

No. 51 February 1995

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



MEDIA MASSACRE

PLWH/A News



WELL AS THIS IS THE SEASON FOR vacations it is also the season for the 'B' team to come to the fore. That is why this news item comes from the Deputy Convenor whilst Alan enjoys his sojourn in the Eastern Isle (also known as New Zealand).

It is also a period that is akin to being in the 'eye of the cyclone', in as much as having successfully weathered the trials of the 'Festive Season', we have just a moment to rest before rushing headlong into Mardi Gras month.

As we prepare to gird our loins with glitter for the Mardi Gras we should take a moment to reflect on how as PLWHAs we can best make our contribution felt for our community.

Not wanting to beat around the bush, I must say that as an organisation we are faced with an ongoing crisis. The crisis is the number of people actively involved with the organisation. This is demonstrated simply by looking at the number of untitled vacancies on the Committee. If we are to be an effective organisation and fulfill our charter to the HIV+ community then we must have that community actively involved in the organisation. If

things continue as they are then I feel that PLWH/A's effectiveness will dissipate and vanish through neglect.

As an organisation we are asked to contribute to a wide variety of committees, boards and forums. This has only happened because people fought for this to happen. Unfortunately, as is the nature of this disease, those people have either dropped out or have died, leaving a vacuum of skills. Quite simply, if we don't continuously replace those people then that vacuum will continue to grow and will cause this organisation to implode.

What I would ask everyone to consider, as they gear up for Mardi Gras, is not only whether they can be part of the PLWH/A parade entry or help staff the time-out rooms, but whether or not now is the time to go a little further and make an on-going positive contribution to our organisation. Whatever skills you have we can utilise them, whatever time you have we can sure use it. If you have any queries then please contact the office and we can talk about how best we can utilise your skills and experience.

Because quite frankly, if you don't come forward *now* there may not be an effective PLWH/A organisation

to lobby on your behalf. The future of the organisation rests with YOU!

— Steven Ford

Deputy Convenor, PLWH/A

Notices

We are sad to report the death of James Skelton, ex-PLWHA Committee member, on January 16. A Tribute to James will appear in the March *Talkabout*.

The Complementary Therapies special issue of *Talkabout*, planned for March, will now be published in April and the March edition will be a special issue on euthanasia. Contributions on either topic are very welcome. For March they need to reach us by February 15 and for April the deadline is March 17.

OOOps! Due to editorial confusion, a mistake was left in the article "A Kyabra Retreat" on page 4 of the last *Talkabout*: The Retreat was organised by PLWH/A and not only by ACON. Also, some bug must have gotten into the computer because the story was wrongly credited to Richard Barton — in fact, it was written by Richard Booth. This is an error we particularly regret as we have just heard of Richard's recent death.

Mardi Gras Yes, it's that time of year again and once again PLWH/A will be staffing Time-Out rooms at the Party, will be organising viewing rooms the night of the Parade, will participate in the Parade itself, will have a stall at Fair Day, and will once again be administering the sponsored ticket scheme for the Party in conjunction with Mardi Gras and ACON. See our ad on the back page. Some of the details for these activities are not yet finalised, for more info please contact the office on 360 6011.

Stop Press: Carmen Lawrence approves Rifabutin funding. More next issue.

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

Máy ghi âm giải thích kín đáo, Điện thoại : 391 9987

Những Trung Tâm Bài Trừ Hoa Liễu Miễn phí và bảo mật, Điện thoại : 350 2742

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This month's cover

By Jim Chan. A sampler of some of the goodies in this issue — from the perspective of the mainstream media. See Paul Canning's critique plus media tips in our special starting page 25.

Talkabout

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

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Talkabout is made possible by subscriptions, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* is also grateful for the assistance of the AIDS Council of NSW and thanks the many volunteers without whom its publication would not be possible.

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

FEBRUARY 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.

ISSN 1034 0866

Briefs



Trials of traditional medicine in Zimbabwe have proved effective in alleviating some AIDS symptoms, according to a report in *WorldAIDS*. The trials were launched following cure claims by some traditional healers, and participants' belief in herbal healing came out when all refused to join a conventional control group. However, the veracity of the trials has been questioned by scientists due to the lack of such a group.

A study of rectal bleeding among gay men in Mexico has found that shorter men are more likely to be HIV infected than taller men. Researcher Paul Coplan said that shorter men were more likely to practise receptive anal sex and used condoms less, adding that they were also more likely to be of Amerindian than European descent. (*WorldAIDS*).

REM lead singer Michael Stipe has answered rumours that he is HIV Positive in a *Rolling Stone* interview. "I don't know how smart it is to say this, but I purposely did not come forward and say, 'No, I am not', because I thought that it might be good for a lot of people who respect me to wonder about that and think about it." Stipe says that the rumours result from being skinny, having "weird hair" and supporting AIDS organisations.

Lawyers in the 'Deep South' American state of Mississippi defending a teenager charged with the murder of two gay men are arguing that, if the men were HIV+ and seeking sex, their behaviour was the same as "carrying a loaded gun." They say this should be considered as an "aggravating factor" in the murder. The judge set a legal precedent by ordering HIV testing of the corpses. The two men were shot, execution-style, close to *Sister Spirit*, a lesbian/feminist retreat that has been a focal point for extensive harassment by homophobes. (*New York Times/PWAC NY Newsline*)

According to Elizabeth Reid, from the UN Development Program on AIDS, AIDS vaccines currently being developed are principally for a HIV strain found in developed countries. (*ABC Radio*)

A HIV Positive man was the Democratic Party candidate for the post of Lieutenant Governor in the liberal American state of Massachusetts last November. Bob Massie, a haemophiliac, described his candidacy as "a breath of fresh air." (*Advocate*)

13 Prime Ministers, mostly African, attended the French-initiated International AIDS Summit in December, but the worthy agreement it produced was described as 'Toothless' by Paris Act-Up.

Thailand has reported a massive drop in new HIV diagnoses. Dr Weraset Sittrai, of Thai Red Cross, put the drop down to education programs, many of which had been influenced by Australian community-based programs.

Plans are underway to erect an official 'International AIDS Monument' (to left) in Washington DC, USA. The sculptor also created the famous Iwo Jima memorial. (*Genre*)



Friday Drop-In

THE FRIDAY DROP-IN FOR PLWHA is a pilot project initiated by the AIDS Council of New South Wales/Western Sydney Office. The aim is to provide a space for PLWHA to interact, form strong social networks of positive people within the West, access support services and become informed about the alternatives available to them in the greater Sydney Area.

With the help of the community ACON will provide massage services, information about natural therapies, HIV Support Groups, coffee & tea, afternoon tea, BBQs and informal discussions on HIV services in Western Sydney, the Blue Mountains and inner-city Sydney. [Various groups and projects have committed themselves to provide these services].

The Drop-In will be a space that is facilitated and organised by HIV Positive people and the regular feedback of HIV Positive participants will inform the direction of services provided. ACON is committed to providing this service with a respect for the confidentiality of participants and so have arranged the Drop-In on Fridays because we are closed to the public.

The first Friday Drop-In commences at the beginning of March. Clients can book in for massage or enquire about transport by calling ACON Western Sydney Office on 204 2402.

— Scott Berry

Retreats update

WELL THE FIRST TWO POSITIVE Retreats have come and gone. Participants have indulged themselves in nature, complementary therapies and getting to know other HIV positive people at a relaxed and tranquil country location.

To quote one of the participants, "This was not a retreat, this was a treat. The next time I come to Kyabra (retreat location) it will be a re-treat". All participants seemed to enjoy the experience and they all reported that they would recommend Positive Retreats to others.

Well to update you, the next

Retreat will be held from noon Wednesday March 15 to Sunday March 19. (See the advertisement on page 30.) If you are uncertain as to what is involved in retreats then perhaps you'd like to go back to the September, 1994 issue where you will find a story on Positive Retreats on page 5 or, alternatively, call Les on 206 2014.

If you are interested in attending the March retreat then you must first call Les to obtain an application form and information sheet. Returned applications will be handled on a strict first come first served basis. A letter of confirmation will be sent on receipt of payment. Given that numbers are limited I would suggest that you apply soon.

People may be aware that the Retreats were initially made possible by a generous private donation. In November, 1994, after some intense lobbying and submission writing, the NSW Government announced that a Retreat Trust Fund would be set up to the tune of \$400,000. This means that everyone who wants to enjoy the benefit of attending Retreats will be now able to do so. If you have attended Retreats in the past you are welcome to come back and enjoy them again. So keep looking out for our regular Retreat updates that will appear here in *Talkabout*.

— Les Szaraz

Deni does it

WORLD AIDS DAY ACTIVITIES IN Deniliquin up until now have been a bit of a struggle. There's been some support, but also a sense that we were pushing most people beyond their comfort zone: "it doesn't happen in Deni and we don't want to know about it!" This year has seen a real turn around in community support.

Two TAFE Welfare students on placement this year provided the time and creative energy to organise a range of activities including a fund-raising film night. [The screening of *Philadelphia* raised \$800 for PLWH/A (NSW) and \$200 for local palliative care.]



Despite a cautious start, with the theatre manager believing that "the people of Deniliquin wouldn't come to see a film like that", the week's activities went extremely well.

The local media were very sensitive and supportive, local businesses donated goods, the theatre was full and the Quilt Panels, as usual, silenced people as the emotions stitched into the quilt reached out and touched them.

The community feedback about Michelle's story [a local HIV Positive woman who "came home" in March 1994 and was recently interviewed by the *Deniliquin Standard*] has been warm and supportive. The real estate agent who was initially very hesitant about renting a house to someone who obviously wasn't well (and what's wrong with her?) now refers to her as 'our girl' and talks of her courage.

The town of Deniliquin has a logo — two big rabbits surrounded by little ones and the words "Do it in Deni". Our HIV prevention cards have borrowed from this: "In Deni we do it safely". After World AIDS Awareness Week, I think we can also say: 'In Deni we're starting to care'.

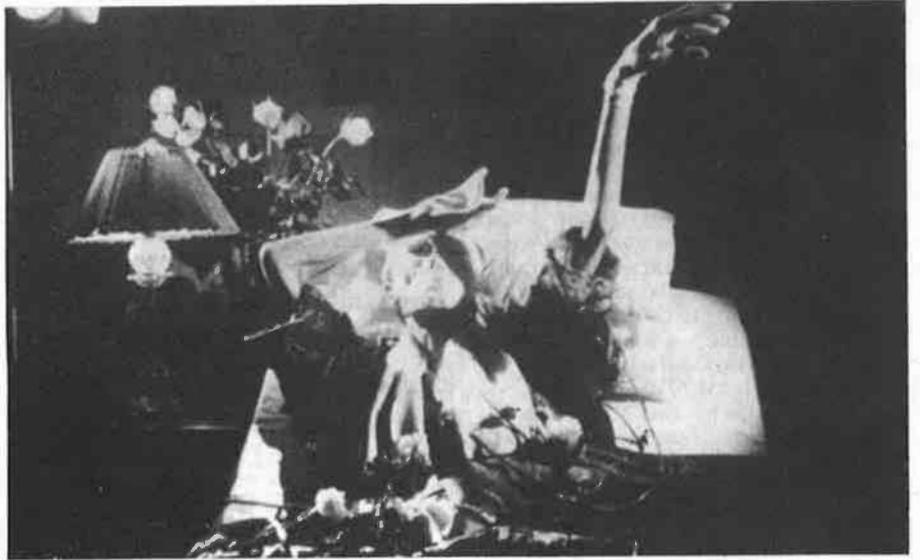
— **Robyn Manzie, HIV Support Contact, Deniliquin Community Health Centre**

Test ignorance

A FORMER MEMBER OF THE AUSTRALIAN Medical Association (AMA) Council and its AIDS subcommittee, and its current rep on women's health issues, has claimed that most doctors in NSW are ignoring the legal requirement that HIV tests be coded rather than identifiable with patient's names.

Dr Amanda McBride told *Talkabout* that, "my angst is with the government for not telling GPs. The Department should be informing us."

The issue has led to at least one doctor being reported to the medical board following an antenatal screening, she adds: "The husband knew that the coding should exist and spotted it on the pathology bill." Although ignorance of the law is cited as the main reason for breaches in confidentiality, the ability of pathology labs to chase payments for tests



Ken McDougall in *The Last Supper*

The 1994 Mardi Gras Film Festival has a whole swag of movies that will be of interest to Talkabout readers. The Last Supper is rather incredible cinema from Canada. PWA and actor Ken McDougall plays Chris, a dancer confined to his sick bed who decides to end his life and choreograph the final moments. With his lover he relives their happiest times. Described as "a visceral journey where dignity beats out disease" it's made even more powerful by the knowledge that McDougall himself died four days after the film's completion.

Something Happened is a weird, funny, David Lynch-style take on a public service announcement from Sweden. From France comes I Can't Sleep, in the tradition of Savage Nights. Boys From Brazil is a real heart wrencher about the lives and dreams of transsexual prostitutes, most of whom are HIV Positive. The Festival runs at The Academy Twin, February 16-26. Look for details on screening times in the gay press or call Queer Screen for more details on 332 4938. Watch as well for a possible forum on euthanasia with the makers of The Last Supper and local speakers on February 25.

is also believed to be a factor in their non-coding. Says McBride, "I always ask people if I can put their name. I think it's a courtesy. People should know what's being done to them. The labs have been ringing me because they do lose money out of this. If it's coded they can't bill anyone." McBride also questioned whether recommended pre and post test counselling was happening in some public hospitals.

ACON Executive Director Don Baxter said "it's a serious issue. There's a lack of commitment on the part of the private pathology labs compounded by HIV tests being requested by doctors unfamiliar with HIV. The labs have to be forced to change their systems to assist the GPs. HIV is an exception in terms of coding but it's also an exception in terms of public health. If they don't react we're going to have a breakdown of the rationale for coding." Professor Ron Penny of the

Centre for Immunology told *The Medical Observer* that coding anonymity was introduced to encourage people to come forward for testing.

Ross O'Donahue of the NSW Health Department said that workers in the public health system had recently received information in response to concerns raised, and that awareness-raising was important, "but it's inevitable that some people don't get those messages. It's really something that should be part of medical education."

Inclusive Pride

THE GAY AND LESBIAN COMMUNITY organisation Pride is to appoint a HIV Community Development worker to be based in its soon to open centre in Surry Hills.

Pride worker Peter Wood told *Talkabout* that the appointment is part of Pride's policy of "inclusiveness and outreach." "It's

Briefs

 Goulburn Jail prisoners raised money for charity on World AIDS Day by donating \$1 of their meagre earnings from a \$5 pizza treat. (Source: prisoner's letter to *Inside Out* correspondent).

• The HIV/AIDS Treatments newsletter *AIDSX* has published a self-delivery drugs cocktail recipe in its latest issue following reports of a number of botched euthanasia attempts. The recipe is "guaranteed to work and quick" according to the group. The issue is only available via subscription, 12 month subs are \$15. Contact: *AIDSX*, PO Box 255, Darlinghurst 2010.

• A leaked plan by the NSW Health Department for criminal sanctions to be placed on HIV Positive health workers involved in certain medical procedures was dropped late January following pressure from both doctors and AIDS organisations. The idea followed last year's media storm around a HIV Positive health worker in Inner-West Sydney which led to over 100 mothers being tested.

• The second stage of ACON's well-received *Expose The Myths* campaign has been designed by HIV Positive artist Andrew Thomas-Clark (featured in October *Talkabout*). The campaign includes a poster and postcard addressing "being HIV Positive and healthy and not considering early treatments" said ACON's Brent Mackie.

• ACCESS Radio, featured in a story in this month's *Talkabout* (see page 24), is lobbying station 2-SER for its own airtime. The show currently broadcasts for half an hour as part of *Gaywaves* and the group is concerned that 'PLWHA who do not identify as gay/lesbian may feel excluded'.

• A unique exhibition combining art with song and a focus on 'living not dying with AIDS' is running at The Exchange Hotel in Oxford St's Lizard Lounge until February 19. *Odyssey* combines the talents of opera singer Peter Binning and artist Marcus Craig (whose work featured in October *Talkabout*).

• A public forum to discuss the possibilities for PLWHA in co-operative housing has been organised for February 16. The meeting will also discuss what's happening with BGF's housing project. It's at ACON downstairs from 6.30pm. More info from Levinia Crooks on 380 6358 or see the ad on page 29.

• Two new services that may be of interest to readers. The Central Sydney Health Service now has a confidential sexual assault line for men providing support and guidance. The number is 516 7566. Also new is a Herpes Support Group run by Sydney Sexual Health Centre. It runs until early March on Monday evenings. Call to book a place on 223 7066 (ask for the counsellor).

• The National Association of PLWHA is gearing itself up, now that it's received some hard fought for Commonwealth money. According to Acting Communications Officer Russell Westacott, their current main focus is the 'boring', but essential, stuff of organisations — restructuring. An AGM is set for March 2 and he warns members to start lobbying for travel funding. Also, money to visit Cape Town, South Africa, for the March International PLWHA Conference is on the cards. He suggests that interested parties call him soon on 231 2111.

an indication from Pride that we'll be putting our money where our mouth is," he said. "That we're not just about condoms at parties. We want to involve PLWHA on lots of different levels in the centre." Wood said that the person would work with other groups located in the centre but his or her exact role was still open. Pride was encouraging the community to contact the Centre with their input, he added.

NorthAIDS

NORTHAIDS WILL BE OPERATING a Day Centre in Des Kilkeary Lodge from February 10, for two afternoons a week. We will offer aromatherapy, massage and relaxation groups, the opportunity of support from volunteer carers and lunches.

We have many plans for developing the Centre, including regular guest speakers, support groups and access to vitamins and supplements.

NorthAIDS is also recruiting for our next volunteer training program, to be held in March.

For more information, or to volunteer, please call me on 982 2310. Address: Des Kilkeary Lodge, 11 Warringah Road, Dee Why.

— Paul Armstrong

Bactrim update

YOU WILL PROBABLY HAVE READ some reports in the media lately about a number of deaths in the UK related to Bactrim/Septin/Resprim. These deaths were a result of allergic reactions in very elderly people. The reports did not mention that the 136 deaths were recorded over a period of 25 years, or that none of these Bactrim related deaths occurred in people with HIV/AIDS.

Reports of people dying from adverse reactions to antibiotics are not new, they are however *very* rare. More people die annually from allergic reactions to drugs like paracetamol, as well as bee stings.

Bactrim/Resprim/Septin are 95-100% effective in preventing PCP and Toxoplasmosis for people with less than 250 CD4 cells. Prior to Bactrim being used for PCP & Toxo prevention 80% of people with HIV

died on their first presentation of PCP. Research has conclusively shown that HIV Positive people who take Bactrim live longer than those who don't. (*Pierone '88*)

Most people with HIV who have an allergic reaction to Bactrim (usually a skin rash) can be desensitized to it — enabling them to take it. If you notice any reactions which you think may be related to medications you are taking, talk to your doctor.

Keep taking Bactrim, Bitch!

— Steve Gallagher

Living memorials

THERE WERE VERY MANY EVENTS AND activities organised all around the State during AIDS Awareness Week, but none probably more healing in effect for those grieving than the tree planting ceremony.

The Blue Mountains Project was initiated in 1991 and, according to Morris Cooper, chair of the Medlow Bath Park Advisory Committee, the group has planted 120 trees marked with small, ornamental naming plaques. That number, he said, included the two special plantings for the Committee and for the PLWHA group on November 27th.

The Medlow Bath Park has been transformed from a somewhat forlorn and inhospitable area to a quiet, peaceful and contemplative space by the Committee of volunteers. On November 27, the Candlelight Vigil and the double planting of two young maples were preceded by a Twilight Tea for around 70 people with music provided by the Blue Mountains City Pipe Band.

The AIDS Memorial Garden at the John Hunter Hospital in Newcastle is a new project initiated by the AIDS social worker at the hospital, Steve Coady. It was opened and dedicated with the first plantings on December 1. 100 or more friends, families and carers from the Newcastle area attended.

The John Hunter Hospital cares for most people living with HIV/AIDS who require hospitalisation in the region reaching north of Sydney as far as the Queensland border.

— Kendall Lovett

PLWHA bite Lawrence

FORMERLY A FOCUS FOR ADMIRATION, Federal Health Minister Carmen Lawrence was a focus for anger at a packed, sweaty, meeting on treatments co-organised by ACON and PLWH/A early February. 200+ attendees heard that \$1m worth of Federal funding for MAC fighting drug Rifabutin has been delayed for nine months, the latest hold-up being that the relevant papers weren't signed before her summer holidays. Professor David Cooper described the delay as "dreadful" and "inexcusable". Drug Multinational Roche was also criticised over its refusal to supply CMV drug oral gancyclovir. (See ad on page 29). The meeting was called following concerns that hospitals were rationing existing and new drugs in order to save money.

NSW Health Minister Ron Phillips told *Talkabout* that Rifabutin approval, "should be obtained under Section 100 in February", Canberra insiders have suggested that, if there is any further delay, the blame would lie with the Finance Department baulking at the cost. (More treatments on page 12, more Phillips page 14).

Elsewhere on the treatments and research front.

New studies has shown up theories that HIV is inactive for years after seroconversion. American researchers found that HIV is subject to an immediate and massive immune-system response, highlighting the need for early treatment with drug combinations. The studies showed that various drugs could kill up to 99% of the virus but a drug-resistant strain then developed. Professor David Cooper told the *Sydney Morning Herald* that the results meant that, "the approach to this infection must be early and aggressive treatment."

Drug manufacturer Glaxo has agreed to a special access scheme and trial for 3TC, a new antiviral, starting in March. Intense lobbying led to access being agreed for people with T-cell counts under 25. (More on the trial in March *Talkabout*).

A collective of activists with a "broad range of backgrounds" aims



Startled guests whooping and lapping it up at Talkabout's sixth birthday party at The Lizard Lounge (for thanks see page 10)

to track down drugs both locally and overseas at "the lowest possible cost". For more information, or to make a donation, to new buyers club 75BC contact Lois Johnson on 332 1952 (business hours).

An recent Italian study which followed nearly 900 people over nine years has suggested that progress from HIV infection to AIDS doesn't appear to differ between men and women. But women may be more susceptible to certain opportunistic infections and are less likely to be long-term survivors suggest other studies.

Dark glasses & wigs no more

THE VOICE OF PLWHA IN THE STATE of Israel had remained silent until very recently. Although they still don the "dark glasses and wigs" for TV, PLWHA Sue Newman told *Talkabout* that this last year has seen them go public for the first time. They're now a part of the AIDS effort and "getting ourselves involved in government policy making".

Newman tells a familiar story of "walking a daily tightrope, lobbying on the one hand and being activists on the other" and seven-day weeks. Among the horror stories they battle

is an absence of anonymous testing and a government not convinced that "investment in prevention [is] cheaper in the long run than financing the health costs of AIDS patients in hospitals." As well, a barrage of negative publicity recently surrounded the 'Denmar case', where a murdered HIV Positive man (leading a "double life") was accused of "vengefully spreading the AIDS virus". Following the case bills proposing the outlawing of sex for PLWHA and forcible testing and hospitalisation were presented to parliament. Newman points to the real problems being irresponsible reporting, the disclosure and exploitation of classified information, generalisations and "branding" that affect the gay community and all PLWHA, and the "resurgence of stigma and discrimination". "One man's deranged actions sent shock waves through the community and all of us trying to lead normal lives. Every time something like this explodes in the headlines it makes our job more difficult."

But she says that PLWHA are determined to make the government listen: "The days are gone when they can ignore us. Wish us luck, we'll need it!"



A Letter from the West

Talkabout has appeared in my post box from its very early days and I have seen it grow and change over the years. I have read articles and conference reports from both my brothers and my copies tell the story of their involvement in many of the HIV/AIDS organisations that exist today.

With sadness I have seen tributes for people who touched my life on my visits to Sydney and through their friendship with my brothers. When Andrew came to Perth to live with me *Talkabout* was a link between the east and west. After Andrew died the tributes gave me comfort and each time it appeared in the mailbox I was warmed by the commitment and energy being shown by a new generation of people taking on the challenge to speak for themselves and for those not able to raise their own voices.

In the early days, here in the west there was little in the way of help for me dealing with my brothers having first HIV and then AIDS. When Andrew was diagnosed I asked the Health Department for information about the disease and was sent to the STD clinic to see a doctor who had heard of the disease. I gave him more information than he was able to give me. *Talkabout* filled a great need for me, although not living in NSW I was probably not supposed to have been on the mailing list.

Talkabout has given me information, sometimes relevant to the present or raising issues I was avoiding and preparing me for the challenges I had

yet to face. As I found myself in a small network of PLWHIV/AIDS here in Perth my copies of *Talkabout* were well used. I use articles from *Talkabout* in my work as a TAFE lecturer. My class on death and dying starts with a discussion of an article on visiting a crematorium from the December 1993 issue that humorously deals with a topic most people avoid.

The tributes in the December/January issue to my brave and gorgeous brother bring to an end an era of my life. It is time to take me off the mailing list but thank you *Talkabout*, the contributors and organisers for the years you helped this little family live with this disease.

Dodge had hope for the future that my children's children would learn about AIDS as we learn about the holocaust, almost unbelievable, tragic, devastating, but in the past. I hope you share this hope with me.

— Annie, sister of Dodge Traffic and Andrew Carter.

Community theatre

In the November issue of *Talkabout* Geoffrey Harrison compared the funding of *Don't Leave Me This Way — Art In The Age of AIDS* to, "a past performing arts project that was funded to the tune of \$85,000 and an audience of less than 6,000".

This past arts project was a PLWHA (Vic) attempt at what was initiated as community theatre but which ended up, much to the disdain of the majority of the original participants, as a fully-fledged professional production under the banner of the Melbourne Interna-

tional Festival '93.

Geoffrey played an integral role in the decision making process, taking the project into the professional realm. He also played a role in the gathering of funding, half of which came from bodies that only fund community projects and not professional productions.

On this occasion Geoffrey chose to ignore the voice of those he purports to represent on national bodies such as NAPWA, and hence he must accept some of the responsibility for this failed project and the money it wasted.

It is ironic that he is now using this failed attempt at community art as a means of comparison, and as an example of money poorly spent.

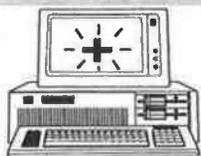
— Ross Buchanan

Harrison replies:

The PLWHA Victoria theatre project, *DesireLines*, is well known for its ups and downs. A few points.

I was contracted for a three month period in early 1992 to administer the formation of the project including Australia Council and Arts Victoria funding applications. All decisions during the 18 month life of the project were made by the Project's Management Committee. Approximately 65% of the project's participants agreed with it becoming a theatre piece for the '93 Melbourne International Festival. I did not become a part of NAPWA until 1993, well after completing my position on this project, and any concerns on this theatre project fall within PLWHA Victoria and not NAPWA.

The *DesireLines* theatre piece is now known around the world for its inclusion in the ABC's Art &



HIV Information & Support BBS

(02) 818 2876

24 hours. Speeds up to 14.4k. Member of HIVNet, AEGIS, Aussie Gay Net. Talkabout supporter.

Award, many do not see that the project "failed" or was "wasted money". I do not use it as an example of "money poorly spent" and see the current visual arts show in Canberra as a more cost efficient manner of educating the broader community on the realities of AIDS.

— Geoffrey Harrison

On a stick? — Don't eat it?

A number of reports of oral transmission of HIV have appeared recently. As a HIV/AIDS educator I have been raising the issue in local gay and lesbian newsletters.

To counter the idea that oral sex is safe, which seems to be a community perception, it would be really helpful to publish some personal experiences of people who have become infected through oral sex. The only personal accounts I am aware of have been published in America. Local experiences would have far more impact. Can anyone help?

Hope to hear from someone!

— Melinda Spink, HIV/AIDS
Education Officer, New England
Health District

Editors' note: Melinda can be contacted through Talkabout.

Romantic woes

I am an HIV positive straight man and find myself with a dilemma — where do I find straight/bi positive women to share the joys and woes that being positive can bring.

I regularly browse your newsletter and feel that you should seriously consider adding 'Personals' to the already wonderful mix of information and news you currently publish. Maybe you have already had this enhancement bought to your attention? Having spoken to others who would also enjoy such a column becoming a regular feature in *Talkabout*, I feel you would be on a winner.

I am aware of other avenues available, be they few, through which straight positive people can get together and have regularly attended CLASH meetings and activities but alas, few women are involved.

Should you not consider inclusion

of such a column as appropriate, which I sincerely hope you won't, maybe you could suggest other possibilities to meet positive women?

— Keith Lagan

Editors' note: See Olga's article about personals on page 11!

Kempsey rave

During this year's World Aids Day [WAD] I realised how 'powerful' a person living with HIV/AIDS can be in the information/education campaign. At this time my partner and I were staying in the Kempsey area of the Mid-North Coast. We heard on the radio that there would be a display in town that day, full of information about HIV/AIDS. Not long after the woman who does the morning show on the regional ABC, Marlene, took her usual 'talk-back' calls. People call up and discuss any issue they wish. This is when we heard a call from a man, whose name is unknown to us now, about his life living with HIV/AIDS. He initially rang in reaction to a previous caller who proved to miss the point of WAD and was obviously homophobic. He went on to share his current situation as a person coping with AIDS and really illustrated how so many people like the earlier caller are still quite uninformed and uneducated when it comes to HIV/AIDS issues.

I guess anyone can talk about these issues but hearing the story of someone whom is in the midst of HIV infection or AIDS sickness is particularly moving. We were unable to visit the display this past WAD but I will always remember hearing that phone call to Marlene. To finish this letter I would like to acknowledge the bravery of all the people who are living with HIV or AIDS, and especially the people who are giving to an often unfriendly community.

— Mark Morris

CSN: response

I write in response to 'CSN Concerns' (Dec/Jan '94/5). It concerns me that Ms Munro seeks to exclude "drug users" from CSN as carers.

(Continued over page)

We welcome your letters. They should ideally be <300 words and may be edited for space. *Talkabout* will also have a new policy on letters in place by the March edition of the magazine. To discuss how this could affect your letter call 361 6750. Please include your name and phone number or address and send them to:



Talkabout, Po Box 831
Darlinghurst 2010

NEW TITLES

Recovering from The Loss of a Loved One To AIDS Katherine Fair Donnelly (St Martins) \$39.95.

A Rock And A Hard Place: One Boy's Triumphant Story Anthony Godby Johnson (Signet) \$9.95.

The Second Plague of Europe: AIDS Prevention and Sexual Transmission Among Men in Western Europe Michael Pollack (Harrington Park) \$24.95.

Uncle Paul Has AIDS Phil Nott, Illustrated by Sally Heinrich (Little Gem) \$17.95. (Plus discussion notes, \$5).

Voices That Care: Stories and Encouragements For People With HIV/AIDS and Those who Love Them Neal Hitchens (Fireside) \$19.95.

(New Titles compiled by Graeme Aitken at The Bookshop)

Poetry

Voice of Light and Life

The voice of life, spoke to me
through death's dark door
And I took hold of life's light and
flew into a shower of gold.

Flew to heights not yet realised,
soared to new planes of ecstasy
Revelation comes with each
passing moment, can I stop to learn
each core

Time stands still, for one as I,
time moves rapidly in living life's
quest

Ecstasy vibrates in every pore,
if only we see past death's dark
door the voice of light and life

Peter Leslie

(From previous page)

Ms Munro refers to "previously known behaviours" — does this mean that drug users in recovery should be screened out, or that an ex-prisoner would not make an excellent CSN carer? As an ex-CSN carer, ex-Victorian AIDS Council carer, drug user and now CSN client, I have great concerns about this proposed screening process that could exclude drug users as carers.

Ms Munro mentions that carers may be "priests or policemen". Well, thank you very much, but you can keep them and send me carers who have criminal records and/or are current drug users. Ms Munro mentions that carers and clients come from all walks of life but neglects to include "drug users" in her list of affected communities/peoples.

I would remind Ms Munro that many "drug users", prominent and otherwise, have been involved in the development of CSN over the years and have made a valuable contribution.

Finally, I find it extremely offensive that "drug users" should be equated with child sexual abusers. I see that bigoted and discriminatory practises still run rampant amongst some people who should know better!

— *Urban Squalor*

Bitchin' queens

Talkabout is always interesting and educational. One of its appealing qualities to me is that it doesn't often use much stereotypical gay language. After reading issue #50 with one of your positive speakers talking about breaking down stereotypes, it may come as a surprise to some contributors that comments like "Take Bactrim Bitch", though meant in fun, are really unnecessarily alienating and counter productive.

The report on the Kyabra Retreat sounded enticing in every respect bar the quote "20 odd queens" were the clientele. Surely with everything else HIV Positive people have enough to contend with. Simple, courteous, inclusive language is a worthy goal.

— *Mel Noone*

Tribute



Christian Poulton aka 'Crystal' Died 4/1/95

On Wednesday the first of January Christian lost his fight against AIDS. Over the last several months he battled many illnesses, he took it all in his stride. Christian fought with pride and dignity, he was an inspiration to all his friends.

The gay community of Wollongong will never have someone like Christian in our midst again, he was the queen bee. His door was always open for a cup of tea, honest advice

and a little gossip. As Crystal he was a star, he gave many a drag a run for their money. I could never listen to the dark lady and not think of Crystal.

Crystal is now the Wollongong gay community's legend.

Last but not least Crystal was a true friend to me and all the gay community, we will never forget him. Wollongong's gay community and myself say — goodbye to our friend! — Crystal.

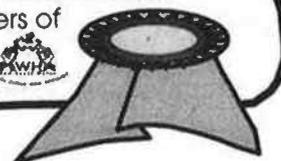
Forever standing in my sister's shadow.

— *Missy*



Many thanks to Robyn Manzie of the Deniliquin Community Health Centre for her marvelous effort in raising \$800 for PLWH/A on World AIDS Day.

Also, thanks to all who helped with *Talkabout's* birthday party especially Kerry Cheers, The Lizard Lounge, Ople and her dancers, Lance Leopard, Victoria Bitter, Kate Monroe, Robert Racic, Mohr Fish and all who came. The winners of the raffle were: First, Simone; Second, Graham; Third, Takeshi.



Chris Connole
17/6/55 — 13/12/94

These following two poems were read at the remembrance service for Chris Connole, held at the MCC.

Sitting with Chris
The man who is/was our
brother, lover, friend
the slightness of his stature now
We hold his warm hands and
The room is peaceful
There is a lack
of fear
in this room. It is a
peaceful place to die
We are
finally
unafraid to hold the hand of
the man who was so mighty.

Meditation
A room that is
difficult to come to,
yet somehow
hard to leave
His opened eye
he is there
but what happened inside him?
A pause in a metronome of
breath

We come to attention
And then the rhythm
like the tired clock
returns
We wonder if he is
crying
inside. Is he afraid
at all?
We worry less —
for we look to discover that
now the hands
being held
are ours.

*Adapted from a poem
by Juliet Burch*

Chris, much we have loved you.
But speechless was our love
and with veils has it been
veiled.

Yet now it cries aloud unto you,
and would stand revealed
before you.

And ever has it been that love
knows not its own depth until the
hour of seperation.

fare you well.
your day has ended.

What you have given we will
keep in our hearts

*Adapted from The Prophet by
Kahlil Gibran*

Olga's Personals



For some time now readers of Talkabout have requested a Personals column. Well the good news is that Olga has decided to come to the party and coordinate an exclusive service for the readers of Talkabout. Olga explains what 'Personals' are and how they will operate.

WELL, EVEN PROPER LADIES LIKE MYSELF are accustomed to them, however, should you be a virgin to such practices let me attempt to explain what Personals are. Personals are advertisements seeking out other people for friendship, companionship, relationships, penpals and all the other wonderful interactions we humans have with each other.

What happens is that people who are seeking others for the pleasurable pursuits mentioned above write advertisements which are then published in *Talkabout*. People who read these advertisements and are interested, respond to the advertisement by writing a letter to the advertiser. The reply letter is then placed in a sealed, stamped (45 cents) envelope with the box number that appeared with the advertisement on it. (The advertiser's name, address or phone number will not be published with the advertisement.) This sealed, stamped envelope is then placed in another envelope and sent to my address.

I then match up the box number with the advertiser's address and send the responses to the person who placed the original advertisement. Only the responder to the advertisement and the advertiser get to see the response letter. The rest is then up to the advertiser and the respondent. From this point on I cannot be held responsible for what lovely things happen between the two people who are introduced

through Olga's Personals.

This service will be totally free and you can be assured of confidentiality. There is a little bit of Olga's Personals etiquette that needs to be made clear from the start. (Not that I am a pushy woman, but my motto is that it is better to be covered than sorry!).

I reserve the right to refuse any advertisement that suggests illegal activity. Advertisements should not be in bad taste, that is, they should not contain racist, sexist or discriminatory language. Rest assured sweeties I am a very broad minded woman who has been through many a drama, so be honest and not wicked in the wording of your advertisements and they are sure to be published.

Claims of HIV negativity cannot be made because it is not possible to verify such claims accurately, however, claims of HIV positivity are welcomed and encouraged. So if you want to state that you are HIV positive I encourage you to do so. Also state clearly what you are looking for. It's OK to mention that you're straight, bi, gay or transgender and to mention what you are looking for. Be honest about who you are and what exactly you are looking for to avoid any unnecessary disappointment.

Due to space limitations, your advertisement can be up to a maximum of 40 words and must take the above guidelines into account. If you are interested in placing an advertisement in our next issue sent it to: Olga's Personals, PO Box 831, Darlinghurst NSW 2010. Don't forget to include your name and address (only I will know this information) so I can pass on the responses.

Take it from a well worn lady like me — you have got nothing to lose and everything to gain.

*[Deadline for the next issue is
February 15]*

Treatments activism: the new wave

On January 17 'HIV Treatments 95', a community meeting organised by PLWH/A Inc. (NSW) and ACON attracted about 130 people.

The purpose of the meeting was to look at the some of the promising new treatments that are around, address treatment access issues and look at what direction activism should take.

Les Szaraz reports.

I FIRST WANT TO SHARE A FEW WORDS from a person with AIDS which I feel summarise the current treatments climate: "What I have noticed about everyone in the medical system is that someone else is always to blame. In a vast bureaucracy, no one is killing you directly, they're just following orders. The round-robin of finger pointing is endless, although the end result — *death* — is always the same. Yet when you say these things aloud, as I frequently do, everyone looks at you with a certain patience, as if you have gone quite insane and must be humoured. When I hear that someone has got dementia, I wonder whether it is organic or was he driven to it?" (POZ Dec 94/Jan 95).

Speakers included Professor David Cooper (NCHER), Dr. Marilyn McMurchie (ASHM), Lyle Chan (AIDS-X), Dr. Don Smith (CHATN), Peter Hornby (PLWH/A) and Andrew Morgan (NAPWA). Most of the speakers saw the meeting as an ideal opportunity to mobilise ourselves for a new wave of lobbying and activism which is needed if we are to gain access to many of the promising new drugs. I think by the end of the evening all attending realised that the task at hand was complex and will require much effort and energy. It was pleas-

ing to see many commit to this.

For the last couple of years there has not been much good news on HIV treatments. The promised second wave of new drugs after AZT, ddI and ddC has not eventuated as quickly as expected. It is only now that promising new drugs are surfacing. Some of these new drugs were discussed at this meeting. These included 3TC, Abbott's protease inhibitor, Rifabutin and Oral Ganciclovir. It was pointed out that there are about another 20 possibilities which were reported at an international conference on HIV treatments in Glasgow last November — some of these are for opportunistic infections and some are antivirals (drugs that attack HIV).

Prophylaxis

Professor Cooper pointed out that for people who have less than 50 T-cells there is probably not much point in pursuing antiviral treatments (will the toxicity of the drug cause you more harm than good?), however, the decision is up to the individual.

More importantly, he reported that we now have effective prophylactic (preventative) drugs. He said we should concentrate "on aggressive prophylaxis for these people". Bactrim [see news on page 6], Rifabutin and Oral Ganciclovir are an integral part of this aggressive approach and have been shown to give a survival benefit — it is better to prevent an illness than have to treat it when you get it.

Rifabutin was also a proven preventative medicine against the debilitating organism MAC which develops in people with less than 100 T-cells. MAC is a particularly hard organism to identify with current diagnostic technology so prevention is the way to go. Rifabutin has been approved as a section 100 drug and

all hospital based doctors are now able to prescribe it. If you are eligible for this drug (have less than 100 T-cells) you can now have this drug. If your doctor tells you that it is not available, tell them that it has been approved under section 100.

Oral Ganciclovir has been proven to reduce your chances of going blind from CMV (cytomegalovirus) infection and increase your life expectancy. Lyle Chan pointed out that there are access problems with this drug. He said "There's no doubt about its benefit. But there is a lot of doubt about whether Oral Ganciclovir will save your life, because right now you can't get it." The medical director of Syntex, the company which produces the drug, says that blindness is not life-threatening and therefore Oral Ganciclovir is not an urgent drug.

But as Chan points out "What about quality of life? Does he realise that people with AIDS have suicided upon finding out that CMV infection in their eyes may blind them? Does he realise that CMV spreads out of the eye into the gut, bowels, adrenal glands and lungs and, yes, kills you?" There is more work to be done to ensure that people who could benefit from this drug have access to it. At the moment you don't have access to this drug, yet it could save your life. If you are angry about this then write to: The Medical Director, Syntex Australia, 275 Alfred Street, North Sydney NSW 2060. Phone 922 7688 and Fax 954 4232.

Protease Inhibitor

Lyle Chan also called on the Abbott drug company to release its protease inhibitor on com-passionate grounds. Protease inhibitors attack a different part of HIV's replication cycle than AZT, DDI & DDC. There is not much data on this drug but Chan knows that many HIV

Positive people are desperately looking for something new. It has been reported that this drug dramatically increases T-cell counts and dramatically decreases the amount of HIV in the bloodstream. It is not known whether these results will be sustained over time or whether the drug will extend life or stop a person from getting sicker.

It looks as if the most likely path with the new protease inhibitor drugs is to use them in combination with other antiviral drugs. This is necessary because resistance seems to develop quickly with this class of drugs. We were not told of any proposed trials of the Abbott protease inhibitor at the meeting so direct lobbying of Abbott seems the most likely way to gain access at the moment. You could also contact Professor David Cooper at the National Centre on 332 4648 to find out when trials are expected.

3TC

Many people may have heard of the new antiviral on the block: 3TC. Trials have shown 3TC in combination with AZT to be the best combination of anti-viral drugs we have thus far. 3TC and AZT work together very well and it seems that HIV cannot remain resistant to both drugs simultaneously. The trials reported that there was a 90% reduction in the amount of virus in the blood and that there was low toxicity associated with it. It is not yet clear how beneficial 3TC will be, so don't get too excited.

New trials

The good news is that 3TC and another new drug, Loviride, will be trialed here in Australia from late February. Loviride is a class of drug known as a non-nucleoside reverse transcriptase inhibitor that has shown some initial promise. The trial will be open to 300 participants around Australia. For more details see the March *Talkabout*, or call Dr. Michael Rawlinson at the National Centre on 332 4648 or Denise Fagan at CHATN on 331 6320.

3TC is available for compassionate access to people with less than 25 T-cells. If you fit this criterion your doctor should apply

to Glaxo for access through the SAS (Special Access Scheme).

3TC trials for those who are 'naive' (have never taken any HIV drug treatments) are likely to happen later this year and results from the overseas naive trials look promising.

Dronabinol

Dronabinol is a legal form of marijuana that can help people with appetite problems and wasting syndrome. Dr. McMurchie reported that the drug's bioavailability (ability to be absorbed) was not good. This is consistent with many reports I have heard that the real thing is much better! The drug has been approved for use but it is quite expensive (\$230 per month) and it seems unlikely that the government will agree to pay for it — surprise, surprise! The only suggestion at this stage is that you try to convince a hospital based doctor to prescribe and have it paid for out of a hospital budget.

Access & Activism

As mentioned earlier there were approximately 20 promising drugs reported at Glasgow and yet the whole meeting was taken up talking about just a few of these. As Peter Hornby pointed out, "money and politics could solve all our problems" in an ideal world. But this is not an ideal world and we will have to fight hard to access many of these drugs.

When I look at the Rifabutin fiasco I realise that we have got a long way to go in our struggle to access drug treatments. A doctor present at the meeting was wearing a t-shirt which said 'bureaucracy replaces PCP as leading AIDS killer' which encapsulates my feeling at the moment. It has been known for a year that Rifabutin is a safe and effective drug to prevent MAC infection. Many people at the meeting wondered: Why is it only now that we have managed to get access to this drug? How many people had a slow death from MAC during this period when there existed a drug that could have

prevented this? The meeting unanimously condemned the Federal Health Minister for an inexcusable delay in approving funding for Rifabutin. Rifabutin was approved for use in June, 1994 yet it will have taken the bureaucrats nine months to approve funding by the time the Minister gets back from holidays and signs the necessary documents.

Rifabutin is only part of a bigger problem. At the moment we do not have a good system for funding drugs that are approved for use. This meeting recognised that the funding issue should be addressed because most of us are sick of having to go through the bureaucratic bullshit to get funding for every drug that is approved. It is also worth mentioning that the promising new protease inhibitors are very expensive to manufacture and the issues of money and rationing are not going to go away.

The meeting finished with a brain storming of strategies. It was recognised that partnerships need to be formed between doctors, HIV Positive people, bureaucrats and politicians so that we can find effective solutions to the current problems. An integral part of the solution is us, people with HIV, and Lyle Chan provided some ideas as to what we can do. He said look after your health and ensure that your doctor does as well. Further, he urged for people with HIV to get interested in AIDS politics because "that is what this is all about. Realise that the reasons that you're getting inadequate health care are not necessarily medical reasons. They're political reasons. The more you learn about the political reasons, the better your chances of figuring out how to work the system and staying alive."

It certainly appears that we need to mobilise again for a new, yet different wave of activism. The process will be ongoing, so watch this space for further details.

"A doctor present at the meeting was wearing a t-shirt which said 'bureaucracy replaces PCP as leading AIDS killer' which encapsulates my feeling at the moment"

Promises promises

You might have heard — there's a state election coming up! And it's going to be as tight as the proverbial. Every vote counts and the possibility of change is real, including the Independents losing their 'balance of power'. With votes in mind, both Labor and the Coalition were eager to talk to Talkabout. And these polly actions on being elected, such as their plans for St. Vincents Hospital, will have a practical impact on PLWHA for the next four years.

ALTHOUGH 'HEALTH' WILL BE one of the major 'issues' before March 25, 'Health's' HIV/AIDS component probably won't — except when it comes to the gay/Bligh vote. The reason? The bipartisan nature of the issue. During a hour-long conversation with this magazine, Both Ron Phillips, the current Health Minister, and the man vying for his job, Andrew Refshaug (who's also deputy leader of the opposition), proudly pointed to the tacit agreement which has, perhaps thankfully, kept the issue out of the political bearpit.

Says Phillips, "Without question, one of the reasons why we've had much greater success in NSW and Australia than almost any country in the world is the fact that we were mature enough to very quickly establish a close liaison between the political parties, and with the people directly affected. I can ring up Labor or Coalition members in Canberra, talk about very difficult issues and have sensible conversations. Now, in politics it would be hard to do that on many issues. In some issues in health the Commonwealth won't even talk, so you can't resolve it. I never get that problem with HIV/AIDS."

Refshaug: "I don't want to take away from the bipartisanship, we get a better response if we maintain that, but I do think the government's failed because the money's not necessarily being spent where it should be spent, I've seen the evidence. I think they've been sitting back on their hands and letting it ride, they've failed to communicate and consult and they've failed in fixing problems. Complaints haven't been taken up. There are still breaches of privacy despite legislation: we need to much more vigilant and much tougher on that. Hannaford was all gung ho for Anti-Discrimination and then piked it and they've abandoned the parliamentary committee. The Govt. has been moving towards mainstreaming, the community health sector has moved to being an adjunct to early discharge of patients and hasn't been well developed. The system concentrates on hospitals. They've a passive approach, rather than seeing the opportunities in our world leadership [in HIV/AIDS]. All of these issues still need to be pursued. There are significant differences between us. PLWHA should vote for us because of



PLWHA watch Refshaug and Phillips throw the punches (and the promises) as artist Phillip McGrath takes off Edvard Munch.

the priority we'd give HIV."

Drug availability

Phillips: "I've never found an unwillingness to contribute funding towards particular drugs. But we have a responsibility to make sure that when we spend large amounts of money that you are actually getting an outcome from it. If something goes wrong, then we carry the burden. I think we have been pretty responsive. We have our arguments with the Commonwealth while we wait for them to provide the funding under section 100. We keep that pressure on, that's part of the process."

Refshaug: "We don't regularly argue about the cost of neo-natal intensive care, we argue about whether there's enough of it. A lot of medicine costs a lot of money. The funding's at straining point. It should have been worked out years ago. We're looking at reviewing who pays for what and how much. I'd be looking at increasing the money."

Complementary therapies

Phillips: "It's not a problem peculiar to those living with HIV. It comes back to dollars. You can use any sort of therapy you like — the issue is who pays. I am prepared to help with anything that can be proven to be helpful. But you have to go through a proving process."

Refshaug: "People should always have a right to choose (unless they're a parent making a choice on behalf of a child), but I don't believe [complementary therapies] work, nor do other practitioners in the field. It is important that the other modalities subject themselves to scientific rigour."

St. Vincents confusion

Phillips: "It's, in fact, very simple. Every city in the world is confronted with the medical revolution. When you look at our major teaching hospitals, there's only one not totally run and funded by the government — St. Vincents. I don't want what happened to the Mater in North Sydney, which now only provides

(Continued page 19)

Contacts



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.

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**

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 13-15 Watt 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). Russell Westacott, 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

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



Tiffany's Transport 206 2040

Tiffany's 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)



Sydney Sexual Health Centre

Free & Confidential

Sydney Hospital
Macquarie St (near
Martin Place Station)
for an appointment
or information
223 7066
*no medicare card required
for recorded information
11646

Services provided:
STD test, treatment and
information
HIV/AIDS tests and care
Hepatitis B tests and vaccinations
Counselling
Safe sex information
Free condoms, dams and lube
Multicultural information and
interpreter services
Contraceptive advice
Needle syringe exchange

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Call Paul or Jill ☎ 361 6750

(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.

CALVARY HOSPITAL Rocky Point Rd, Kogarah. Inpatient, respite and pain/symptom control (care by Victoria Furner). Full community support team. Stuart Pullen 587 8333.

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

GREENWICH HOSPITAL Palliative care inpatient unit, day hospital and community outreach. 439 7588.

HAEMOPHILIA UNIT Royal Prince Alfred Hospital. 516 7013.

KIRKETON ROAD CENTRE Community based primary health care facility of Sydney Hospital. Nursing, medical services, counselling, 9am-8pm, Mon-Fri. Social welfare service, needle & syringe exchange 2-6pm, Sat-Sun. Outreach bus 8pm-midnight, 7 days. Darlinghurst Fire Station, Victoria Rd, Kings Cross. 360 2766.

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

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

NERINGAH HOSPITAL A palliative care in-

patient 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. Dental Clinic, Acoca St, 399 2369.

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. Dental Department, 361 7129.

UNITED DENTAL HOSPITAL Chalmers St, Surry Hills. HIV/AIDS service, Sue Mathieson 282 0246.

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.
FRIDAY DROP-IN for PLWHA at ACON
 Western Sydney. Scott on 204 2402 for
 confidential information.

 **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 NUA, A,
 369 3455.

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

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

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

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

**SUPPORT 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 confi-
 dential service for young HIV+
 gay guys. Support, informa-
 tion, 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.

DES KILARY LODGE Respite and Step-down
 support for PLWHA and their carers. Small
 day centre. Located on the Northern
 Beaches. Paul, 982 2310.

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 PLWAs. Judith on 018 981 837

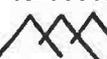
PETS The Inner West Veterinary Hospital will
 never refuse urgent treatment for a pet be-
 cause of lack of money. Please call 516 1466
 for more information.

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 2114.

CSN NEWCASTLE Rosemary Bristow,
 ACON Hunter, 13-15 Watt St, Newcastle.
 (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.

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



PLWHA
 New South Wales
 People Living with HIV/AIDS

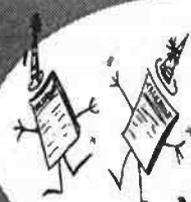
Current PLWH/A Committee
 Alan Brotherton, *Convenor*
 Steven Ford, *Deputy Convenor*
 Robert van Maanen, *Secretary*
 Larry Wellings, Bill Rigney,
 Adam Davis, Peter Hornby,
 Vivienne Munro

PLWHA Coordinator
 Claude Fabian 361 6023

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



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

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

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

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

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

POSITIVE SUPPORT NETWORK Emotional/hands on support for PLWHAs on the Central Coast. Keith Jones (043) 23 2905.

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

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

NEW ENGLAND & NORTH COAST

ARMIDALE HIV EDUCATOR Melinda Spinks (067) 73 4 712.

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

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

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.

GRAFTON HIV/NESB WORKER Sharyn Dillossa. (066) 42 3333x229

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

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

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

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

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

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.

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 Darriera Turley. Community Health Centre. (080)

Regional Health Service HIV/AIDS Coordinators

CENTRAL COAST

Paul Drielsma
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

EASTERN SYDNEY

Marlene Velecky
Ph: 399 4832

HUNTER

Marilyn Bliss
Ph: (049) 29 1292

ILLAWARRA

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

NEW ENGLAND

Christine Robertson
Ph: (067) 66 2288

NORTH COAST

Vacant
Ph: (066) 20 2145

NORTHERN SYDNEY

Graham Stone
Ph: 438 8237

ORANA AND FAR WEST

Robert Baldwin
Ph: (068) 81 2222/2242

SOUTH EAST

Greg Ussher
Ph: (048) 27 3148

SOUTHERN SYDNEY

Colin Clews
Ph: 350 2959

SOUTH WEST REGION

Dalton Dupuy
Ph: (060) 23 0350

SOUTH WEST SYDNEY

Mark McPherson
Ph: 827 8033

WENTWORTH

Elizabeth O'Neil
Ph: (047) 22 2255

WESTERN SYDNEY

Chris O'Reilly
Ph: 843 3118

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.

private care, to happen to St. Vincents. I wanted to come up with a funding process that secured their future, gave choice and diversity. That's what any good system should work on. At the moment they get funded year to year and are subject to the vagaries of the economy and minister's attitudes. All I've said is we're giving you certainty and capital investment. In return for that, we want a guarantee that you're going to provide these services at these levels of quality and volume for public patients. Now, I would expect them to go out and be much more consultative with the various interest groups because that's their business. [Early February] we'll sign a legal document with St. Vincents so that everyone's locked in. Then it's going to take us at least another year, because this is the first time it's occurred and it's such a large hospital, to come up with a service agreement."

Refshaug: "We need centres of excellence but I don't think it needs to be only one. The services, research, the critical mass of people working at St. Vincent's on HIV and AIDS, are important, but it is firstly a teaching hospital. The contract formed never gets that way, because all they do is look at a volume of patients per dollar, and once you reach that point you're not getting paid any more — so if you're the next person on the queue you miss out. I'm unsure whether all the money that we've said should be spent on HIV and AIDS has been spent on it by the hospital. A contract might make that more clear, but it's unlikely that that's how it would work. You've got to look at the history and there's enough cause of concern there to be worried, contract or not, that the money would still be spent. On the other hand, I don't want to lose the expertise that's been built up. I want to look at using the people there to spread their expertise to others. People need to have services elsewhere."

Euthanasia

Phillips: "It's very important that an issue like euthanasia continues to be openly and clearly debated in the community. A year ago we released

a document about death with dignity, which I strongly supported. It gave the right to: know the treatments they're getting; their impacts; refuse those treatments at any time. As to whether you go to the next step, that really is a legal issue that should be put to the Attorney General. As a Minister of the Crown I have to ensure that the law is enforced. My responsibility is to work within that legal framework, and to push where necessary. It's an issue where politicians aren't going to take a significant lead, nor should they. [But] I'd encourage a parliamentary debate."

Refshaug: "There's a number of steps that need to be taken even before we think about euthanasia. We're way behind. Look at the South Australian [on the living will] and Victorian legislation [empowering a patient's advocate]. We need to get that far before we legislate. The community's enormously polarised."

Marijuana

Phillips: "At the moment a majority is saying 'we don't know if there is a better way, so we're not going to shift'. At our last meeting of Health Ministers we all agreed that this should be investigated. We're waiting on a report about the marijuana's treatment effects. Once we get that then we as a nation, as health ministers, will make a decision."

Consultation

Phillips: "Whenever I'm Health Minister, I will continue that very strong advisory response in any policy decision I make. It appears to be working very successfully. If it ain't broke don't fix it!"

Refshaug: "We have some good and some bad levels of consultation. The Government view is 'talk to one organisation, then you've got it all' — when there may be other issues that are important to listen to. When you're making or changing policy, particularly in the area of health and social policy, it's not going to work unless people feel they own it. There are still people at the individual level who are blocked

from knowing about what's going on. We need to be more open to information from the individual themselves."

Complacency

Phillips: "On the medical side [recent events] have made health professionals acutely aware. Where I do think we're getting some complacency is where the main battle is — education. There's concern about increased incidence among young men, a lot of roulette players out there. There's also incidents of outbreaks among Aboriginal outback tribes, that's a specific area of concern, but in reality they're no different from the rest of the community. If they've got high risk habits we need to target them — like with the gay community, working with them."

Care equality

Phillips: "When it comes to treatment, that is the responsibility of each — but it's up to doctors to do their utmost to emulate good practice. I can make sure that the health professions have in place a clear system making sure that the best methods are always floating to the top, people are keeping their skills up and antiquated methods are progressively being weeded out. You don't want ministers deciding, you want individual doctors deciding. You want that competition of choice out there. We have clear policies in place, but they are decided and implemented by the profession."

Refshaug: "The problems have been the same for years and it's taking the Govt. a long time to sort them out. It's important to permeate the whole system. Also, coming from the other end, consultation to find out where it's falling down, so you can try and fix things and change the culture. It's really a matter of listening."

Lessons learnt

Refshaug: "The community doesn't realise that gains in HIV/AIDS have spin offs for them. We have one of the most active and informed groups with a disease that we've ever seen. It is a resource. We shouldn't ignore that, we should use that. It has great implications throughout the public health system."

Polities interviewed by Paul Canning

How do I live with this?

Originally published in London's Body Positive Newsletter in June 1994, this article, by Scott Berry, is about his search to put meaning to the experiences of his clients in his work as an HIV psychotherapist. It is also, says Scott, "a testament to those clients and their courage and honesty".



Graphic: Philip McGrath

THIS ARTICLE GREW OUT OF MY WORK at Body Positive London. During that time, my client group were mainly people newly diagnosed with HIV who came to see me sometimes only an hour or two after getting their diagnosis. I noticed that many people with HIV went on to make hugely creative and positive changes in their lives. Then people showed me the true meaning of courage and I wanted to share what I'd learnt with others.

INTRODUCTION

There has been much material written about the psychological response to life threatening experience which focuses on those who survive the death of a loved one, or alternatively on those who are about to die. As an HIV psycho-therapist I have found this material useful in dealing with people affected by HIV, but only some of it has been useful for those who are HIV positive. The AIDS pandemic is forcing HIV practitioners to look beyond bereavement theory and focus on different experiences involving life threatening themes.

I feel this is a good thing as it reminds me to pay close attention to my clients, their individual needs

and how I can meet them. It means that, within our sessions, I remain continually the student who is learning more and more about my client's internal world. As we know, many who are diagnosed HIV positive continue to live for more than a decade with the notion that they may get ill or die. Questions of death and mourning play a less specific role in my practice, but the question 'How do I live with this?' is common. This has led me to search for theoretical material that resonates with the experiences of my client body.

In this search I have been moved by the article *The Australian Psyche* by David Tacey and its argument that what occurs in transplanted colonial societies is a kind of psychic shake-up. This rang a bell for me because many of my newly diagnosed clients speak of feeling as if they have been transported to a new world where all the surroundings are different. The buildings, the flora and fauna have changed, and there are no maps to guide them. In my practice I often explore this new metaphorical landscape with my clients as it can give me valuable insight into their internal landscapes. Inspired by this article, I also began to focus on

unconscious processes in the hope of helping my clients move toward their purpose: learning to live with HIV infection.

I suggest that what can occur in HIV diagnosis is a similar psychic shake-up to that argued by Tacey. Specifically, the initial response to diagnosis can be likened in some cases to a psychic explosion. In this explosion one's identity, what we call our 'self', feels as if it is destroyed. The old map is ineffective and psychic 'reorganisation' can only occur through changing that map and, therefore, transforming the notion of self.

GRIEVING IN RELATION TO HIV DIAGNOSIS

I believe there is no singular standard response to HIV diagnosis. In my experience each individual will have a response that is distinctive and personal and it is my goal to respect this unique response. In his paper 'Mourning and Melancholia' Sigmund Freud describes a psychic process I can see in some people who are newly diagnosed. Walking through our lives, post diagnosis, we encounter the same familiar people, events and situations. But, as my clients have told me, nothing is familiar any more. These situations

beg new questions and demand new answers. The questions seem strange and the answers are unknowable at this point. Confusion reigns!

Changes may occur in attitudes to family, friends and vocation. More personally, attitudes to sexuality, dreams for the future, one's own body (e.g. glandular and immune systems), as well as attitudes to one's own body fluids, especially semen, blood, vaginal fluids and saliva, undergo dramatic re-evaluation. Therefore, as Freud suggests of the bereaved, I suggest of the newly diagnosed: that every new situation, every memory and expectation is re-evaluated and transformed because of diagnosis. This is a part of the psychic process of learning to live with HIV, acknowledging and working through the emotional catharsis that is so often a part of it. It is also interesting that this grief response parallels what we have come to know as midlife crisis: feeling dissatisfied with parts of our lives we were previously contented with; needing to look deeply into ourselves; and a desire to put some valuable meaning to our lives can be an important part of working through HIV diagnosis.

SOME IDEAS ON THE UNCONSCIOUS IN HIV DIAGNOSIS

The unconscious has a significant role to play in this mid life process. It may be that what in pre-diagnosis remained unconsciously repressed, in post-diagnosis becomes irrepressible. To put that in plain English, material that had been deeply buried within us is suddenly located much closer to the 'surface' because of the psychic explosion brought on by diagnosis. I believe that the consequences of this are far reaching. It means that deeply disturbing feelings and experiences from the past can have a powerful impact in the present. Also, a person with the potential for psychological disturbance, or with missing links in childhood development, may be affected by this after diagnosis.

Is it possible that the themes involved in diagnosis parallel those inherent in our early life experiences? Diagnosis brings with it the fear of

death and physical harm and plunges us into themes of transformation and survival. The newly diagnosed find themselves in a new life, in a body with seemingly new limitations, where life values have changed. They also find themselves feeling powerless emotions which they feel little control over. Many feel powerless over this situation and wish to return to an HIV negative diagnosis.

This may be similar to the process of birth itself where we are delivered from one 'landscape' to another and our bodies, removed from embryonic fluid, have new limitations. Inherent in birth are the themes of transformation and survival and the threat of death or physical harm is ever present through the birth procedure. The newly born may also experience extremely powerful emotions and may feel powerless over their situation. They may wish to return to the womb where everything was warm, where there was no harsh light and no hunger. Questions confronting the newly diagnosed may parallel those of early life: 'How will I survive?', 'Can I survive?', 'Who will help me?', 'Am I alone?' The need for others is paramount

"As a society transplants itself from the old to the new world, the delicate and carefully maintained balance between the two systems of the psyche — between consciousness and the unconscious — is disturbed. Ego consciousness, which had become sophisticated and dominant, is suddenly reined in by the unconscious, which becomes stronger and more demanding in the new psycho-cultural situation."

David J. Tacey, *The Australian Psyche*

as a theme in both these life experiences.

Perhaps the most striking parallel I can make between early life themes and those of new diagnosis is the notion of an 'emerging self'. The newly born are involved in the process of developing internal psychic structures in order to survive. They are also evaluating and negotiating the external world and those in it,

in order to develop a firm notion of self. The newly diagnosed are also involved in a process of understanding who they may now be in the world and of reorganising themselves within this new internal and external environment.

I'm not suggesting that when we are newly diagnosed we become blubbering babies! That certainly is not true. My clients are actively involved in the process of emotionally, physically and mentally integrating the news of their HIV diagnosis. They come to counselling as part of an active, responsible reaction and I support this very creative response. What I am suggesting is that the extreme emotions that can accompany diagnosis may be charged with emotions from earlier life experience. I don't believe this period necessarily lasts very long but may give way to the mid life process I have suggested already.

CONCLUSION

As a psychotherapist who is personally affected by HIV, I am on a search for ways of understanding what happens to us during and after diagnosis. I do this in order to address the imbalance of material which deals with these topics. Perhaps you agree with what I've argued or your experience may be quite different. Whatever your experience, I feel it is important that we understand what is happening to us.

I believe that what we are offered here is a chance to re-evaluate our past, to make new decisions about the future and find new ways of living that enhance our quality of life. Many HIV positive people, having undergone such an experience, say that their lives are more valuable and meaningful after diagnosis than before. Whilst the experience of diagnosis is painful it has also reaped many rewards in their lives. In fact, I often hear people say that they are glad they are HIV positive! Whilst I'm sure these people would give their diagnosis back if it were possible, I understand that what they mean is, "I wouldn't want to give back what I have learnt about myself and the world".

Creating Positive Culture

What is 'Positive Culture', how do PLWHAs go about creating it and how do they get that elusive funding? These questions and others are answered by David Jobling, a PLWHA with long experience in battling bureaucracies.



I LOOK BACK OVER THE LAST FEW YEARS OF MY LIFE AND REMEMBER SOME PAINFUL moments: good friends passing away from AIDS related illnesses; being accused of political activism and of trying to bring down the government in South Australia. I have moved house to avoid threats from locals, been spat at in public, been used by gay power-brokers as some kind of commodity. But I have not seen much material that represents people living with the virus in the community exploring what they are made of on a cultural level, how we fit in.

As a community artist/educator I have conducted several different workshops for positive people in the community. I develop my work in an organic way that represents an essence of the group attending. Often the work is challenging and can be cathartic. Ordinary people, given the opportunity to express themselves as a group through performance, often choose to do so by being confrontational, shocking and comic. People love to satirise the things they know to be truthful.

RECENT MEMORY

At an HIV Culture Forum, Darlinghurst, NSW a gaggle of AIDS educators and guests are assembled to talk about HIV Culture. A respected HIV Positive visual artist vents his spleen at being called to a forum which used his work on their pamphlets without his permission. He is not on the forum panel but a fellow telling us about the National Gallery Exhibition *Don't Leave Me This Way* who is on the panel, mentions that this justifiably disgruntled artist's work is part of it. I immediately wonder why the artist isn't on the panel, rather than the guy who has shared the name and dates of the exhibition with us and not much else.

My mind wanders and suddenly, given my own background, I'm wondering why I'm not on this 'HIV Culture Forum Panel' — the guys who are on it don't seem to be coping with it very well at all. But then, I'm alive, and all too often it seems that one must die from HIV/AIDS before anyone 'celebrates or remembers' what one has done, how one has contributed. I wish more positive people were involved in generating lasting impressions of our mixed identity through the arts — to develop our cultural identity further.

GENERATING FUNDING

Most people may know that ACON has received Australia Council funding for a writer to produce material about gay men's health issues in 1995. Good for them, but how many creative HIV positive people are around who feel defranchised by service providers like ACON? How many positive people know where to start when it comes to generating some funding for a project where they get to represent themselves on their own terms? There are hard and fast rules when it comes to getting funding, it's the old dog-eat-dog world of more mouths to feed than food available, so individuals who seek funding for arts related projects need to be making very good quality applications for what funding there is available.

The major players as far as funding goes in the arts area are the Australia Council and the State Ministry for the Arts. They provide information booklets on request and will send out application forms that need to be neatly and coherently filled in and accompanied by backup material including biographical information about the artists involved, budgets, aims and objectives of the proposed project. Individuals need to have a good

David Jobling photos: (Top) The Grip; (Bottom) Image for Mortal Coils.

accountant or an organisation prepared to administer the funding to the artist if you are successful with your application.

Local councils often have Arts Access grant schemes for people living in their community and are often very happy to provide services and backup on arts projects, oral histories and local arts workers forums or workshops. Churches are often happy to provide some 'in kind' support by allowing the use of their hall, for example, to enable a meeting to take place or a forum or workshop. Established theatre companies are approachable for 'in kind' support also. It is never a bad idea to approach local business. When I administered the Griffin Theatre Company I used to sell advertising to local businesses on a regular *What's On* printed sheet. One side of the sheet had the adverts and the other had information. A rather large printing company provided free printing and a paper organisation provided free paper. This generated interest in the company and raised a couple of hundred dollars per month.

THE MESSAGE?

The message is do some ground work and approach whoever you think may be able to offer what you need. It's always best to create a 'needs list' before you approach anyone so you can articulate what you require. An organisation or company may not be able to give you money, but they may be happy to offer some goods or service that saves you money. Making the first crack in the nut is often the most difficult, but once you have made

some progress things seem to come easier. It is a good idea to generate letters of support from people with some kind of public profile, again this means having a clear vision of what you want to do.

The kinds of projects that I believe are useful for people are ones that create a bridge between the isolated positive person, other positive people and the 'mainstream community'. Culture is everything from a weekend workshop on self expression to a community collage or graffiti wall.

I'd like to see projects that produce a product and excellent

“How many positive people know where to start when it comes to generating some funding for a project where they get to represent themselves on their own terms?”

archival material — photographs and written work that explains the project and what it achieved, even if all it achieved was bringing a group of lonely people out on a regular basis to do something they enjoyed. Although it's fantastic that the *Don't Leave Me This Way* exhibition is there it is only a start. If we positive people want to see change in the way we are perceived by the media and the community we need to create our own culture and expand it all the time. Move the boundaries that have allowed us to be called 'untouchables' and 'the living dead'. It is not enough to have a single exhibition in the

country's capital.

In my own experience I chose to meet with editors and chiefs-of-staff of some very redneck newspapers and give them the benefit of the doubt. I decided that an agitated screaming queen with HIV was only going to add fuel to their fire, so I presented as a pretty conservative, polite sort of guy who had a few problems with phrases like 'living on the end of a hangman's noose'. I'm not ashamed of this choice because it got me results in the circumstances. I know there are plenty of positive people who don't see this type of tactic as the best one — that's your own choice.

If you are not into doing arts or cultural activities as an organiser, but you do see the value in having such things, then the most productive thing you could do is write to people requesting such things.

Even if you wrote once a month to a theatre company or an art gallery or a council or a television or radio station — a magazine, a newspaper, a publisher — requesting more representation, more anecdotal information, more detail, more public education of a cultural focus — a list of movies dealing with the stories of positive people, a stamp that commemorates the progress we have made in containing the virus — anything you can think of that will remind the community at large that we exist, we think, we feel and, like everyone else, we are mortal human beings with dignity, imagination and rights.

NSW Ministry for the Arts: 361 9111.
Australia Council for the Arts:
950 9000 / 008 226 912

 <h1>Outlets</h1> <p>Here's where you can pick us up!</p>	<p>Sydney City AFAO Sydney Sexual Health Clinic Darlinghurst/Surry Hills Dr Mark Bloch Exchange Hotel/Lizard Lounge King Steam Central Station Records Toolshed Midnight Shift Natural Alternative Numbers/The Den Aussie Boys Oxford Hotel Campus 159 Pleasure Chest The Bookshop Green Park Diner Dr Marilyn McMurchie Beauchamp Hotel</p>	<p>Albury Hotel Bourke St Drug & Alcohol Centre Seraffins Beresford Hotel Bodyline Flinders Hotel The Stronghold Taylor Square Clinic Sacred Heart Hospice Dr Cassy Workman Albion St Centre BGF ACON St Vincents (Immun B) Balmain Sydney Healing Centre Banksmeadow Botany Neighbourhood Centre Bankstown Women's Health Centre</p>	<p>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</p>	<p>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 Woolomoooloo/Kings Cross PLWHA Day Centre Wildcatz Kirketon Road Centre D4 Kings Cross Street Voice</p>	<p>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</p>
	<p>If you can't find Talkabout at any of these outlets — ask for it! Then they can order more copies to be delivered.</p>				

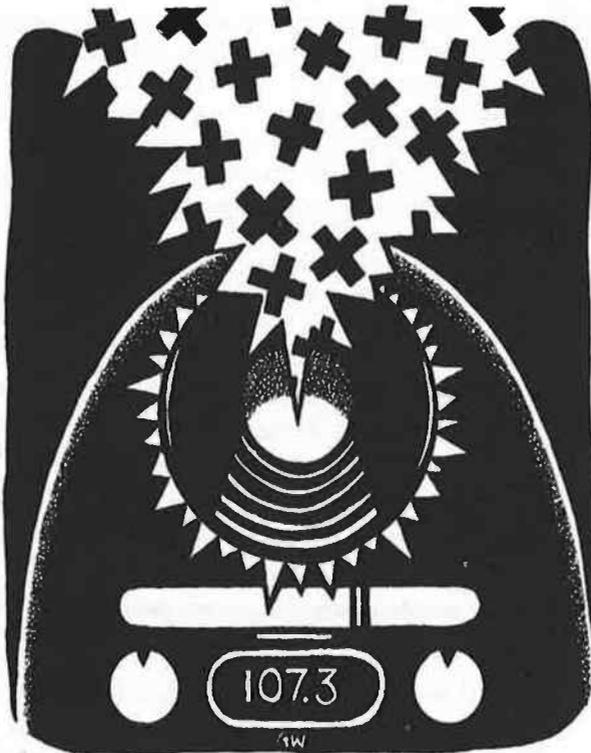
Access radio

Being HIV positive can lead to a feeling of isolation for many people. It can also be difficult for us to obtain accurate and easy-to-understand information on issues that we face in our everyday lives. We often need to feel that we are not alone, that others experience the same feelings, needs and frustrations. Tune in to Shane Wells, who has the answer for some.

ACCESS POSITIVE NEWS IS A fortnightly half hour radio program that first hit the airwaves in March last year. ACCESS broadcasts stories from positive perspectives and HIV/AIDS information to greater Sydney. Topics include local and international HIV/AIDS related news, treatment issues, issues faced by positive women and children, community announcements, and moving and informative specials such as our tribute to the Candlelight AIDS Memorial Rally '94.

Who listens to the radio? ACCESS has a diverse listenership. Our program reaches people who may feel socially or geographically isolated and find the radio more accessible than print media. Many ACCESS listeners are people who are 'coming out' and are only just beginning to feel comfortable with their sexuality, and may not have much awareness of HIV/AIDS issues. Radio is an excellent, safe medium as it is a one-to-one experience: just you and your radio.

ACCESS is broadcast within



Gaywaves, a gay and lesbian program, because it is currently the only way that the program can gain air time and have access to studio equipment, but programs are not slanted towards any one group. We try to develop awareness and understanding among both homosexual and heterosexual listeners about the needs of all people who are HIV positive.

We are trying to negotiate our own programming time slot, and eventually hope to broadcast nationally via community satellite. We currently send transcripts out to eleven national gay radio programs. Three New Zealand stations also receive scripts.

World wide there are many gay and lesbian radio programs that contain information on HIV/AIDS issues. Few programs specifically target positive people. ACCESS is trying to contact and work with existing programs on a national and international level, such as *Positively Primed*, produced by

PLWA Victoria (JOY FM and 3CR Melbourne). New Zealand also broadcasts a weekly program (ACCESS Radio 810 AM Auckland).

There is a general lack of HIV/AIDS specific programs worldwide, and most broadcasting for HIV positive people that does exist tends to occur within gay and lesbian programs, often broadcast at unrealistic hours of the day. The US appears to be ahead of Europe in this respect — Philadelphia has its own positive weekly TV program broadcast on Public Television.

ACCESS Positive News is produced by a sub committee of volunteers from *Gaywaves*. ACCESS receives no funding from

Government or any HIV/AIDS funding bodies. Our postage and distribution costs are met through a donation from the Southern Cross Outdoors Group.

We are always looking for volunteers to research information and conduct interviews with other positive people and the organisations that try and meet our vast and varied needs. No previous experience in radio is necessary as training is provided. If you are interested in producing a fun and informative program we would love to see you at our programming meeting. Become a part of your community, become involved. Give us a call on (02) 516 4772, Fax (02) 330 3099, or write to P.O. Box 473, Broadway 2007.

You can tune into ACCESS Positive News on 2SER FM (Sydney) 107.3

Thursdays, some time between 8.00pm - 10.30pm (usually around 9.30) within the *Gaywaves* program.



Graphic: Gary Whitelaw

speaking to the outside

By Paul Canning

“People living with AIDS, unless well-known for another aspect of their lives, rarely receive the opportunity to speak about their experience of illness except in the confessional mode.

Paradoxically, science demands complex and intimate information from people living with AIDS about their sex lives, but once this information has been obtained the voices of people living with AIDS are no longer tolerated.

While AIDS activists have sought to resist this oppression, arguing that Silence = Death to demand public attention, their words are only allowed as data, pathos, selfish complaints, politicising demands for civil rights — and at the alleged expense of public safety.”

From *Moral Threats And Dangerous Desires: AIDS In The News Media* by Deborah Lupton. (Taylor & Francis, 1994)

AND THIS IS THE REALITY OF THE supposedly liberal media in Australia. Lift its mask and it reveals its true self. What's called 'news' is piped to us through filters, through assumptions and through gloss.

Information is power and the four huge corporations that control most of the media in this country know it. On the ABC programme *The Liberals* the commentators described how Rupert Murdoch brought down Billy McMahon by buying the *Daily Telegraph* and turning it Labor. That was twenty years ago but the power of the media hasn't waned — if anything the media is even more powerful.

Just when you think you've made progress battling the monster along comes something like the Fred Hollows episode.

Gays attack Fred Hollows

SECTIONS of Sydney's gay community have launched a scathing attack on late eye surgeon Fred Hollows, just as



AIDS whore charged

AIDS-carrying prostitute Sharleen Spiteri, 38, of Campbell Street, Glebe Central Court yesterday assaulting and attempting to contract AIDS man to contract AIDS led in custody until

Photo: "Terry", "an HIV positive man" from Capital Q, 1994

'NEWS WORTHY'

Media decisions about what is considered news worthy are often biased and misrepresent or ignore relevant information about stories emanating from the gay and lesbian and AIDS communities.

When they reported on negative gay reaction following the death of Hollows a positive obituary published in *The Star Observer* was ignored whilst a negative one, printed beside it, was the one reported on. That same edition of *The Star* carried a front-page exclusive about a secret visit by NSW Premier Fahey to the AIDS ward at St Vincents which the media failed entirely to pick up on.

This isn't just *The Illawarra Mercury* or *The Wagga Wagga Advertiser* or any of the other members of the 'Hall of Infamy' that liberal journalists claim to have risen above. This is all of the media saying exactly the same thing. The SBS, the ABC and *The Sydney Morning Herald* included. The 'Pack Mentality' in action.

The news is constructed according to a strictly observed set of rules defined by a corporate right-wing ethos. We have been blinded to the existence of these rules as we have never known anything else. Seduced by live bomb strikes on Iraqi tanks. Bemused, bothered and bewildered are PLWHA as they struggle for any

representation that even approximates their lives. These rules are not what the media laughingly call their 'ethics'. Even these so-called 'ethics' are enforced only when it suits the game players. The media polices itself. Most grindingly through the press council.

None of these journalists, those involved in the pathetic scum for scandal and division and good versus evil and a sexy new angle on AIDS that was the Hollows episode, even bothered to ask the, you'd think, obvious question of Fred: 'what gives you the right to comment on HIV/AIDS?' Or, in other words, 'what the fuck would you know?' The status that they revere is a celebrity status. That's why Ita Buttrose instead of, say, a person living with AIDS was picked as the government's spokesmodel for the anti-AIDS effort in the late eighties (and Kylie for AFAO in the nineties). That's why Rock Hudson changed everything in the mid eighties.

FLARE UPS

As the media becomes bored with the whole subject, flare-ups, one of which we recently had in New South Wales with the positive health worker and the mothers and the babies, will take up more of what coverage there is.

As they scrape the barrel to find

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(From previous page)

fresh meat, fresh twists in the AIDS saga, the media turns to what it knows will twitch on the ratings: (straight) women and kids — anything but gays or drug users. PLWH/A gets phone calls all the time gently suggesting that the right sort of 'victim' be found for some journo's token AIDS piece, the one that'll look good on the CV.

And do not think that the National Broadcaster or the Ghetto Broadcaster or even the Ghetto Newspapers are somehow immune. The ABC's prestige current affairs show *Four Corners* loves to congratulate itself on carrying the first 'serious' piece about AIDS in this country, yet this selfsame program, in its three most recent AIDS-related stories, has done: a cliched, moody music, sleaze and sniffles number about men who have sex with men; a euthanasia piece where the reporter tried every trick in the book to get the PLWHA involved to run with her agenda and do an abortion comparison; and a bought in hysteria story from the BBC about transmission in dentists' surgeries complete with scaremongering local angle.

It was the ABC TV news, not a commercial station's, that was the last to be hauled over the coals over the use of that perennial favourite 'AIDS victim'. The latest of what could be politely called a series of 'bloopers' for the ABC was the four parter on AIDS (again bought in from Britain) that didn't mince words — it was called *The Plague* because nobody thought to re-title it.

COMMUNITY READING

Now we turn to what's laughingly described as the 'community' newspapers. Exhibit A: glorious Sydney bar rag *Capital Q* managing to find two anonymous PLWHA who'd comment on the privatisation of St Vincents (never mind that PLWHA are all grown up and have their own organisation now!). The accompanying photo (see preceding page) showed "Terry", "an [sic] HIV positive man concerned at what the plan to privatise St Vincents Hospital will mean for people with HIV" with his

back to the camera.

What is *Capital Q* saying with a piece like that? Is this their best?

Look at the paucity of column inches in the gay press that aren't based on confrontation or personal shit-fight politics or on a handed-to-them-on-a-plate press release. I've worked in the gay media and I know that the belief is that gays and advertisers don't want to hear it and those few that attempt anything — and more kudos to Kirsty Machon and Martyn Goddard — they battle this preconception.

With the ABC/SBS/gay press people, the 'softer touches' to use a publicist's type of description, one could perhaps be a bit kind and accuse them of subtle rather than unbelievable ignorance. Yet that kind of throws the ball back at the National Broadcaster and the gay press for not developing the policies and the training and the consultative processes and the specialised reporters that would ensure that crap doesn't happen and that the stories we're wanting do. It's hardly a radical proposal to suggest putting a little thought into lifting your game on these sorts of issues in the age of the Anti-Vilification law.

When we're accused of demanding censorship, for example when we object to 'style problems' such as laundry lists of 'drug addicts, prostitutes and homosexuals', what we are really demanding is equal — not double — standards in the newsroom, inclusion under the system of self-censorship adopted by all media.

The training and, perhaps, the consultation are the most important suggestions in a strategy of how the media can do something about itself. Specialised reporters carry extra brownie points — mere policy can be a short-cut to inaction. We need something that wakes these people up, prides open their minds and gets them away from slavishly going with the pack and back to what being a journalist should really be about — good telling of great stories.

If I was as an everyday journalist, taking my job at least vaguely seriously, looking dispassionately

through el cheapo production *Talkabout*, hungry for one of those great stories, I could find a whole string of them. Take AIDS out of *Talkabout* and replace it with some other tragedy and you've got a year's worth of *Sixty Minutes*.

PUSHING SHIT UPHILL

One of the biggest problems PLWHA currently face in getting something decent into the media is that, in media terms, they're selling stale subject matter. AIDS is getting to the point of being viewed as just another intractable problem like homelessness and, like homelessness, covered via telethons, celebrity profiles, occasional media conferences following a scathing report or as a cause of division amongst some group like politicians or gays or doctors. The subject, the PLWHA, remaining silent. Their views minced into sound-bite sized, gulpable portions — if heard at all.

Although attempting a relationship with the media can often resemble attempting to push shit uphill, if you're an activist and you're prepared for the long haul, you can delight in some little victories. The occasional and, if you thoroughly work at it, increasingly frequent and resonant, blips on the blank terrain of nineties, superhighway infotainment. Act-up practically made this kind of attention seeking into an art form! The Federal Anti-HIV Discrimination campaign is a more recent example of a little victory. A campaign which, incidentally, would be completely unnecessary if the media got it right more often than it currently does.

VISIBILITY

Although the media can, and has, moved — things were way worse in 1984 — with the media it is invisibility that remains the number one problem. The sort of invisibility that I attempted to pull Brian Henderson up on when he said on *The Logies* that Peter Allen died of cancer. It is visibility which will overcome stereotypes.

We need more resources appropriated from the government and ploughed back into tackling the media. ACON only appointed its

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Sitting in the driver's seat

For many people the media is a primary, if not the primary, source of information about HIV/AIDS and about people living with HIV/AIDS. What they read, hear and see shapes their attitudes and helps form their opinions. This means that it's vital that the media is disseminating accurate information and dispelling the myths and misconceptions which surround HIV/AIDS and PLWHA.

FOR PLWHA THE LEGACY OF PAST media coverage is bitter. PLWHA often feel that they're going to be victimised and hence don't want to deal with the media any more. Dominic O'Grady, media liaison officer at ACON, is one person who'd like to see that situation begin to change and for PLWHA to "feel comfortable and in control of the situation. Not allow themselves to feel victimised."

"The more people have to talk about being positive, or about the impact of a particular issue on their life, the better off we are," he says. "I always say try and try again. Keep working at it. Why give in to the media? And journalists and their attitudes change. A lot of the ones that I deal with have friends who are positive and they aren't combative."

Journalists are increasingly relying on outside organisations to 'feed' them their information, as the media industry shakes itself up and journalists get busier. The new industry of Public Relations (PR) arose to meet this demand. You can fit in here.

The single most important thing to remember when dealing with the media is deadlines. And tight deadlines don't lend themselves to detailed analysis or in depth research or the priorities of PLWHA advocates. Understanding this will greatly enhance the way you deal

with journalists.

Your needs and their needs are different. They want news, information that is going to be interesting, new and different. You want the issue's complexities explained. What you don't want is sensationalism. How can you meet somewhere in the middle? Understanding how the media works can put you in the driver's seat.

Here's one tip, "a press release by itself is not enough." Says O'Grady, "Major news organisations will often see a press release sent to all and sundry as a turn off as it means that everyone else has got the story! You're better off working out a strategic plan and identifying what sort of media you want, one major outlet for each medium. The *Herald* and 2BL, you'll perhaps only have to do those two places and the wire service AAP. If it's a good enough story those three will pick it up and then everyone else will pick it up from them. But to make that work you do need to develop personal contacts. This has been important for me in my job. You can ring them up and say, 'listen, I've got a story for you. We're going to send out a general press release in 24 hours but I'm giving it to you in advance. If you want to do something now, it's all yours.' That's a good strategic way to break a story."

Journalists work under pressure

(From previous page)

first media liaison officer a year ago. But it's not just the media liaison, it's the training up of our people, most of whom — not that it's their fault — wouldn't have a clue as to how to write a basic press release.

And, very importantly, we need better support for the PLWHA media, if I could give a gratuitous

plug for el cheapo here.

PLWHA have a right to demand change. To demand that the media, the fourth estate, like the other three — the church, the law and the government — changes.

This is an edited version of a speech to the Positive Living conference. Previous articles published in Talkabout about the media include:

"The greatest thing that could happen in the state and the nation is when we get rid of the media. Then we would live in peace and tranquillity and no one would know anything."
Sir Joh Bjelke-Petersen, 1986

and are influenced by their editor, they may use material out of context through no fault of their own. They hate being bothered by a non-story but they appreciate being contacted with a strong story. News sense is hard to define but all journalists have it. People trying to drive the media machine need to have it too, and to package information or messages in a way that will make it newsworthy. What's interesting? Stories that have personality, stories of hardship and difficulty overcome, drama, visual possibilities and ones with a greater likelihood of being interesting to the general population. What's not interesting? Dry statistics, boring events, and stories that wouldn't interest people who aren't directly involved.

But all stories have angles or slants or hooks on which the information can hang. CSN's tenth birthday was a good example — they originally just wanted the publicity and then saw the birthday as the hook. Another angle could have been the amount of money they save the public health care system. And they got a lot of coverage and, hence, support.

Don't be a wallflower! Many organisations wait for journalists to come to them with questions before

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AIDSPEAK And The Press Gang by Martyn Goddard (Jan/Feb 1991); Hot Tips For Your Fifteen Minutes Of Fame (interviews with Bruce Brown, Gerald Lawrence, Gabby McCarthy and Amelia Tyler) by Jill Sergeant (March 1992). They are available through the Talkabout Backcopies Service for \$5 each.



Graphic: Ruth Samuels from Hot Tips

(from previous page)

they do anything. This is called being reactive. Being proactive means anticipating the media, initiating coverage and actively working with journalists to have information presented the way you want. Create opportunities for media coverage by commenting on stories already in the news. Journalists are always looking for new ideas. But, says O'Grady, "be prepared for the story to spin off in all sorts of directions."

Television needs pictures, short interviews, topicality and good talent (that's you!). Radio either does things very quickly or at leisure. You need to be able to sum things up in a few sentences or, in a long interview, be clear about the major messages you are trying to convey. Radio is the easiest medium to access. Don't forget Talkback. Newspapers are more in depth and often drive or lead the other media. Photo opportunities will enhance your chances.

O'Grady has a further suggestion, "TV always runs footage of Mardi Gras or American footage of positive people because that's all that they have. We could get together our own footage, showing us doing the things we do — not just Mardi Gras. Other lobby groups, like the National Farmers Federation or the Cancer Council, do it. Just to illustrate stories. It's holding the media's hand, saying that there are other images of our lives. It wouldn't cost a lot of money."

A press release should be written like a news story with a news angle and strong headline then the most interesting or provocative piece of information. The second paragraph should amplify the first and then they descend in importance. Don't make sweeping statements without backing them up. Ensure you include Who, What, Why, Where and When and quotable quotes along with contact phone numbers. Keep it short, a page with maybe one more of background info. Make sure the

spelling's correct. Send it to the right person but if it isn't used don't be discouraged, find out why and try again.

And don't use jargon, a form of shorthand that isn't understood outside of a particular field. It's meaningless to others and to increase your chances of being heard, and reported correctly, use plain English. If technical words are necessary explain them, but it's best to avoid them altogether.

If you're doing an interview "Don't panic", says O'Grady. "Always accept the invitation, but before you do ask them what it is they want you to talk about and tell them you'll call them back in an hour or so (because you're busy),

so you can get your thoughts together. Take your time and think about what sorts of answers you'll give. Do it in your own time (although you should get back to them on the same day). What you've then done is taken

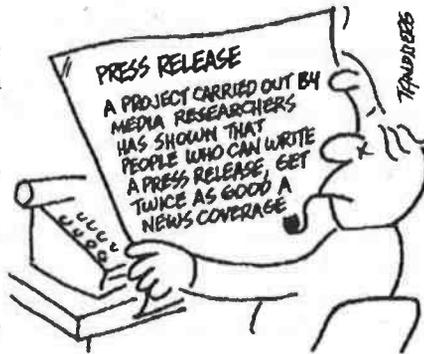
the initiative back for yourself. Treat it like it's a way of getting a message across. You can also ask that the quotes used are read back to you. Many journalists don't like to do it, but you can always ask — just as long as you're not asking too much."

Before you initiate contact you might like to plan before you act. Consider the following questions: Will the media be interested?; (If you're an organisation) Does it fit into our strategic plan?; Are there potential negative consequences?; Is it possible to do it properly, given commitments and time constraints?

As the coverage unfolds you might want to stop and revise your plan. You should also evaluate what you're doing.

If you ever have a complaint the first place to complain is to the writer. Most don't get directly contacted and may well be receptive (if you're polite but firm). If you've no luck there by all means complain as far as you can.

— Paul Canning



Media Jargon

STORY

The universal name given to an event, idea or news happening. Sometimes known as a piece. A good story doesn't mean one that's well written but one that's newsworthy.

ANGLE

The most important part of the story (important to the journalist, not necessarily you). The angle is the concept or event that drives the story.

HARD NEWS

New or important facts rather than colour or description. Lead stories are hard news.

HUMAN INTEREST STORY

A short, descriptive story about people. Not necessarily a news story.

BREAK/SCOOP

Publishing or broadcasting something before anyone else. If you can promise journalists they can break your story you will probably at least get a hearing.

FOLLOW-UP

Looking for a new angle or more background on an earlier story.

BEAT-UP

A story exaggerated beyond its importance. Lightweight facts given undeserved prominence. They often happen during summer, or when there are few major news events, and in **TABLOID NEWSPAPERS**.

COLOUR STORY

Lots of 'colour' or description, often written in the first person and describing the writer's feelings or experiences. In a Mardi Gras report, "one person was shot" is the news, "the floats were just *fabulous*" is colour.

OFF/ON THE RECORD

On the record means that everything you say can be quoted and attributed to you. Off the record can mean either everything you say can be reported but not attributed or nothing you say can be reported. It is best not to say anything off the record.

TIGHT

The way to write a news story, where every word counts and there's no unnecessary detail.

Dominic O'Grady can be contacted at the AIDS Council of NSW (206 2000).

Some of this text is sourced from The Media Machine, a comprehensive and easy guide for people in the health area to dealing with the media. It's published by the Australian Drug Foundation, PO Box 529, South Melbourne 3205. Phone: (03) 690 6000.

Roche has the drugs

There is a new drug in Australia called oral gancyclovir, which can prevent blindness and possible death in people with AIDS. It's great news... but there is one major problem. The company who makes it, Syntex (owned by Roche), won't hand it over.

We need your help. If it is persuaded to, Syntex can make oral gancyclovir immediately available under what's called the Special Access Scheme. This is an emergency access scheme to provide experimental drugs to people with serious illness. So far, Syntex has refused applications for immediate access to oral gancyclovir on the grounds that blindness is not life threatening.

Here is a draft letter which we ask you to write, and then mail or fax it to Roche. If you're at risk, know someone who is or if you're just plain outraged, ACT NOW.

Send Roche a letter or fax today!

Mr Frederic Nadjarayan
Managing Director
Roche Products Pty Ltd
PO Box 255
Dee Why NSW 2099
FAX: (02) 981 5708

Dear Mr Nadjarayan

I am writing to urge your company to help save peoples' sight and extend their lives by providing immediate access to the drug oral gancyclovir, manufactured by a Roche subsidiary, Syntex Australia.

Studies in the US show the drug dramatically reduces a person's chances of being blinded by CMV (cytomegalovirus) retinitis, which leads to death if left untreated. CMV often occurs in people with AIDS.

The Special Access Scheme in Australia allows access to unregistered drugs such as oral gancyclovir if a person has a life-threatening condition.

However, when a person with AIDS recently asked Syntex for oral gancyclovir under the Special Access Scheme he was refused because Syntex's then medical director, Zeke Solomon, considered blindness was not life threatening.

Mr Solomon's decision was wrong. CMV is life threatening: it spreads out of the eyes into the lungs, bowels and adrenals, and it kills.

It is imperative that you direct Syntex to provide immediate compassionate access to oral gancyclovir under the Special Access Scheme. Your subsidiary controls a proven treatment which extends the quality and duration of the lives of people with AIDS. I ask that you make the treatment available now to all those who need it.



A C O N

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.

Public Forum Housing Co-operatives & HIV/AIDS

Co-operative Housing provides residents with an opportunity to plan, design and have control over their housing. It appears that co-operative housing could be the answer to many of the problems people living with HIV experience. To investigate this option further, a public forum will hear from people living with HIV, people involved in the co-op and housing sectors.

This forum will provide people interested in HIV and housing issues an opportunity to:

- >ask questions about co-operative housing;
 - >see examples of housing co-ops, and;
 - >discuss the housing options available to people living with HIV.
- The forum will hear from: PLWH/A NSW, BGF, ACON, The Association to Resource Co-operative Housing and others interested in HIV and Housing.

**Thursday 16
February
ACON Resources
Centre (meeting rooms 9-10)
9 Commonwealth St,
Surry Hills
6: 30pm**

For further information contact: Levinia Crooks, 380 6358, Claude Fabian (PLWH/A) 361 6011, Fred Oberg (ACON) 206 2039

HIV Information Forums

HIV living

Understanding HIV Drug Trials

February 8

Shopping For A Doctor

February 15

- How to find a doctor you can work with

Off Your Face

February 22

- Recreational drug use & HIV

On Your Back

March 1

- Positive sex issues

Positive Disclosure

March 8

- Who, how, when to tell.

All meetings run from 6.30pm - 9.00pm at ACON Lower Ground Floor, 9 Commonwealth St, Surry Hills (near Museum Station)

For further information call 206 2011

ACON

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 Q.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

Positive Retreats

From noon Wednesday March 15 'till late afternoon Sunday March 19 the HIV Support Project and PLWH/A Inc. (NSW) will be holding its third retreat for HIV positive people.

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

The retreat will be alcohol and recreational drug free.

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

For more details, and to obtain an application form, call Les on 206 2014, M-F 10am and 6pm.

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

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

**How
 To
 Reach
 PLWHA**

Pick up
 the phone,
 dial 361
 6750 and
 inquire
 about
 advertising!

Talkabout

WHERE WE SPEAK FOR OURSELVES

**Join PLWH/A in the
 fight against AIDS!
 Subscribe now!**



Philip McGrath

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 PLWH/A.

PLWH/A membership

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

Talkabout annual subscription rates

Yes! I want to subscribe to *Talkabout*

Individuals

- I am a member of PLWH/A Inc. (NSW) \$13 per year
- I am not a member of PLWH/A Inc. (NSW) and/or I live outside NSW \$30 per year
- I am receiving benefits and living in New South Wales FREE
- I am an individual living overseas A\$70 per year

Organisations

- Full (business, government, universities, hospitals, schools etc.) \$80 per year (Extra copies \$30 each per year)
 - Concession (PLWHA organisations, non-funded community based groups etc.) \$40 per year (Extra copies \$15 each per year)
 - Overseas A\$120 per year (Extra Copies A\$40 each per year)
- (Please specify number of extra copies _____)

Donations

Yes! I want to make a donation to *Talkabout*:
 \$100 \$50 \$20 \$10 Other amount

Total amount forwarded: \$ _____ (include membership fee, if applicable, and fees for extra copies)

Method of payment: Cash Cheque Credit card

Mastercard Visa Bankcard Card # _____

Expiry date _____ Signature _____ Date _____

Make all cheques payable to PLWHA Inc. (NSW), we'll send you a receipt (donations \$2 and over are tax deductible). Please note that the *Talkabout* database is totally confidential. Choose which rate applies to you ☺ All rates are negotiable — talk to us ➔ Special note for overseas subscribers: talk to us about exchanges with your publications

First name _____

Last name _____

Postal Address _____

Postcode _____

Phone (w) _____ (h) _____

Please forward this completed form to: Subscriptions, *Talkabout*, PO Box 831, Darlinghurst NSW 2010. **Thank you!**



PARTICIPATE! ENJOY! GET INVOLVED!

**PLWH/A WILL BE PART AND PARCEL OF MARDI GRAS 1995.
IF YOU WANT TO BECOME A PARTICIPANT IN OUR ACTIVITIES,
NOW IS THE TIME TO ACT**

FESTIVAL

Sydney Gay & Lesbian Mardi Gras is keeping a limited number of tickets aside for each night of *Lance Gries - A Body of Work* - an exquisite evening of solo dance - from Tuesday 21 February - Saturday 25 February at the Studio Theatre, corner Newman & Whitehorse Streets, Newtown. These tickets are free for PLWH/As and their friends. Bookings and confidential ticketing arrangements from PLWH/A).

FAIR DAY

PLWH/A will have a stall at Fair Day, Jubilee Park, Glebe 12 February. We need help, particularly on Fair Day itself and also leading up to the event.

PARADE

We'll be in it and our contingent needs your help in preparing for the Parade and participating on the night itself.

PARADE VIEWING

Limited space will be available to view the Parade in a safe, supportive environment. In the event that we have to prioritise, individuals with mobility problems, homebound or currently in hospital or hospice will be given priority. We'll also need assistance on the night to staff the available space. Call PLWH/A for information on wheelchair access.

SPONSORED PARTY TICKETS

As with the 1994 Mardi Gras Party, PLWH/A (NSW) Inc., in conjunction with ACON and Sydney Gay & Lesbian Mardi Gras, will be running a sponsored tickets system. Final selection will follow a draw. And remember, the number of tickets available will entirely depend on the number of tickets sponsored. If you'd like to participate in the draw, contact the PLWH/A office.

SPONSORING PARTY TICKETS

If you're able to sponsor a ticket, give us a ring, drop into the office, send us some money! And do it soon. Mardi Gras have kindly donated a quota of complimentary tickets and also allocated an additional amount for sponsorship. Call PLWH/A for more information.

TIME-OUT ROOM AT THE PARTY

This is a safe, quiet space for us to recharge our batteries or get some assistance if required. If you want to help us clean-out the following morning or set-up on the day give us a call. A portable stair climber will be available for wheelchair access.

Please remember that the very limited resources of PLWH/A (NSW) Inc. are stretched to the limit during the month of February. We ask that you participate where you can and be patient if we take a little longer to answer your inquiry than usual.

PLWH/A Inc. (NSW) Suite 5, 94 Oxford Street Darlinghurst. Phone 02 361 6011 or 02 361 6023.

Donations of \$2 and over are tax deductible.

