men, and it wasn't until Megan and Richard's illness in

1989 that CSN's reach of care started to broaden into the wider community, and now, in 1994, clients come from all walks of life, "both gay, straight men, women and children" and the carers may be "gay, priests or policemen".

My concern now is that with the high level of care being provided by community based organisations that are as successful and professional as CSN, that they, and especially CSN, can no longer afford to exempt their volunteers from screening procedures. There must be some dialogue between the training staff and the coordinators as to the motivation and suitability of individual carers. To maintain its high level of support and respect for the carer, it must also screen applicants for previous known behaviours that put the client group at risk, such as theft, drug use, and child sexual abuse. That is not to say that someone with a previous conviction should not be considered, and couldn't be a fabulous carer, but why is CSN suspiciously reacting against checking relevant criminal records, with full knowledge and consent?

It is time CSN stopped jeopardising its clients and came of age. Volunteers should be treated with the respect they deserve, and CSN should appropriately access each carer by instituting a screening process, as do all organisations that provide care for children, the ill, in fact anyone that is vulnerable, such as we are.

CSN should stop its patronising belief that "we are all alright". It seems systematic of the overall belief that the volunteers are more important than the client. Carers have the right to be treated as professionals, and I and my children have the right to be treated in a professional manner. Until CSN institutes psychological and criminal screening and creates real dialogue and evaluation between the trainers and coordinators, the level of professional care and respect for

Poetry

Like a veil over my eyes, tinged
with sadness, terror and regret

A spectre in my night, a
miasma in my day

Like being human, but not
quite a pitch-forked familiar
sitting on my shoulder

Like a glance caught in the
mirror, never enough

Like knowing you're going to
lose the race

Like waking up in a state of
fright — every night

Forboding becomes a friend,
depression; my companion

Life with the demon

Paul Farrag

carers and clients, cannot be maintained.

— Vivienne Munro

Overwhelming

The opening of the Art In The Age Of AIDS exhibition at the NGA [National Gallery of Australia] was without hesitation the most overwhelming evening I have ever spent.

For me, the night marked the end of my activism career full time. My entire family were present. With every glance at my younger sister, Carolyn, my eyes filled with tears. Thank god I had my sunglasses on.

After viewing only a handful of pieces I adjourned to the outside canopy and filled my shaking body with white wine whilst smiling pleasantly to the journalists wanting a few words.

I shall return and try to view it again on a quiet day accompanied by the curator, Ted Gott. It defies description really, but then so does AIDS.

— Tony Carden

Campus capers

An Advertisement recently published was from the University of Western Sydney Nepean's Faculty of Health Studies for the Master of Health Science (HIV Studies) and Graduate Diploma of Health Science (HIV Studies).

Before registering for this course, some of us who are already second and third year students would urge prospective students to fully investigate the course. Our experience has been somewhat mixed and not altogether favourable.

Some of the course coordinators have had no practical experience in the HIV/AIDS area, and some of the courses offered and lectures

accompanying them have had little or no relevance to HIV/AIDS.

The course is so loosely structured and some of the people involved in its development so unhelpful and negative that it seems at times as if there is no worthy content.

The Dean of the Faculty, despite many complaints about course content and delivery, has not, in the period in which we have been involved in the course, made any attempt to meet and address student concerns. The library is inadequately stocked with HIV/AIDS material.

Before committing yourself to the course, it would pay you to contact some of the current and ex-students to hear their concerns about a course which in no way meets the requirements of a graduate diploma/ masters degree.

This letter has been shown to the whole of the second year 1994 HIV Studies class, and, although most of them agree with the comments made, they have declined to add their signatures for fear that their future progress may be prejudiced.

— Mannie De Saxe, Rose Lorimer and Nick Marshall

Carbon Copy

To: The Editor, *Positively Speaking*: Unfortunately I am somewhat a historical pedant. As outgoing Secretary of SOPY Inc. at the last Annual General Meeting, (and Treasurer immediately thereafter) I am bemused by your account of the proceedings of that meeting and subsequent meetings.

Mr Carl Densley was not, as you would lead us to believe from your November Profile, approved to membership of SOPY Inc. at the AGM. He did produce his

application, but, on constitutional grounds, I insisted that his acceptance to membership be put over until the next meeting of the committee — which it was.

Your usage of the terms 'dedication' and 'unanimous' must differ from my own sources. I doubt that only showing an interest in SOPY after his failed coup at BGF would indicate dedication. Similarly, a unanimous decision is hardly reached when one third of the committee members abstain from the vote.

Carl Densley has had SOPY changing its course! You are correct in this. But I fail to see the relevance of reproducing the services provided by some five other organisations. Would it not be better to provide advice, on the needs of HIV positive youth, to these other organisations? — As SOPY's original charter intended.

Or does Carl still maintain that elusive veneer for BGF?

— Adam Davis

P.S. Unlike the writer of this fantastic and fabulous (lit.) piece, I do provide proof of nomenclature.

P.P.S. I am glad you enjoyed my article on Disclosure, Michael, If you are seeking someone to talk to, than you have some options open to you: SOPY's support groups; Young and Positive; HIV Support at ACON; or as a last resort, I am sure that my friends at SOPY could arrange for you to get into contact with me.

We welcome your letters. They should ideally be <300 words and may be edited for space. Please include your name and phone number or address and send them to:

 **Talkabout, Po Box 831
Darlinghurst 2010**



Got a feeling for figures? Well here's a chance to put it to good use and help the community at the same time.

TREASURER

PLWH/A is looking for someone to fill the position of Treasurer as a member of PLWH/A's management committee. The Treasurer is a voluntary post and is responsible for ensuring PLWH/A's appropriate financial management.

If you are interested, contact Alan Brotherton or Robert van Maanen via 361 6011.

Self Defence Classes



For HIV+ People

who are interested in learning strong and effective techniques to enable them to walk the streets safely and with confidence

Qualified 2nd degree
Karate-Do Instructor
Mon/Wed/Fri 3-5pm
Info: 357 3011



Tribute



Dodge Traffic AKA Don Carter 5.5.54 — 31.10.94

I most remember — and admired — Dodge's capacity to focus on the tasks of whatever job he was performing. In all the organisations I knew him working in — ACT-UP, ACON and PLWH/A, as activist, as outreach worker, as administrator — Dodge had the capacity to put aside the internal politics swirling around him in each, and to concentrate on the job to be done, on the people with HIV or AIDS he was setting out to work for and with.

He didn't ignore the politics; he just didn't let it disable his work.

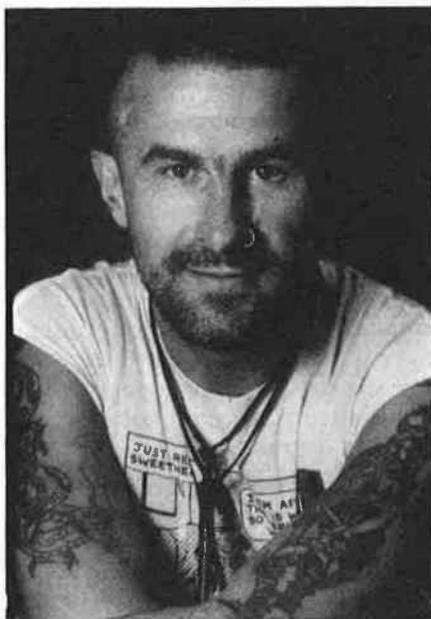
Few others can do this.

— Don Baxter

When I worked on the Communist paper, *Tribune*, before coming to *Talkabout*, a colleague returned from an anti Fred Nile rally with a fabulous photo: twin drag queens sporting handlebar moustaches, fans and placards bearing such slogans as "Repent, rejoice, redecorate!". Little did I know I'd soon be meeting both of them, and actually sharing an office with one. Of course, it was Don Carter (second out of the womb by design rather than accident) and his twin brother Andrew, co-founder of the Australian AIDS Memorial Quilt.

I immediately recognised Don when I first met him, although he now wore an attractive rainbow mohawk. He was the first PLWH/A (NSW) Coordinator, and incidentally, computer whizz kid extraordinaire, who had set up all the office systems and administered them with a great efficiency that was sorely missed at later, low periods in the organisation's life. He also rescued me from a number of database crises over the years.

Within my first week on the job I attended the ceremony in which



Don was sanctified by members of the OPI, as Saint Don the Dauntless and all too soon was saying one of many goodbyes, when he took off on what was to become a regular jaunt to Europe. He would always send us postcards and letters (which we usually published), detailing the HIV situation in various places he visited, and addresses of sister organisations for the *Talkabout* mailing list — many of them are still on it. When he was back in Australia I'd call on him to do the unenviable task of writing tributes to his brother Drew and other friends, which he did with a wit and style I rather envied. Wish I could do you justice in these words, Dodge.

It was during one of these return visits that a close encounter with a hit and run driver on Oxford Street left him with an impressive scar across the back of his scalp and a new name — Dodge Traffic. There might well be more to that name than I'm aware of, Dodge was nothing if not complex. There were many facets to his life which I don't mention because so familiar with them, but what I do know is that he was great to work with, full of fun, surprises

and with an intense, carefully thought out commitment to fighting for the rights and well being of fellow PLWHAs. He always had a clear vision of PLWHA's goals and ideals. In fact I relied a lot on his wisdom in my first year or so on *Talkabout*, and am sad and angry that he is yet another person, integral to this publication and to PLWHA, to whom I've had to say goodbye this year.

I will remember Dodge as an enormously talented and creative man, with great integrity, yet rather modest. But memories are not enough. Wish you were here, Dodge.

— Jill Sergeant

Dodge Traffic was (still is, I suspect) many things to many people and so I can really only write about the Dodge I knew — accepting it may not be quite as others will have seen him.

I knew of him first as Andrew's twin brother Don, who was overseas but due back home soon. Stories abounded of his travels, including an overland donkey trek with the very wonderful Mr Morgan. When Don, Andrew and my brother came together in the infamous Hill St abode I came to know more of this man. As I struggled to deal with the issues, Dodge made me cups of coffee, listened and most often gave me a hug. This man gave much of himself to others.

PLWH/A in the early days was to many a voice at the end of a phone. That voice belonged to Dodge. On a whim and a prayer he performed mini miracles for our members, often spending hours of his own time hunting down some requested service. He didn't need to know you to care, he just needed to know you had no where else to go or no one else [who] would listen.

It seems to me [that] some only saw the punk persona Dodge

adopted and from this drew those erroneous conclusions which can only result when too much store is put in stereotypes.

Dodge was far too great a man to be a stereotype. His is a life marked with significant integrity and an unswerving belief in the individual spirit. He challenged us often and I for one believe we all became a little better for the experience.

— Deborah Giblett



**Jacques Monroe
Intrepid Explorer
Living With AIDS.**

In an article he wrote for *Talkabout* in December 1993, Jacques told of his journey to an

Open Day at the Northern Suburbs Crematorium with his friend Tony, two Intrepid Explorers Living With AIDS (IELWA). He enthusiastically recommended the day to everyone. "You aren't going to be able to lift the lid as they slide you into the cremator" he wrote "so go and view it now while you can".

Almost exactly a year later, on Tuesday December 13, Jacques finished this stage of his journey at the Eastern Suburbs crematorium in the presence of a group of friends.

Even before he was living with AIDS, though, Jacques was an intrepid explorer with a fine sense of wit and a strong conscience. He lived, worked and partied in Sydney, New York and Auckland. During the Springbok riots in New Zealand in the early 80s Jacques and two friends dressed as clowns and marched behind the police wielding breadsticks in place of batons. They became a cause celebre for the civil rights movement after they were photographed being beaten by plain clothes police, and the subsequent court case helped change police practices in that country.

Jacques contributed to the fight against HIV and AIDS over a long

period. He was the first manager of Badlands, ran workshops across the city, was a committee member of PLWHA in 1992, relieved the HIV Support Unit workers, was one of the first CSN workers, worked with the Prisons Support group, and was a popular and gifted speaker in the Positive Speakers' Bureau. He was among the first to be open about his status, challenging ignorance and assumptions wherever he encountered them.

He had a sharp tongue matched with a gentle manner, and was capable of delivering the most acrid and astute observations in a quiet, lilting, almost world weary voice. He was always willing to talk about the most difficult and confronting issues (the more confronting the better, at times), whether as a positive speaker, a committee member or a friend.

He could be sharp, caustic, even cranky, but this was born not out of malice but of idealism, a belief that people were essentially good. He was often disappointed, but he preferred to believe in this rather than give in to cynicism. In an interview for the Speakers' Bureau just a few weeks ago, he said, "One of the things I've learned is that, when faced with the most terrifying fear right in front of them, people mostly react with humanity. Humanity wins over being an arsewipe."

His loss is a big blow for humanity, and an even bigger one for humour. The best parting words are his own. "Next segment in this occasional travel column will tell you all about our visit to the Art From The Other Side studios. Bye for now, darhlings".

— Alan Brotherton

**Warwick Witt
June 1958 — November
1994**

My friendship with Warwick started just over a year ago. I first met him two years ago at a support group, then more recently through PLWHA Committee meetings. Warwick was a PLWHA Committee member.

My first impressions are quite clear. He was a tall, dark and handsome figure who had an air of self assurance that seemed to demand recognition. He was noticeably articulate. His straightforward approach may have given some an impression of arrogance. No doubt his German heritage will be credited for these cliched attributes. For me, however, they were the foundations of a person who had little time for patronising niceties. Warwick always had a secure knowledge of his abilities and needs. His friends liked to listen. Sometimes they had no option.

Warwick was a communicator. His life's work was that of a journalist. This poem [see page 27] is testament to his talent and the pleasure that his knowledge and understanding gave to others. Warwick was totally blind throughout his last few months, but this couldn't dampen the fire he had in his soul. He continued to write when he could, both for pleasure and towards a BA degree he was studying at the University of NSW. The day before he left us his faculty awarded him a certificate in recognition of the high quality work he had produced.

I will remember Warwick for his strength and courage. AIDS could not take away his dignity nor his humour. He chose to die with sane assuredness, as he lived.

— Your friend, Graeme

Aren't you getting it?

If you keep missing out on a 'pick-up' at your local venue, *subscribe!* From only \$13 for PLWH/A members.

(See page 31 for more information)

Fucking *without* condoms

By Les Szaraz

WHEN I SAW THE TITLE OF THIS supplement that appeared in the Sydney gay press in November, I was immediately taken in! As a person with HIV, I thought now there is something that I've done at least once (I'm being modest!). So my interest was immediately stirred, my juices started flowing.

The 'Fucking without condoms' supplement is a new strategy developed by the AIDS Council of New South Wales (ACON) that aims to help reduce the number of HIV infections. ACON says that "the new strategy involves a broadening of the concept of a safe sex culture to one that encourages more open discussion about the unsafe sex that is still occurring, and, which acknowledges that, some men can have, and are having, unprotected sex, safely."

I believe that the strategy goes a long way in addressing the reasons why people have unprotected sex. ACON has moved on from the 'use a condom every time' message to one that acknowledges that gay men are making sophisticated decisions surrounding unprotected sex. However, these decisions don't always work and ACON stresses in the supplement that these decisions require care and honesty.

The frankness is refreshing and ACON is to be congratulated for its initiative in producing it. It's inclusive of the needs of people with HIV/AIDS — yes, surprise surprise, our needs have also been addressed in this new strategy. Perhaps some of that screaming and shouting in the past has paid off!

CONTENTS

Now let's look at its contents. The supplement says that it is an open letter to the gay community from ACON and that it's time to talk about the fucking without condoms

that's happening in our community. Yes, it is time, and I feel that many of us with HIV/AIDS will be pleased that this dialogue is starting.

Hopefully frank discussions of unprotected sex for people with HIV/AIDS will no longer be confined to support groups or to intimate discussions with trusted friends. Perhaps people will realise that having HIV does not mean that we can no longer have sex! And it may make some people aware that, yes, people with HIV still do have sex — much to some people's horror. And no, there is no law here in NSW that says people with HIV cannot have sex.

The supplement starts by listing



some reasons why men fuck without condoms. These include: the need to feel close to your partner; belonging; condoms remind us of the impact AIDS has had on us in terms of grief and loss; it feels fabulous — condoms kill the feeling; assumptions about the HIV status of your partner (e.g. I thought he was HIV negative too or I thought he was HIV positive too); the belief that it won't happen to me; not wanting to spoil the opportunity to have sex with that gorgeous man; and one that should not be underestimated — feeling lousy about yourself.

It also dispels some of the myths around HIV transmission. The two big ones being that pulling out before cumming is safe — it's not!

And that you can't get HIV by giving it (being the active partner) — you can!

It deals with the issue of whether some HIV positive guys have unsafe sex. Well if there are still HIV transmissions taking place it is clear that some of us are still having unsafe sex. Rather than apportion blame though, the supplement lists some of the reasons why some of us with HIV/AIDS have unprotected and/or unsafe sex. Namely the issues of: rejection if we disclose our HIV status and the effect this can have on our self-esteem; why should we take all the responsibility for safe sex — God knows we have enough health issues already to worry about without having to take on everyone else's as well; and that HIV positive people have needs too — we feel anger, frustration and we, like HIV negative men, can get carried away in the heat of the moment.

Whilst not explicitly saying it, the supplement sort of implies that we all need to take responsibility for our actions. There have been campaigns elsewhere that have used messages like 'someone doesn't give you HIV — you let them give it to you'. I believe this is an excellent message but this supplement uses the line that this is a partnership and that we have to work together on preventing HIV. My personal feeling on this is that it is balanced in favour of people who are HIV negative because they do not have to deal with the potential sexual rejection, discrimination, loss of health and all the other emotions that we encounter whilst living with HIV/AIDS.

RELEVANCE

Now for the issues that are relevant to those of us with HIV/AIDS. It addresses the question, 'I'm already HIV positive so why do I need to worry about protected sex?' It

Tiffany's Transport 206 2040

Tiffys provides transport for PLWHA to hospital or clinic appointments. The service operates early morning to early evening, Monday to Friday. For more info, or to make a booking, please call 206 2040. Ask for Monica. (Office open 8am — 3pm)



points out that some of us do choose to have unprotected sex for various reasons and stresses that, whilst re-infection is a possibility, what is certain is that you may get other STD's which we know can have a detrimental effect on an already damaged immune system. Nevertheless, it acknowledges that, for some of us, we are prepared to take this risk because we have a 'terminal' condition anyway. The use of the word terminal has upset some people with HIV/AIDS. A person with HIV remarked that a terminal is where trains terminate!

Interesting though, strategies and campaigns always look at the potential of people with HIV/AIDS passing HIV onto others but they never seem to acknowledge the potential STD's that HIV negative men could pass to those of us with compromised immune systems. That is, I've never seen a campaign that says 'have protected sex because you could pass on STD's to people with HIV/AIDS which may cause serious harm to their health.' Rather, campaigns have used the idea of re-infection to ensure that people with HIV continue to have protected sex. The jury is still out on re-infection with HIV but studies have shown that for HIV positive couples in monogamous relationships there is no difference in HIV disease progression between those who practise protected sex and those who don't. However, I feel that it must be said that the decision always rests with the individuals concerned because science does not really provide adequate answers. Lets face it, they'll be no Nobel prize for proving whether it is possible to be re-infected with a different strain of HIV!

Another point worth raising here is that studies have shown that it is people with HIV who are making significant changes to their sexual behaviour in terms of safe sex. This is not the case for those people who have had a negative HIV antibody test result. Studies show that those people who have had a negative HIV antibody test result are far more likely to have unsafe sex than those of us with HIV. It shows that people with HIV are certainly strong participators in the partnership to prevent the transmission of HIV. By the way, this is not mentioned in the

article but I feel it is worthy of acknowledgement.

The supplement goes through the very complex negotiations that need to take place if people are going to have unprotected sex. In casual situations it notes that it is very risky to assume someone's HIV status. I won't go through the complexities here because they are mostly written for HIV negative men. It does talk about what HIV positive people need to be aware of, namely the risk of other STD's and the theoretical possibility of re-infection with HIV. There is a section that talks about fucking a regular partner without condoms. It says that these arrangements can work but only if both of you don't have HIV. This is the section that I object to as a person with HIV. It invalidates those couples that are both HIV positive and have chosen to have unprotected sex. As mentioned before, for

***“HIV positive couples
are choosing to have
unprotected sex
because it feels right
for them”***

monogamous HIV positive couples, studies have shown that this doesn't significantly impact on HIV disease progression. In fact, having this sort of relationship can work because the risk of introducing new STD's is low if the HIV positive couples do not have unprotected sex outside the relationship.

HIV positive couples are choosing to have unprotected sex because it feels right for them and as the supplement points out, the couple can modify their behaviour if, for example, the other person has got a gut bug. In this situation the couple may choose to stop rimming or have protected rimming. What is protected rimming I hear you ask? This is where you use a piece of latex called a dam to act as a barrier between the mouth and the arse. If you have never tried this then you may like to. It is fun experimenting and you may be able to prevent STD's and bugs that are transmitted this way from affecting your health.

Whilst on the subject of things

that annoyed me, there is a statement in the supplement which says that "If you're negative, it may help to remember the old saying, "the first duty of any revolutionary is to survive." I absolutely hate this statement because as a person with HIV I also have a will to survive but I also acknowledge that those brothers and sisters of mine who are no longer here have not failed in their duty to survive, rather they battled like revolutionaries to survive and finally lost the battle with this insidious virus.

MYTHS

Interspersed throughout the supplement is another ACON campaign, namely the myths campaign. Whilst some of the campaign is good I am still left wondering why the issues relevant to people with HIV do not feature very much. I think there is one on early treatment and that is it. The rest are focused on transmission of HIV. Why aren't there ones on the potential risk STD's pose to those of us with HIV? And given that there's still people who do not understand the benefits that prophylaxis (preventative) treatments like Bactrim offer, why wasn't this a feature of this campaign?

So, in finishing up, what should people with HIV get from this supplement? You should get that it is OK to have sex, that there is a real risk of contracting STD's that may seriously damage your health if you have casual unprotected sex and that those of us with HIV have a role to play in the partnership with HIV negative men to prevent any further transmission of HIV. However, this responsibility does not solely rest with people with HIV because we have many other issues to deal with.

Finally, on the back page of the supplement, you will find a contact list. As is tradition with ACON they have managed to leave out an important listing, namely People Living With HIV/AIDS (PLWH/A Inc. NSW). So if you are after advice on things that are contained in the supplement or other issues related to living with HIV/AIDS you can call them (you will find their number elsewhere in these pages). Also the listing for ACON HIV peer support groups is incorrect! The correct contact number is 206 2014.

Vancouver chill-out

"It's a sunny two degrees and a slight breeze . . . I hope you enjoy your stay in Vancouver."

Jaimie Elliott braved the icy winds of Canada to report back to Talkabout from November's International Youth and AIDS conference.



7AM SUNDAY MORNING, HOW ridiculous. The conference was to start at 8:30am, they obviously don't keep the same time frame as we do in Sydney. Dressed and ready for the day I ventured downstairs to see what awaited me. I was ready to be shown new and exciting ideas that I could bring back home, but this anticipation was not to be fulfilled.

I arrived in the foyer to hoards of middle aged to elderly women. This was OK because I thought that when I got into the main rooms this would change — I was wrong! The opening plenary was full of the same people as the foyer, hardly a young person to be seen. Considering it was a positive youth conference I had expected to see a greater number of positive youth involved. I was to find out later that it was actually a chore to get the 25 or so who actually did turn up for the last day of the conference, out of the 400-500 participants. Another thing that caught my attention was the fact that I was not going to be learning very much here — quite the reverse, I was going to be teaching a lot of things to these people.

The first concurrent session that I attended was "Youth Talking About Hot Safer Sex". In this workshop youth was defined by the World Health Organisation as someone under the age of 29 who self identifies as being a youth. The workshop was divided into those who identified as youth and those who didn't. Then those two groups were further divided into another three groups, each choosing a word,

'hot', 'safer' or 'sex'. We were then asked to choose other words that meant the word that we have chosen and then to define that word and then a comparison was sought between the youth definition and the non-youth definition. We then went on to talk about things that were not as they originally seem to be and how this relates to youths' perception and HIV and the myths associated with certain 'looks'.

On this first day I was fortunate enough to meet what are classed as the experts in peer youth services in Vancouver and much to my dismay, they were quite a fair way behind us here in Australia. It was a situation where they have only just discovered this wonderful new thing called peer support and education.

After the same conference last year a group of young people came together because they saw the shortcomings of the services that were already available and decided to form an organisation specifically for youth: Youth Co. It is run by both HIV positive and negative males and females and deals primarily with gay, lesbian and bisexual youth. As I heard the story of this organisation unfold I was more and more horrified. They have yearly funding from the government of \$20,000. This is for all costs that may be incurred, including rental of a room in a building within the city area. All workers are there on a volunteer basis because there is no money for them to be paid. Availability of condoms was also a problem, they were given 5,000 from a company in the begin-

ning of the year and told that they were not going to get any more, even though many more were needed for events and fund-raisers that were being held throughout the year.

However, even though there are so few youth involved with HIV/AIDS organisations they do actually see that there is the need to have young people there to help other young people who are also living with this virus.

The young people who run Youth Co. were such an inspiration, they were not being paid for all the time and effort that they were putting into this organisation, many were working at night to survive or went to University part time as well. They truly believed in themselves and in the service they were providing.

The first day was over and I was horrified by the contrast between my expectations and the reality of what was going on in other parts of the world.

Other workshops I attended included things such as male sexuality, which was based primarily on heterosexual males and copulation (presented by a clinical psychologist), and looking at HIV within the family unit from a young person's perspective whether they be positive not (this workshop also mainly took a clinical perspective, with some room for personal stories. One story told of a situation where someone's father was positive and the main issue dealt with was confidentiality as opposed to issues within the family).

Many issues came up for me during the time of the conference and the vast differences that I encountered and I also thought to myself how fortunate we are here in Australia. I could continue further to tell how we are doing so much better than other countries in the world but it might encourage people to become complacent. There is no room for complacency. OK, we are doing better, but we have also worked hard and there is still work for us to do.

Once the conference did finish it was time for me to journey into the

(Continued on page 27)

"Most positive youth in Vancouver either live on the streets or live well below the poverty line"

Contacts



Pull Out

AIDS Council of NSW (ACON)

NEW ADDRESS: 9 Commonwealth St, Surry Hills (near Museum Station).
ALL PHONE NUMBERS STAY THE SAME: Switchboard 206 2000.

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 MEN'S PROJECT Looks at the needs of all HIV+ Asian men. Michael Camit. 206 2036 or 206 2090.

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

ACON HOUSING PROJECT

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



living in the country?

Do you want ...
▶ to talk about being gay or living with HIV
▶ referrals to HIV-friendly local health services
▶ info about support & social groups for gay men
... then call Nigel or Rob



008 802 612
or 02 206 2000

RURAL PROJECT ACON

TIFFY'S TRANSPORT SERVICE Monica, 206 2040, 8am — 3pm.

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.

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). 231 2111.

NSW ANTI-DISCRIMINATION BOARD Takes complaints of AIDS related discrimination. 318 5400.

NSW USERS AND AIDS ASSOCIATION (NUAA) Community/peer based organisation providing support, referral and advocacy for injecting drug users and their friends. Needle exchange services. 369 3455.

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

SEX WORKERS' OUTREACH PROJECT (SWOP) 212 2600.

SILK ROAD Social and support group for Asian gay and bisexual men. Meets every Friday. Workshops, discussions, social activities. Arnel 206 2000.

SOCIAL WORKERS IN AIDS (SWAIDS) A special interest group for social workers working with people with HIV/AIDS. Also acts as a lobby group for people affected by HIV/AIDS. Anthony Shembri or Pina Commarano on 661 0111.

SUPPORTING POSITIVE ASIANS Volunteer group for Asians (men and women) who are positive. Do you need support, info? 206 2036.

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, Wahroongah. 487 1000.

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

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

ROYAL NORTH SHORE HIV outpatient, day treatment, medical consultations, inpatient services, counselling, support groups, sexual health clinic, testing. 438 7414/7415. Needle & syringe exchange 906 7083. Pacific Highway, St Leonards (by railway station).

ROYAL PRINCE ALFRED (AIDS Ward) Missenden Rd, Camperdown. 516 6437.

SACRED HEART HOSPICE A palliative care facility. 170 Darlinghurst Rd, Darlinghurst. 361 9444.

ST GEORGE HOSPITAL HIV/AIDS Services Inpatient, Outpatient and Day Treatment Centre: South St, Kogarah. 350 2960
Sexual Health Clinic: Belgrave St, Kogarah. 350 2742.

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

SYDNEY SEXUAL HEALTH CENTRE 3rd floor, Sydney Hospital, Macquarie St, Sydney. Appointments 223 7066.

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 PLWAs 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.

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Current PLWH/A Committee

Alan Brotherton, **Convenor**
Steven Ford, **Deputy Convenor**
Robert van Maanen, **Secretary**
Larry Wellings, Bill Rigney, Adam Davis, Peter Hornby, Vivienne Munro

A/g PLWHA Coordinator
Claude Fabian 361 6023

A/g Administrative Support Officer
Greg Allen 361 6011

Talkabout Coordinators
Paul Canning /Jill Sergeant 361 6750



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

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 GROUP FOR PARENTS OF HIV+ ADULTS Every 3rd Fri in the month 7-9pm at Ankali House 335 Crown St. Confidentiality assured. Grahame Colditz/Bern McPhee 332 1090.

SYDNEY WEST GROUP A Parramatta based 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 1222.



YOUNG & POSITIVE A confidential service for young HIV+ gay guys. Support, information, groups, workshops, social events. Call Aldo or Jaimie 206 2076.

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 M-F, 699 1614.

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



MOVING? DYKE ENERGY REMOVALS \$17.50 half hour. Ute and driver-lifter. Mon-Fri 10% discount for PLWA's. Judith on 018 981 837

PETS The Inner West Veterinary Hospital will

never refuse urgent treatment for a pet because of lack of money. 516 1466.

SHOPPING SERVICE FOR PLWHAs Fortnightly on Fridays, inner-city only. Bookings/& further information 360 2043.

OUTSIDE SYDNEY

HAWKESBURY & BLUE MOUNTAINS

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

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

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

KARUNA BLUE MOUNTAINS Emotional support for PLWHA, 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.

WENTWORTH SEXUAL HEALTH & HIV CLINICS Nepean Hospital Mon 3-8, Thurs 9-4. Ross St Clinic, Windsor, Tues 4-8pm. (047) 24 2507 for all appointments.

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

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

C L A S H
Confidential group of HIV Positive heterosexuals

1 800 812 404

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.

CLARENCE VALLEY PLWHA Support Group. Peter (066) 46 2395.

CLUB 2430 (Taree) Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Lloyd (065) 52 7154 or Liz (065) 51 1409.

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.

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

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.

TAGLS (The Armidale Lesbian & Gay Society) Bernie (067) 66 3095.

TAREE SEXUAL HEALTH SERVICE 93 High St Taree, Tue 2-6pm, Thurs by appointment. (065) 51 1315.

TBAGS (Tamworth Boys & Girls 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 support for PLWHA, their family and friends living in this area. Lorraine on (018) 48 4834 or (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.

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

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

Regional Health Service HIV/AIDS Coordinators

CENTRAL COAST

Jeff Smith
Ph: (043) 20 3399 (018) 43 6044

CENTRAL SYDNEY

Lesley Painter.
Ph: 550 5366

CENTRAL WEST

Dr. Martha Gelin
Ph: (063) 32 8576/8538/8571

HUNTER AREA

Marilyn Bliss
Ph: (049) 29 1292

ILLAWARRA AREA

Vivienne Cunningham Smith
Ph: (042) 75 5823/76 2399

INNER WESTERN SYDNEY

Gilbert Whitten
Ph: 827 8033

NEW ENGLAND

Christine Robertson
Ph: (067) 66 2288

NORTH COAST

Margaret Hoskins
Ph: (066) 20 2145

NORTHERN SYDNEY

Graham Stone
Ph: 438 8237

ORANA AND FAR WEST

Kevin Coleman
Ph: (068) 81 2222/2242

SOUTH EAST

Greg Ussher
Ph: (048) 27 3148

SOUTH EAST SYDNEY

Jo Sexton
Ph: 350 2959

SOUTHERN SYDNEY

Colin Clews
Ph: 350 2959

SOUTH WEST

Dalton Dupuy
Ph: (060) 23 0350

WENTWORTH AREA

Elizabeth O'Neil
Ph: (047) 22 2255

WESTERN SYDNEY

Chris O'Reilly
Ph: 843 3118

NOWRA SEXUAL HEALTH CLINIC

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

PORT KEMBLA SEXUAL HEALTH CLINIC

Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399.

POSITIVE SPACE ILLAWARRA A confidential meeting place to chat, listen and share with other positive people. 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.

SOUTHERN TABLELANDS HIV/AIDS WORKER

Paul Davies, Goulburn Community Health Centre (048) 27 3113/018 48 2671.

WAGGA WAGGA HIV & SEXUAL HEALTH SERVICES

Paula Denham (069) 38 6411.

AIDS Task Force (069) 25 3055 or (069) 38 6411.

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

WEST

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

DUBBO/MUDGEES SEXUAL 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.

Botany Neighbourhood Centre

The Botany Home Support Program is funded by the Home & Community Care Program to provide a range of home support services to residents of the Botany local government area. These services include social outings, individual transport to and from medical/hospital appointments, respite to carers, help with shopping, banking, shopping trips, home visiting etc.

If we can help you, or someone you know, maintain independence and remain at home in the community please call: Barbara Delcasse, Co-ordinator on

☎ 316 4999, 9am — 4pm Monday to Friday

Botany Neighbourhood Centre 1641 Botany Rd, Banksmeadow 2019

ACON MEDITATION GROUP

Meets every Monday of every month at 6pm, 9 Commonwealth St, Surry Hills (ACON)

Inquiries: David

358 1318



Siddhanta

speaking out, speaking to, speaking by

The Positive Speakers Bureau (PSB) was officially launched on World AIDS Day, December 1, with much fanfare. And rightly so! Although the Bureau has been running as a 'pilot' program only since September, around 1,500 people who otherwise would not have had the opportunity — school children through to nurses — have already heard first-hand from a positive person.

Chris Puplick, NSW Anti-Discrimination Board chief, told the launch that the PSB is "part of the process of bringing about change". He saw its need — particularly in fighting "characterisations" of PLWHA's lives. "It's about 'them' becoming 'you'" he said, adding that PSB's best application would be in schools.

Tullamore High beat Chris to it! We profile a PSB visit to that school in the state's Far West as well as hearing from the hired and the hires plus PLWH/A convenor Alan Brotherton telling it like it is on December 1.



"I'm Alan Brotherton and I've known I'm HIV positive since 1986". That simple introduction is one of the most difficult things I've ever said to a group of strangers — in this case to a small group of students at St George College of TAFE some weeks ago.

Even as I stand here saying that to you, two HIV positive people are saying something similar to a group of Year 10 and 11 students at Tullamore, a small town west of Dubbo, and later in the day another speaker will be doing something similar in the Blue Mountains. This is the aim of the Positive Speakers Bureau to bring our stories directly to the community. In doing this we hope to counter some of the myths and stereotypes surrounding us, to promote understanding and acceptance and continue the fight against discrimination ourselves.

The idea of a project like this has been talked about among the HIV community for some time. The importance and value of speaking for ourselves was recognised many years ago — we've been doing this successfully through our magazine *Talkabout* since 1988. Over the years, some people with HIV have talked to groups, mostly schools or service providers, on an ad hoc basis or through ACON's Speakers Bureau. It's been a hope of many to involve more positive people in this, and to have a project aimed at bringing our

stories to a wider audience — many of those people have died before seeing this project come to fruition, and it's a great loss that they're not here today to share in this launch.

A Speakers Bureau engagement is ultimately a rewarding experience not just for the audience but for the speaker too. Some times it's easy from the start, but those first few words can be pretty confronting for both parties. Sometimes my initial reaction after my introduction and seeing the looks of alarm, concern or pity on an audience's faces is a powerful urge to get up and go to the beach instead — but there's the danger of getting caught in the crush as everyone else tries to leave too!

Coming out as an openly HIV positive person still carries with it the risk of discrimination and stigmatization, and talking about the details of your life, especially details such as sexuality, relationships, your sense of mortality and your feelings about illness and death to a group of people you haven't met before is never easy. So why do we do it?

It's important to remember that even as we talk of the inspiration, the hope, the positive things our projects offer, that by the time [you've finished reading this article], someone will have died of AIDS somewhere in the world. About ten people, in fact. Some of these people will have been denied

access to services or drugs they needed, their lives will have been made more difficult, and shorter, as the result of others' fear and ignorance. That's one reason PLWH/A is doing the Speakers Bureau.

Attitudes towards people with HIV and AIDS in Australia are, thanks to time and the national anti-discrimination campaign, slowly changing. But there is still a level of ignorance, fear and discrimination in the community which makes the lives of people with HIV, especially those outside the inner city areas, needlessly difficult and dangerous.

The recent case of the Tasmanian Senator who wanted people with HIV to be notified on a publicly available register because, he argued, "you may find yourself sharing a swimming pool with one" shows a startling lack of even the most basic knowledge — at what some would argue is a very high position in society. Either that or the Senator's behaviour in swimming pools is distinctly unorthodox. I think, on reflection, that I'd be unwilling to share a swimming pool with *him*! In fact, I think I'd be getting changed in the car!

One of the more distressing points about these sorts of outbursts is the willingness of the media to report them, rather than any other stories about HIV or AIDS. There is a choice being made here, and the choice always seems to fall to the inflammatory, the bigoted or the plain

(Continued on page 23)

Questions & Answers

— positive speakers/positive listeners —



The experience of Positive Speaking is not simply a productive, interesting and positive one for the listeners — it's also enjoyed by the speakers themselves.

For many, it is more than just a service willingly provided. "I really look forward to it, especially the high school students," says Tony. "They listen and they're affected and some of them make major changes right before your eyes. That is a wonderful thing to see. I remember one of the guys, who was really homophobic, saying that he realised now that it didn't matter whether you were gay or straight that it was your own business and that AIDS is not a gay disease. I thought that was pretty good coming from a year ten student who was really homophobic before he heard me speak."

Talkabout gets the opinions of five participants in this unique project: three regular speakers and two who've made Speakers available to people through hiring them.

JACQUES

"There's two things that I've learnt: to trust a lot more readily that I've got skills and talents; and, equally as importantly, when people are faced with the most terrifying fear right in front of them, that, on the whole, they react with humanity. Humanity wins over being an arsewipe. That's surprised me, especially, for example, going to boys schools. A lot more people than I might have expected try to be decent.

People usually ask similar questions: 'How did I get it?' 'Am I afraid of dying?' 'Were you in the TV ad?' 'Do you still have sex?' Kids are more frank about it, they don't put up the social niceties as much. Although, on the other hand, it's harder because they're in a room with their peers. At the very beginning I encourage people to ask whatever they want and if I don't feel like answering it I won't.

Do I censor myself? — when people ask how I got it. I think that's better with school kids. In fact with all of them, because it's just throwing in another thing to deal with. At times I feel cross about censoring. But I guess from experience I've found that it's better to do it. I'm in a position where I have nothing to lose by being as open and honest as I am and I suppose my actual person, what I look like, doesn't fit stereotypes. I like being a part of just

making people think about differences, it makes people think. Sometimes they don't like what they're thinking about.

I always make sure I talk about 'death' and 'dead' because that's something we've all got to wake up to. Some people find it very confronting to be faced with someone who they're told is terminally ill but doesn't look it and seems to be OK. I think denial of death's pretty rampant.

More often than not there's a sense of achievement. Now that I'm not working it's pretty hard to have things to hang intelligence and skills on, like 'yes, I can still do that.' That's really important to me."

MARIE

"In our welfare course we have an elective on HIV/AIDS, so the audience is people who want to improve their knowledge. They've been very impressed with the speakers because it's not simply theoretical or from a teacher's perspective — it's from the people actually living with HIV giving you their own perspective. One student told me that it was the highlight of the course.

It's not something that you put on as a show, it's part of the overall teaching strategy. I think it's important for TAFE to be linked in with what is happening in the community, to bring real life issues

into the classroom for the students. So they aren't [part of] something that's cut off from the rest of the community, an isolated bubble.

And although I've had friends die, it's good for me to hear it again. To hear someone you're not emotionally involved with talk about it.

I encourage anyone who wants a guest speaker to use the Positive Speakers Bureau. And I think it's especially important for places like schools."

TONY

"I have a routine that I do. I come into a room and I unpack all of my condom in my hand and I turn round and say, 'good morning, I'm Tony, I'm a person with AIDS. And all these medications on the table are ones I have to take on a daily routine. They're worth thousands of dollars. They all have extremely debilitating side effects and I could have avoided the whole lot of them by this.' And then I hold up a condom. At the end, I always say that in the last hour, while we've been talking, approximately thirty people have died of AIDS in the United States.

I'm very open. I tell them that I'll answer any questions. Answering the questions so candidly affects them. I'm not embarrassed by answering anything.

I've been doing it for four years now. It's very rewarding and it gives

me a boost. I find it very difficult to motivate myself to get out of the house nowadays, but I always feel very good when I've done a speaking engagement. I enjoy every single one of them — although I did a private school for girls which was hideous, they asked really stupid questions. Awful things that they should have known the answer to from their teachers. But that was the first group that I'd done that I felt that way towards.

Why do I think the PSB is important? Because we have to make sure that people get the message of safe sex and AIDS. The cost of people seroconverting and getting sick is about twenty times the cost of educating people. And when a real person comes into a classroom it makes the world of difference. They listen to everything. You could hear a pin drop. This is the first time they'll make a category [of what a person living with HIV/AIDS looks like] in their mind. That's why I make sure to try to cover every area and underline it with heavy theatrics. (I used to be an actor). I don't want them to forget, and they don't because I use these little theatrical games.

It's vital that we lobby the Health Minister to insist that high school students everywhere have a positive speaker come out to see them. Those kids are just on the verge of their sexual identity and they need to know those facts and they need to know them straight from the horse's mouth, or rather the 'Glamorous AIDS Legend's' mouth!"

JANE

"My background was that I was not exposed to a lot of the issues that have been raised for me by people living with HIV/AIDS — I'm a North Shore housewife. It's meant enormous changes for me. I probably had all sorts of stereotypes and misconceptions once but they're just not there any more.

Being on a panel, [talking about sexual health with a Positive Speaker], I tend to end up feeling in some ways that I haven't got nearly as much to say, [as they have], to the type of people we talk to. For instance, to school kids. We're trying to encourage them to realise that this is serious stuff and that it has an impact on their lives. [Positive

Speakers] can say, 'look what happened to me.' I can't say that.

They support and reinforce my work. It's a lot more impressive than hearing people theorise about HIV/AIDS. Obviously it's more moving. Positive Speakers give a much better idea of the sorts of subtleties of what it's like to be living with HIV, the 'bits and pieces' of everyday living that are so profound for people with HIV. They're better at breaking down the stereotypes that other people have, like the one's that I probably had.

I'm a great believer in storytelling as a tool for teaching. It's so much better to hear from people who are 'living' anything. And that's not just about HIV. That's about any kind of teaching. People standing up and telling their own story are going to get a whole lot more information across. So, if I don't have positive people with me, I will tell stories anyway about people that I know. They are the things that people listen to. And not just kids — adults too.

People are moved. Impressed. Surprised. At a church group I had people come up and say things like: 'I just had absolutely no idea'; 'This has been a fantastic morning'; 'I feel like I've run a marathon emotionally'. It's fairly difficult, if you're an emotionally healthy individual, to negate another person's experience."

GERALD

"I've got a fairly standard talk which is basically a personal story with some what I call 'big picture items' at the end such as Africa, Asia or some of things I've seen in America. What I particularly like talking about is how we're resourced here and how other countries aren't, and just the sheer numbers infected. How HIV/AIDS as a Third World issue is not being addressed at all, and yet it's one of the major issues. I think it's important to get across that it's not just a gay community/inner Sydney issue, which is how it's portrayed in the media and how most kids expect it to be. They have no idea or concept of the lack of funding in some places in the world and what a big issue it is.

We all talk very differently, and

from very different backgrounds, but what we get out of it, the sorts of experiences we've had, I just find are so similar. I find comments about how positive the experience is [for others] quite invigorating. I was pleased to hear that other people got that because I get a lot out of it, and often, and I think about a talk just last week, when I was at an all-time low, feeling like I was 'over it', that going and doing a school talk energised me. Eager to do other things, which has been really useful.

I've done small groups to big auditoriums. The big ones are the worst. The bigger the group, the harder it is to get any reasonable questions or any flow between you and the people. And the real power is the interaction between them and you and that just gets lost when a school or a group books for a couple of hundred people. I don't get a buzz out of it, but in some ways it's easier because you can rattle it off and you know you're not going to be interrupted.

The worst experiences I've had have been with adults. With teachers and nursing staff. Some of the attitudes of people working in the health care system I just found disgusting. Real 'Diseased Pariah' stuff. It didn't matter what you said, you were ugly, diseased, they didn't want you there, they didn't want any clients there, a lot of homophobia. You're more likely to get homophobic comments from male teachers than anyone else, particularly PE teachers. That's my speciality. I just seem to bring it out in them. The other one they try to get you on is stuff around 'you're infecting others'. So if you mention anything about sex, and you've got a homophobic student or teacher, you've got problems. You have to be careful, but I don't avoid any issue and I've never told a lie. AIDS is more challenging. Recently I've made a point of pointing out KS [lesions].

Often I'll think 'no-one here has been touched by HIV/AIDS', but in virtually every group there's been somebody who has a friend who's HIV Positive, or has lost somebody, or somebody in the family is HIV Positive or has AIDS."

"Humanity wins over being an arsewipe. A lot more people than I might have expected try to be decent"

Assignment: West, far West

At exactly the time that the PLWH/A Positive Speaker's Bureau (PSB) was launched on December 1, two of its speakers were at work on one of the PSB's farthest flung assignments: speaking at Tullamore Central School, about 550k from Sydney via Dubbo. Paul Maudlin, one of the intrepid speakers, reports.

OUR LONG TREK TO TULLAMORE BEGAN when Lawson Roberts and I were attending a post PSB training meeting — volunteers were called for to speak there on World AIDS Day. Our brief from teacher Tracey Keenan seemed simple enough — our audience would be 15-17 year old male and female students from a very conservative background. The group would be quiet natured, although the males were "anti-gay" and the females were a bit more open minded.

Tracey asked that we speak about: how life has had to change; coping with who to tell; homophobia; any other issues we felt were relevant to such a group, many of whom had the 'It will never happen to me out here' syndrome. She told us the students were keen to learn about HIV/AIDS, but were very ignorant of the facts. It was in response to this interest that the school began to host World AIDS Day events in 1993.

Lawson and I set off for what was to be our first ever positive speaking engagement on the day before World AIDS Day, in order to fit in visits to the Dubbo Area Health Service and a viewing of part of the AIDS Memorial Quilt — not to mention the 140k journey from Dubbo to Tullamore.

Tullamore is a pretty little rural community with a population of 300 which swells to 500 if the surrounding farming district is included. The school has a total of 140 students, from kindergarten to Year 12, the secondary students study using a tele-conference system. We were scheduled to speak at the Town Hall, and our audience consisted of not only the students but also their parents, teachers and some visitors from smaller outlying schools — in total, about 60 people.



PSB Speakers meet Tullamore boys & girls

Lawson and I were given a warm welcome by the school's Principal, Pam Bell, which set the scene for the next hour and a half in which we gave our individual stories about living with HIV. Afterwards we invited the audience to fire questions at us. We told them that if they didn't have any then we'd ask our own of them. I asked if anyone knew a HIV positive person and one lady said yes, but no one else knew anyone.

We were extremely well received. Our audience was very attentive and friendly. Not one curly question was asked, and the questions that were thrown at us were very serious and intelligent and had obviously been well thought out. Even though the talk was primarily for the students, it was great that the parents and teachers also took time to ask questions.

While we were in Dubbo we had made it our business to find out the numbers of people living with HIV/AIDS in the Dubbo and Tullamore area (100+ are HIV+ in the Dubbo area, 15 have AIDS. In Tullamore there are 12 HIV+ people). This information was given to the audience and judging by the looks on their faces we feel confident that a few people's attitudes are now very different to those which prevailed prior to our visit.

It was very encouraging to see the students avail themselves of all the

various information which was made available to them during the break — this included safe sex packs!

We wrapped up our visit after being presented with books on the history of Tullamore & district, school spoons and magnets. After we had posed for several photos with students, Tracey drove us back to Dubbo for our afternoon flight, our visit to Tullamore successfully accomplished.

TRACEY



"The kids were hanging on to every word because here was somebody with *that* disease, in their little town. It had a big impact on them — the whole community. A lot of people said after that they wished they'd come. There were parents of younger kids that came and a couple of nurses from our district hospital. The Department of Health donated \$500 and without that we couldn't have done it.

When I started addressing it at school it was like 'how dare you tell our kids about this? Let's keep them in their little cocoons and keep them all safe'. Well I thought that these kids are going to go out into the big, wide world and the big, wide world is not going to say you're from

(Continued from page 18)

ludicrous, which the media seems to believe is what sells. While media reporting of HIV/AIDS is better than it was in 1986 the images it presents of people with HIV very rarely reflects who we are, or offers any images we can identify with. Partly, this is the limitation of the medium — there's not much time for subtlety in a 30 second grab. Often, we're asked to comment on what it's like to live with HIV, but the story's already been written and if what we say doesn't fit the script it doesn't go in. There are occasional in depth articles and a few honourable exceptions which go further than the surface.

The problem with terms like 'victim' or 'AIDS sufferer' is that they imply passivity and defeat. They encourage not understanding but pity — they are a means to distance the reader from the subject. They're also inaccurate. Sure, there are some days on which I may suffer, but most days I'm just not in the mood for suffering. I've got other things to do.

People in the community who have no contact with the epidemic receive a lot of their information about us through the media, which is why these stereotypes concern us. In speaking for ourselves, we hope to offer a more balanced account. Our power lies in our ability to bring people face to face with what HIV and AIDS really means on an individual level, to show people that we are, in fact, human beings much like them-

↳ Tullamore and you can't get this. They just don't realise. When Lawson told them 'I know you think there are no HIV cases out here, but I can tell you for a fact that there are 12 cases in the Tullamore District'. The look on their faces! Like someone had hit them with a four-by-two. The girls are more aware and willing to accept change. The boys are more anti-change and that comes from their parents — the majority of parents, not all of them.

People have been talking about it in the school. My word! Years Seven and Eight were really pissed off because they didn't get an invite."

selves. What is so heartening to date is the willingness of people — from schoolchildren in Tullamore to the community in Galston — to hear our stories unmitigated, and their honesty and directness in asking questions of us.

A quote from George Negus neatly encapsulates the approach we have to challenge: "The AIDS problem is seen as a bloody good story. It's got just about everything going for it. It's got sex. It's got drugs. It's probably got rock-'n'-roll too. It's got blood-filled syringes. It's got syringe bandits. It's got gay prostitutes. It's got ostracism. It's got gay extremism. It's got slurs against government ministers. As a journalist there are very few issues I've ever covered which have as many things going for them as a story"

He makes it sound so exciting. Our lives *are* extraordinary stories, the most extraordinary thing being that so many of us manage to lead quite ordinary lives in the face of such a colossal challenge. I don't know what George means by gay extremism but the gay community has shown a astonishing, if not extreme, level of creativity and resilience in the face of this epidemic.

What's crucial is what's missing in Negus' account. Yes, our stories do have sex, and drugs, and a complacent drug approval system. If I go to the doctor I do see blood filled syringes, though I'd call my doctors heroes rather than bandits. Our story certainly has ostracism, it's got right wing extremism, it's got slurs against people with HIV. It's the 90s now and we're over rock-'n'-

roll, but there's some great dance music! But, most of all, our stories have love, courage, pain, resilience, passion, tears, laughter and hope.

That may not interest much of the media, but it does seem to interest a lot of people in the community. It's our challenge and our joy to be able to bring these stories directly to them, to enrich our lives and theirs."

Poetry

Blowing through the darkness of night,
a soft breeze kissed my lips,
tenderly warm,
so intense,
brought to me emotions of delight,
memory walks my mind back,
to the moment you engulfed,
my small body in your arms,
I'm wrapped in a blanket of love,
to feel,
no fear,
no pain,
no shame,
but only that of desire to give,
I will give until it hurts,
and what I receive I will cherish,
like a gift from the heavens,
a precious jewel so valuable you are,
replenishes this empty soul,
injecting life back into this once deflated heart,
each presence of your beautiful perfection,
makes my wanting eyes,
dance over your body,
the honest smile smear across your face,
melts away my innocence,
disturbing the very core of my manhood.

Montri Muenouy

Positive Speakers Bureau Booking form

Contact name: _____

Organisation: _____

Address: _____

Telephone: _____ Fax: _____

Number of audience: _____

Please describe audience: _____

Booking fee \$30 Speakers Fee \$80 — \$120
Payment on invoice at time of booking confirmation (Terms may be negotiable for non-funded community based organisations)

PLWH/A Inc. NSW Po Box 831 Darlinghurst NSW 2010 Telephone: 361 6011 Fax: 360 3504

Veggies! Fruit! Glorious and cheap!



They're a 'mixed bunch' at the Food Distribution Network

THE FOOD DISTRIBUTION NETWORK Inc. (FDN) is a food delivery service, delivering quality fresh fruit and vegetables to people in its target group which includes many people who are HIV positive, people living with AIDS and their carers. The service was established in 1984 and has been funded under the Home and Community Care Programme (HACC) since 1987.

The service operates on the simple principle of buying bulk wholesale fruit and vegetables (F&V) from Flemington Markets twice weekly, using money collected in advance from the people who use our service. The F&V are then packed into standard boxes ranging in price from \$5 for a mixed F&V box or a fruit

box only, to \$10 for a double sized F&V box. Most people, when they inquire about the service, ask what an average box might contain? Well, the \$5 boxes, packed on the day of writing, included: four spuds; four onions; two carrots; two parsnips; one beetroot; one leek; three stalks of celery; a bunch of broccoli; two sweet potatoes; a handful of beans; a third of a bunch of spinach; four tomatoes; one avocado; two pears; two green apples; three red apples; one mandarin; three oranges; three bananas; two passionfruit; and a bunch of grapes. The quantity and range of F&V in our standard boxes varies according to market prices and seasonal availability, but still, for \$5, it's rare that it's not a bargain!

The FDN delivers on Tuesday through to Friday covering the South Sydney/Sydney City areas plus some of the Marrickville and Leichhardt council areas. If you want to know if this includes you then just give us a call. Unfortunately, some people who are entitled to this service fall outside of our delivery area. Still, it is possible to arrange 'pick up' from our premises. Some people are able to venture down here themselves, with others it has been possible to arrange for the boxes to be collected by various community transport schemes. The FDN also has an arrangement with the Maitraya Day Centre to drop off boxes there as a collection pick up point.

The FDN aims to: assist people to be independent at home and in the community, thereby preventing inappropriate admission into long term residential care; enhance the well being and nutrition of people using the service; provide income support in providing access to cheap F&V; provide a flexible service, responsive to the needs of users; provide personalised social support and referral services.

The FDN is run by three paid part time workers and an assortment of volunteers, who offer their skills and energy in all sorts of areas as well as help pack the F&V into boxes on Tuesday and Thursday mornings at 9.15 am. (just a hint for anyone interested in offering their services!). A healthy brunch is provided on these mornings if desired.

We are collectively managed drawing on workers, volunteers, people who use the service and others in the community. We are a friendly mixed bunch, gay, lesbian, straight and who knows about the rest, and are well aware of the discrimination sometimes faced by people living with HIV/AIDS when seeking out welfare/community services. You won't find that attitude here.

If you like to 'cook your own', or if you're counting your vitamin intake and need fresh fruit and vegetables, give the Food Distribution Network a call on 699 1614.



HIV/AIDS SERVICES IN ST. GEORGE ??

In-patient, out-patient, Day-only treatment and counselling phone 3502955
HIV/STD screening and treatment, counselling, information and referral: phone 350 2742
Hospice/respite care phone 587 8333

Clean fits, condoms, lube, information and referral: phone 018 479 201
Home Nursing, clean linen, equipment loan: phone 350 2955
Drug and alcohol counselling: phone 350 2944

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

THE BEST WAY TO STOP BECOMING SICK from PCP and Toxo is prophylaxis. What is prophylaxis? Prophylaxis is a medical term which simply means prevention, so primary prophylaxis is a drug that prevents infection. Secondary prophylaxis is the drug you take after you have been treated for an infection to prevent it from coming back, (it's often the same drug). So lets talk about these infections and their prophylaxis.

While the news on the treatment front for HIV is not always as good as we'd like, some advances have been made in the last few years that enable us to take advantage of certain drugs to prevent common opportunistic infections (opportunistic infections are infections which present no real problems to anyone with a healthy immune system, but are a serious concern if our T-cell count starts to drop).

PCP

PCP (Pneumocystis Carinii Pneumonia), or AIDS pneumonia, is the most common life threatening opportunistic infection, which, if not prevented, affects 85% of people with late stage HIV. PCP is caused by a germ which is impossible to avoid. This is not a problem for people with a healthy immune system, but if your T-cell count drops to 250 or less you are at risk of active PCP infection. PCP usually affects the lungs. The symptoms may include any or all of the following; persistent dry cough, fever, malaise, shortness of breath which may be severe enough to require oxygen mask to assist breathing

PCP is potentially fatal, and before effective prophylaxis and treatment became available was the most common cause of death for people with AIDS.

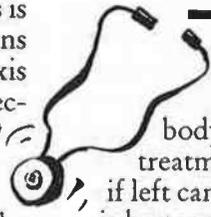
Toxo

Toxo (Toxoplasmosis), like PCP, is also caused by a germ. It doesn't present a problem until your T-cell count drops to about 125 or less. Toxo usually affects the brain and the central nervous system. The symptoms may include any or all of the following; fever; unbearable blinding headache; personality changes; seizures(fits); and in severe cases paralysis on one side of the

"Take Bactrim, bitch"

— or, "how to prevent PCP and Toxo" —

By Stephen Gallagher



body. Toxo responds well to treatment, if treated early, but if left can be fatal. Once again, it is better to prevent Toxo than to treat it.

The good news is that both PCP and Toxo are preventable. As most of us already know the main reason for regular check-ups and blood tests is to keep a close eye on any changes in our health, either by keeping track of our T-cell count or other clinical signs. In monitoring our health we can prevent infections which are likely to occur.

If your T-cell count drops to 250 or below your doctor will recommend that you take an antibiotic called — wait for it — Trimethoprim-Sulphamethoxazole. Yuk! What a name. Hard to say but easy to take, this drug is more commonly referred to by its trade names, Bactrim or Septrin.

It's very easy to take. The dose is two double strength tablets twice a week, many people choose Mondays and Thursdays (lotto days, easy to remember!). Bactrim or Septrin are the most common drugs prescribed and they are 95-100% effective in preventing PCP and almost as effective in preventing Toxo. There are some other drugs which prevent PCP but there are no other anti PCP

drugs currently available which also prevent Toxo. The other good news about Bactrim and Septrin is that the people who take either of them, not only don't get PCP or Toxo, they live longer than people who don't take prophylaxis. (Pierone '88).

Unfortunately some people with HIV have an allergic reaction to the drug or side effects (e.g. nausea). Often you can get around these problems. People who are allergic to this drug can sometimes be 'desensitised' so that it's okay for them to take it. Problems like nausea often improve of their own accord, or can be handled by simple tricks like always taking the drug with food or taking accidophulis (available from health food stores, some people report an anti-thrush effect from accidophulis too!).

Many people have decided to stop taking AZT, ddI and ddC, unfortunately they've also stopped taking their Bactrim or Septrin as well. Unlike antivirals, Bactrim and Septrin are 95-100% effective. So, while there is a strong argument for some people to stop taking antivirals, when you can take a drug which prevents PCP and Toxo, and you can tolerate it, there is no argument that I can see to support not taking Bactrim or Septrin.

(Continued over page)

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

مراكز لتبديل الابز والحقن بدون مقابل وبصورة سرية: 016 288504
في منطقة كنتربيري، هاتف رقم: 018 479201
في منطقة سان جورج، هاتف رقم: 018 277717
في منطقة سذرلند، هاتف رقم: 018 277717

معلومات سرية مسجلة.
هاتف رقم: 391 9971
عيادات صحة جنسية مجانية وسرية.
هاتف رقم: 350 2742
خدمات مستشفى مجانية وسرية.
هاتف رقم: 350 2955



HIV sessional educators

The HIV & Sexual Health Services Unit of the Central Coast Area Health Service is seeking people living with HIV interested in working as HIV educators on a sessional basis.

The unit has run an HIV sessional education program for three years whereby PLWHA with good communication and presentation skills have been trained and resourced as educators. These educators are booked through the unit to present at schools and community groups, as well as to health care workers on HIV and AIDS issues, including negotiating safe sex and HIV related discrimination. Educators involved in the program have disclosed their HIV status as part of their personal story within the educational sessions. This program has been extremely well evaluated and received throughout the community, particularly in local schools. The work is both challenging and rewarding. The unit provides a high level of support to the educators. Educators are paid on a sessional basis according to the NSW Health Information Bulletin 91/68 (range \$22.04 to \$40.00 per hour — non-medical — depending on qualification). Educators have averaged approximately 3-4 hours work per week during 1994, participation in one or two-day training workshops may be required. New educators would be 'eased' into the work through collaboration with experienced HIV educators.

Educators would need to have access to a private vehicle.

For information please ring Paul Drielsma, HIV & Sexual Health Services Coordinator, on (043) 20 3399.

Coming from the Coast

(from previous page)

Many people with HIV have gone down the complementary (alternative) treatment path with good results. Some complementary practitioners have raised concerns about prolonged use of antibiotics and advise people to take accidophulis when taking antibiotics. There are also some complementary practitioners who have had some success in PCP prevention using herbal medicines. While these herbs are sometimes effective in preventing PCP they may not prevent Toxo, and while

effective for some people they are no where near the 95% effectiveness of antibiotics. If you come down with PCP or Toxo there is no complementary treatment at the moment for severe attacks of these potentially fatal infections.

So while no drug is without the risk of side effects, when you consider the realities of how bad PCP and Toxo can be, any prevention is better than treatment. So, in the words of a few people who have been living 'well' with AIDS for a number of years — "take bactrim bitch."

Happy Birthday Project CLASH

SOME TWELVE MONTHS AGO OUR phone rang and was answered by the first free call phone service in Australia for heterosexuals who are HIV+.

As our brochure says, we are a "confidential group of HIV+ heterosexuals who support each other by taking away some of the hardship of being alone".

In this first year 130 calls were taken by our team of HIV+ volunteers on the phone line. Most calls were about loneliness and isolation, the difficulty of getting support in country areas or how the Project works. People from all age groups rang, some living alone, some in relationships, some with children. They rang from as far away as Queensland and Tasmania. Many calls came from family members of those with HIV/AIDS

wanting information and guidance for themselves or sources of support for those they cared for.

With an extremely low budget the Project has reached its first birthday because of the willingness of group members to help with coordination, on the phone line and with administration.

Every second and fourth Friday each month in comfortable and safe surroundings meetings have been held run entirely by positive heterosexual members. There have been 28 meetings since we began. The group also gets together socially with partners and carers.

This year has also seen the growth of warm support and friendship between ourselves and other community groups particularly Positive Women and PLWHA. The gay and lesbian community has given constant encouragement to the Project as we worked to establish ourselves within the HIV/AIDS community.

Having successfully completed our first year we look forward to next year with a lot more confidence, especially to organising more social activities where HIV+ heterosexual men and women can meet and share news, ideas, experiences and friendship.

— David Barton

Project CLASH — the support group for HIV+ heterosexuals — wishes all Talkabout readers Happy Christmas.

If you are straight and positive make a New Year's resolution — call us! 1 800 812 404

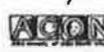
Attention all PLWHA's — You can have an investment in your future health care

NSW Department of Health receives \$33,000 per year per AIDS diagnosis that goes to fund HIV/AIDS services. While it's the doctors responsibility to report your progression to AIDS, you can help. Each person with AIDS at 01 November 1994 is included in the count for funding this purpose.

Some cases have not been notified (for a lot of reasons), so if you have progressed to AIDS from HIV check to make sure your GP or specialist has been notified. This is especially important if you see more than one doctor or if you have moved from the place you lived when you were first diagnosed HIV+. The cut off date for notifications for next year's funding is 31 December 1994.

Full names are not used. Information is recorded in a 2 X 2 name code and all information is strictly confidential. For more information contact one of the below organisations, but the best person to speak to is your doctor.

SPONSORED BY:



(Continued from page 14)

city and visit the various local organisations in what little time I had available. Obviously the first place that I wanted to visit were the offices of Youth Co.

Once again I found myself walking through the freezing air of Vancouver, on a desperate mission to find the offices of Youth Co. and more importantly to be inside where it would hopefully be warm. I found the office with little difficulty, a small one roomed place with various tables sprawled around the room as a vague attempt to make it more homey. But so much for the warmth. Heating was an added expense that they decided they could do without. There were no resources and minimal office equipment as there was no money, but instead of safe sex posters and your usual paraphernalia on the walls there were paintings done by positive youth that were for sale — both to raise funds and provide a small income to the artist, as most positive youth in Vancouver either live on the streets or live well below the poverty line.

Once this ordeal (only in terms of temperature) was over it was time to visit the Pacific AIDS Resource Centre (PARC), which incorporated AIDS Vancouver, Persons with AIDS Society of British Columbia and Positive Women's Network.

PARC is a much larger organisation, (comparable to ACON), but also has its problems, some of which were in the process of being fixed during my visit (no disabled access, an elevator was being put in and other major construction work). This organisation seemed to be too clinical, with records kept from your every visit and constantly updated as though you were visiting your doctor and I felt uncomfortable going into this place. This was probably due to the fundamental differences that were put into play. I found out later that the reason that so many records are kept is simply because it is a funding requirement.

My overall opinion after I left Vancouver was that there is little available because of lack of funding, or funding to the wrong people. With the contact that these people

have with AIDS organisations in other countries, hopefully they will grow at a faster rate than we did and detour around some of the things that we may have done wrong. I know, with the contact I had, that we have learned from each other.



Positive Youth -- New group --



PEOPLE NEED TO FEEL THAT they are not alone when they are going through a crisis. They need to be able to talk with other people in similar circumstances to themselves and to feel as though they are being supported.

Being an openly positive young gay male I come into contact with other young positive people through my work at the AIDS Council and through my social networks. It is through this contact that I became aware of the need for this sort of support, particularly for young people. Yes there are support groups for positive people but they don't deal with young people's different issues.

These issues include such things as: low self esteem; lack of a network of good friends; financial issues; a newness to the lifestyle; intimidation, etc.

ACON has set up two groups for young gay males. There is a structured group which is being run by a social worker from St. Vincents Hospital. This group has a specific list of topics to cover and there is little flexibility to the program.

The peer run support groups are run by young positive people who have been trained to facilitate these groups. They are also participants because they have to deal with the same issues as the people in the groups. The discussion within the group is a lot less formal and is basically moulded by the group members from week to week.

If you are interested in doing either of these two groups they will be starting in the New Year and you can contact Aldo or Jaimie on 206 2076.

— Jaimie Elliott

Poetry

Ode to a bio-electrician

There was a time I could walk,
There was a time I could swim,
Swiftly through the water which
is my element, There was a time I
could drive my car,

A time when I could visit my
friends, my family, Attend
university,

There was a time I could go to
the cinema,

And watch live theatre,
This was the time when I could
see,

This was the time when I could
walk.

There was a time when the
energy coursed,

Through my nervous system,
filling my body,

With vitality and zest,
Then the cruel virus ravaged my
beautiful body,

Sapping my vitality,
Wasting my muscles, robbing me
of my strength,

Then the bitch accomplice,
CMV.

Spirited my sight under her
black cloak, 0 endless night,
endless night,

So now I lie prone;
Cherishing my remaining senses,
Craving taste, revelling in music,
Longing for the touch of a warm
hand,

Remembering, Imagining,
My mind is my last refuge,
My kingdom — my domain,
As I lie prone in the darkness,
Unable to exercise my body,
I feel my life-force draining,
From my centres of vitality,
My chakras, my channels

I feel my nervous system
becoming blocked and sluggish, I
feel my posture twisting, slipping,
slumping.

But there is one who reaches
through the darkness, With hands
of light,

Probing my energy centres with
skilled fingers, Revitalising,
reconnecting, reawakening,
Unblocking, rewiring,

He is the bio-electrician.
His deft touch tells my body
"wake-up",

He puts me back in touch with
my misshapen body, And urges me
to live,

From the goodness of his heart,
The bio-electrician rewires me
once a week,

His name is Ross,
And I thank him deeply for his
care.

Warwick Witt

Communications Officer

The National Association of People with AIDS is seeking to fill the position of Communications Officer. This position will work with the NAPWA Executive and liaise with PLWHA workers from all states to create and maintain an effective communication network of the members of NAPWA.

The successful candidate should possess highly developed and demonstrated organisational and coordination skills, a thorough understanding of the current issues faced by, and the needs of, people with HIV/AIDS and previous experience working with an Executive Committee.

The Communications Officer will be located at the offices of the Australian Federation of AIDS Organisations in Sydney. The position will work closely with the Senior Policy Officer and the PLWHA Policy Officer.

The position is part time at 17.5 hours per week.

Salary: Pro Rata, ASO Grade 5
\$34,433 — \$36,511

A statement of duties and selection criteria for the position is available from the NAPWA representative at the AFAO office on (02) 231 2111.

Applications close Friday 6 January 1995.

NAPWA is the peak national body representing PLWHAs and is committed to the ideal of equal employment opportunity and will not discriminate against applicants or employees on the grounds of HIV status, race, gender, marital status, physical or intellectual impairment, sexuality, religious beliefs, political conviction, or any other ground that is not relevant in determining the best applicant for any position. People with HIV are encouraged to apply.

JUST AROUND THE CORNER JUST DOWN THE STREET

We offer:

- Hospital Inpatient Services and Outpatient Clinics (morning & evening clinics - ph 516 6111, page 6489)
- Community Nursing Care (contact your local community health centre or phone 550 6700)
- Dietary Advice & Consultations, ph 516 6111 page 6737
- Emotional Support and Counselling, ph 516 8131
- Equipment Lending ie: wheelchairs, walking aids, spenco mattresses & other home comfort aids, ph HIV O.T. 690 1222
- Gym/Exercise & Hydrotherapy Classes, ph 516 6111 page 6861
- Injecting Drug Users Counselling, ph 660 5455
- Mental Health Counselling, ph 560 4500
- Multicultural Support & Education, ph 516 6395
- Needle & Syringe Exchange & Delivery Service, ph 516 7703
- Pain Management/Palliative Care & On Call Nursing Service, ph 516 7755
- Relaxation, Stress Management & methods for maintaining your energy levels, ph 516 6111, page 2550
- Sexual Health Advice & Screening, ph 560 3057



At Royal Prince Alfred, Concord & Eversleigh Hospitals and Community Health Centres near you.

HIV CARE IN YOUR COMMUNITY

CENTRAL SYDNEY AREA HEALTH SERVICE
PROVIDING QUALITY CARE IN THE INNER WEST
For further information please phone David on 560 3057

The Committee,
Volunteers and Staff
of the
AIDS Council of NSW
would like to wish you
a happy and safe
festive season
and thank you
for your support
throughout 1994.

A C O N

AIDS Council of New South Wales Inc.

We would also like to advise you that ACON's Sydney office will be closed

on the following public holidays:

Monday 26 December

Tuesday 27 December

Monday 2 January

Between Wednesday 28 January

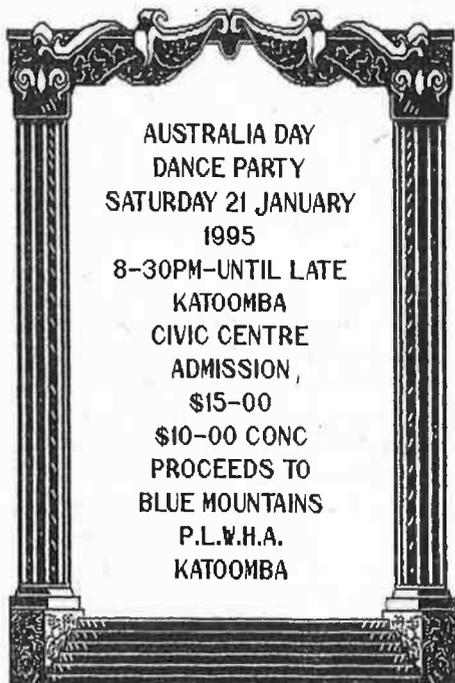
and Friday 30 January ACON will only be open for vitamin sales, crisis counselling and referrals.

All normal services will resume from Tuesday 3 January.

CSN can be contacted on its usual pager number.

Don't forget our new address!

9 Commonwealth Street, Surry Hills Tel: (02) 206 2000



AUSTRALIA DAY
 DANCE PARTY
 SATURDAY 21 JANUARY
 1995
 8-30PM-UNTIL LATE
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 CIVIC CENTRE
 ADMISSION,
 \$15-00
 \$10-00 CONC
 PROCEEDS TO
 BLUE MOUNTAINS
 P.L.W.H.A.
 KATOOMBA

Wanted
 50 young positive people for a short confidential survey. Fee paid on completion.
 Phone Phillip or Kim, Tue-Fri, 9am — 5pm (02)318 2023

Gay men living with AIDS
Your chance to contribute
 If you are: aged between 18-30 or 40 and above; concerned about social support issues; concerned about discrimination; concerned about your health; concerned about coping/dealing with AIDS.
 Research is currently being conducted by a postgraduate student at Macquarie University. This study is designed to provide an opportunity for men affected by AIDS to identify issues and support, coping and access to services. All contact is confidential.
 If you are interested please call Saime on (02) 799 5832.

**2ND NATIONAL
 POSITIVE
 WOMEN'S
 CONFERENCE**
**24 - 27 FEBRUARY 1995
 SYDNEY, AUSTRALIA**
 ENQUIRIES: PO BOX H274 AUSTRALIA SQUARE, NSW. 2000
 TEL: (02) 360 9192 / (02) 231 2111
THIS CONFERENCE IS A JOINT INITIATIVE OF POSITIVE WOMEN'S SUPPORT GROUPS NATIONALLY AND THE AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS WOMEN AND AIDS WORKING GROUP
 FUNDING PROVIDED BY THE COMMONWEALTH DEPARTMENT OF HUMAN SERVICES AND HEALTH

NorthAIDS
Volunteers wanted to work with PLWHAs on the Northern Beaches.
 NorthAIDS is a community-based organisation providing step-down and respite care.
 Volunteers are responsible for doing household tasks, giving lifts to appointments, and offering a listening ear to guests.
 We are looking for people who are caring, supportive, non-judgemental, and who want to work as part of a team.
For information call Paul Armstrong (coordinator) on 982 2310.

Important Study Announcement
Itraconazole Prophylaxis Study (ITR-INT-49)
 CHATN is currently enrolling participants into a clinical drug study to evaluate the effectiveness of Itraconazole (an antifungal agent), in preventing the development of superficial and deep fungal infections (e.g. oral and oesophageal thrush).
 Participants can be enrolled through four inner city centres, plus Burwood, Penrith and the Blue Mountains.
 Please note: patients can be on other studies and on combination antiretroviral therapy and still be eligible to enrol.
 For more information about this important new study please contact
 Daniel Kenny at CHATN on (02) 331 6320
COMMUNITY HIV/AIDS TRIALS NETWORK (CHATN)



SUPPORT OF POSITIVE YOUTH
PHONE BUDDY SYSTEM
 IF YOU'RE UNDER 30 YEARS HIV POSITIVE MALE/FEMALE AND WOULD LIKE TO MEET OTHER YOUNG PLWHAS
 GIVE SOPY A CONFIDENTIAL CALL — THERE IS NO COST INVOLVED
 WE WILL MATCH YOU VIA OUR COMPUTER TO YOUR BUDDY AND ADVISE YOU PERSONALLY IN WRITING
**CALL 318 2023
 24 HOURS 7 DAYS**
 LEAVE A MESSAGE OR REGISTER DURING OFFICE HOURS
SOPY IS A REGISTERED CHARITY PROVIDING SUPPORT INFORMATION, REFERRAL AND ADVOCACY FOR PLWHAS, FRIENDS LOVERS AND FAMILY
 SOPY Inc. PO BOX 919 DARLINGHURST 2010

Review



Don't Leave Me This Way: Art In The Age of AIDS
The National Gallery, Canberra
Until March 5

Q: We are trained to worry more about the cry in the poem than the cry in the streets.

A: Let's show the paintings in the streets and drive the people back into the galleries.

I THINK IT'S IMPORTANT THAT WITH all this talk of awareness and education that we not forget that this is an exhibition at the National Gallery of Australia. Meaning that there is nothing here that would upset the state of things as they are at present.

It's perhaps then no surprise to find the curator of the exhibition quoted as saying things such as, "In Australia there's no point in targeting people to be angry at because everyone here is doing the best they can". Are they also *dying* the best they can?

What's worse is seeing younger artists in the show such as Michele Barker dumbly mouthing these same sentiments. "Sure, there are bigots in Australia," Gott continues. "But by and large I'd rather live here in Australia than anywhere else in the world."

'Come on folks — things can always be better.' I hate this Aussie complacency argument which translates even the slightest dip in infection rates as "getting on top of the problem". And why is everything in the catalogue described by Ted Gott as "beautiful". A "beautifully carved" coffin is still a coffin. And I'm sorry Arthur McIntyre, but I very much think Garry Anderson would not have wanted one dedicated to him.

A lot of this art (mainly the Australian work) is very romantic and nostalgic, either of the old masters (Gott's essay is full of scholarly quoting — classical mourning has a lot to answer for) or of the true core of AIDS art: Act-Up NY, Gran Fury etc.

I suppose I'm going on a bit here, but isn't David Edwards "playing Jesus to the lepers in his head" with his AIDS *Pieta*? And isn't William Yang's photo essay bordering on voyeurism? Only straights could possibly enjoy *Sadness*. I walked out. I feel like I shouldn't be saying this. The Sisters of Perpetual Indulgence and Yang are holy cows. But this is the problem with this show — what do you do if you disagree with this exhibition, or even aspects of it. There isn't anywhere

much to go, considering all the hype surrounding it. This is our all protecting government's escape valve and you can't fight City Hall.

And another thing: Why couldn't the gallery (and co-curator) of *Surrealism: Revolution By Night* get only a couple of really big overseas names? Where is, for instance, Gilbert & George, Ross Bleckner, Robert Gober, General Idea, Felix Gonzales-Torres, Barbara Kruger, and Jenny Holzer? Or even mention of them?

— Scott Redford

NEW TITLES

Don't Leave Me This Way: Art in the Age of AIDS Compiled by Ted Gott (National Gallery of Australia) \$25.

The AIDS Mirage Hiram Caton (University of NSW) \$5.

Ethics In An Epidemic: AIDS Morality and Culture Timothy F. Murphy (University of California) \$49.95.

Seasons of Grief and Grace: A Sister's Story of AIDS Susan Ford Wiltshire (Vanderbilt University) \$29.95.

(New Titles compiled by Graeme Aitken at The Bookshop)

Outlets

Here's where you can pick us up!

Sydney City	Albany Hotel
AFAO	Bourke St Drug & Alcohol Centre
Sydney Sexual Health Clinic	Serafims
Darlinghurst/Surry Hills	Beresford Hotel
Dr Mark Bloch	Bodyline
Exchange Hotel/Lizard Lounge	Flinders Hotel
King Steam	The Stronghold
Central Station Records	Taylor Square Clinic
Toolshed	Sacred Heart Hospice
Midnight Shift	Dr Cassy Workman
Natural Alternative	Albion St Centre
Numbers/The Den	BGF
Aussie Boys	ACON
Oxford Hotel	St Vincents (Immun B)
Campus 159	Balmain
Pleasure Chest	Sydney Healing Centre
The Bookshop	Bankmeadow
Green Park Diner	Botany Neighbourhood Centre
Dr Marilyn McMurchie	Bankstown
Beauchamp Hotel	Women's Health Centre

Bondi Junction
NUAA
Grosvenor Clinic
Camperdown/Annandale
Royal Prince Alfred Hospital
Wildcatz
Glebe
Gleebooks
Sydney Home Nursing Service
Kogarah
St George Hospital
Little Bay
Prince Henry Hospital
Kensington
KKK
Leichardt
Women's Health Centre
Lilyfield/Rozelle
Rozelle Neighbourhood Centre
Feminist Bookshop
Liverpool
Women's Health Centre
Newtown/Erskineville
Imperial Hotel
Newtown Hotel

The Bookshop
King St Chemist
Toolshed
Dr Greg Batty
Wildcatz
Newtown Neighbourhood Centre
Parramatta
ACON
Western Sydney AIDS Unit
Sexual Health Clinic
Petersham
The Gender Centre
St Leonards
Royal North Shore Hospital
Westmead
Westmead Hospital
Woolloomooloo/East Sydney/Kings Cross
PLWHA Day Centre
Wildcatz
Kirketon Road Centre
D4
Kings Cross Street Voice
Coffs Harbour
ACON
Cootamundra

Cootamundra Hospital
Gosford
Central Coast Area Health Service
Positive Support Network
Katoomba
Blue Mountains PLWHA Centre
Lismore
ACON
Mullumbimby
AIDS Resource Centre
Newcastle
ACON
Orange
Community Health Centre
Tamworth
Bligh St Clinic
Wollongong
ACON
Yass
Community Health Centre

If you can't find *Talkabout* at any of these outlets — ask for it! Then the venue can order more copies to be delivered.

Talkabout

WHERE WE SPEAK FOR OURSELVES

Join PLWHA in the fight against AIDS! Subscribe now!

PLWHA Inc. (NSW) is part of a worldwide 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.



Phillip McGrath

PLWHA membership

Yes! I want to apply for membership of PLWHA Inc. (NSW) \$2 per year (Membership is only available to NSW residents)

Talkabout annual subscription rates

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(Extra copies \$15 each per year)
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Please forward this completed form to: *Talkabout*, PO Box 831, Darlinghurst NSW 2010. **Thank you!**

New Service

We can put you in touch with other positive guys and give you information on treatments or counsellors.

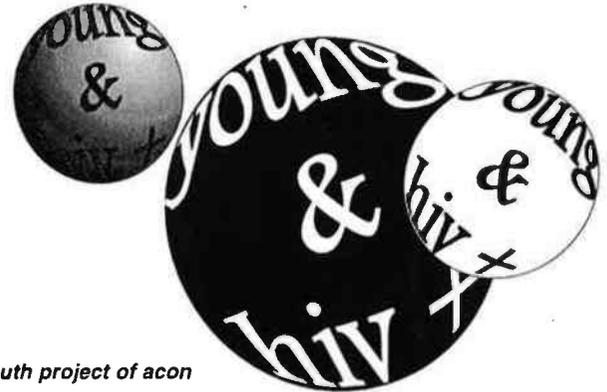
Give us a ring.

We are also starting new groups just for young HIV positive gay guys where you can meet others. We cover a range of different topics in the groups.



If you want to meet other positive young guys, call
Aldo or Jaimie (02) 206 2076
TTY (for deaf) (02) 283 2088
Toll-free 1-800 063 060

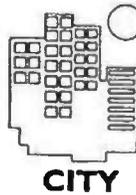
a new service of the youth project of acon



We have moved!
We have moved!

A C O N

AIDS Council of New South Wales Inc.

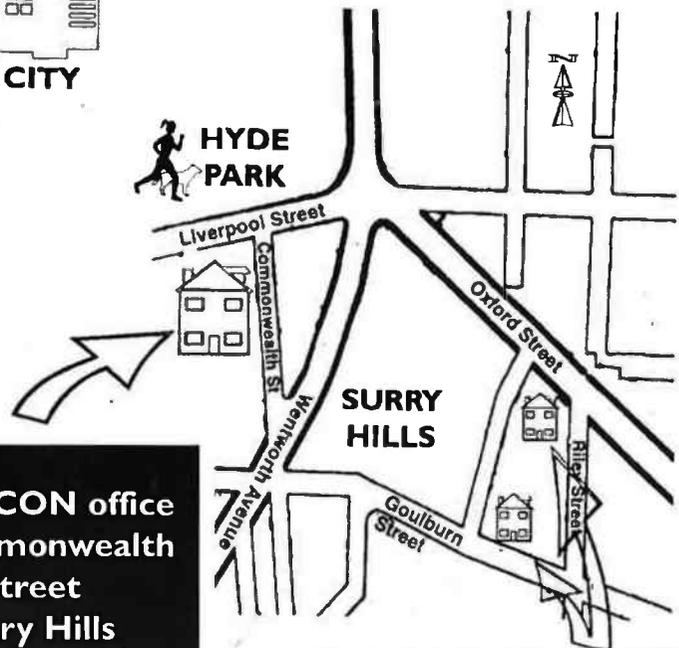


So where *is* the new ACON Sydney office?

Services for people with HIV

- Community Support Network
- Housing
- Transport
- HIV support
- HIV health maintenance
- Treatments information
- Positive Asian groups
- Young and HIV positive
- Vitamins & nutritional supplements
- Women's HIV Support
- Counselling
- Por la vida
- Library

New ACON office
9 Commonwealth Street
Surry Hills
Ph: (02) 206 2000



Old ACON offices