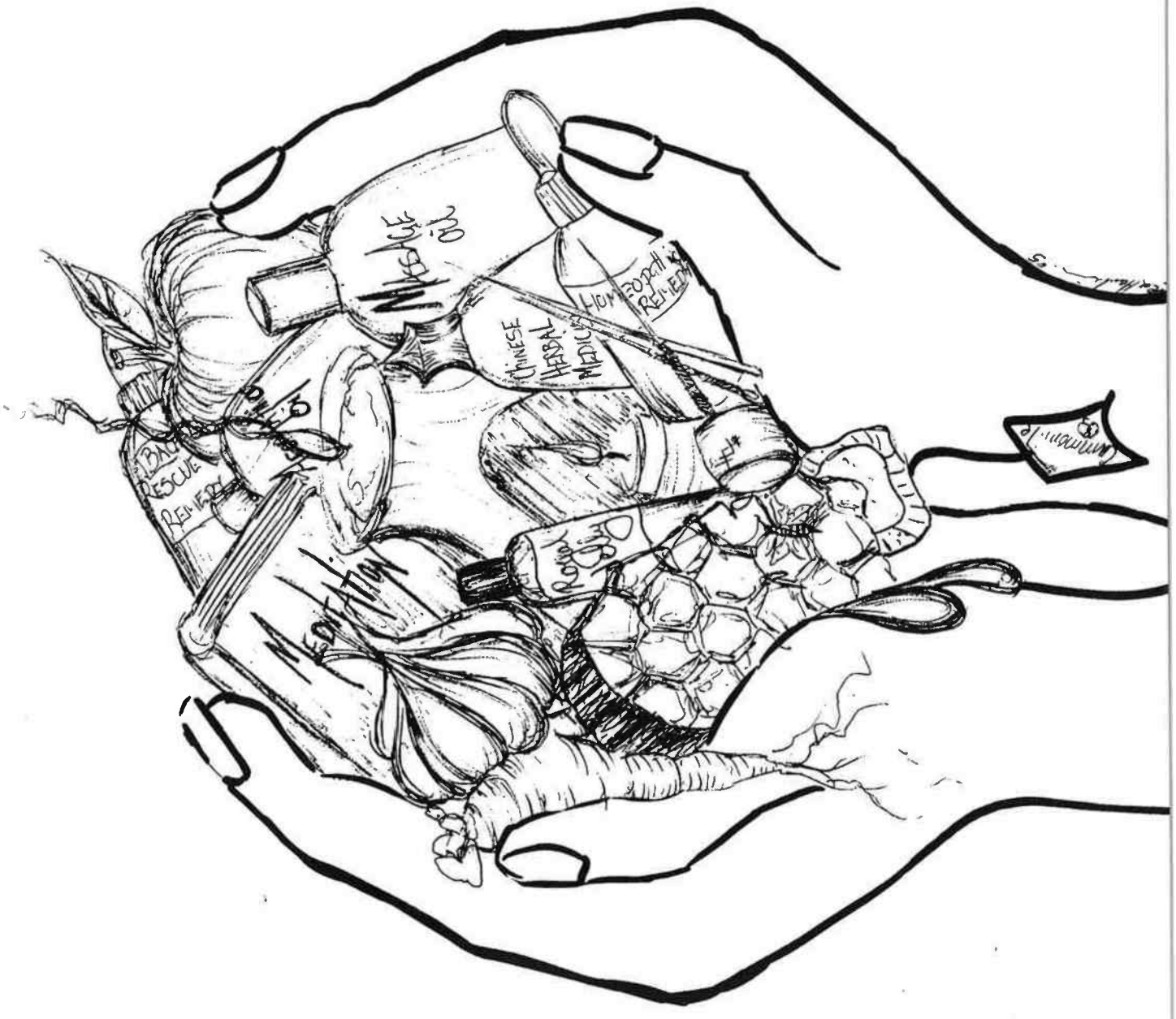
No. 53 April 1995

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



It's only natural

PLWH/A News

NOW THAT THE GLITTER IN THE AIR from Mardi Gras has finally settled, we can all take a collective sigh of relief.

The effort that the organisation puts in around Mardi Gras is phenomenal. This year was the first time I had observed first hand PLWH/A's support activities for Mardi Gras. I must say that my head is still spinning having watched Claude and Greg whirl around the office like dervishes coordinating volunteers, answering phones and negotiating with civic authorities whilst remaining cheery and helpful.

Our achievements at Mardi Gras: having 100 party tickets sponsored; being able to have 150 people view the parade from rooms and the roof; the wonderful '*Positive Crusade*' float that Teri Wall designed; operating two Time Out rooms at the party — especially as the major space allocated to us was changed days before the party. Remarkable indeed for an organisation with so few resources.

A huge Thank You to all the people, too numerous to individually name here, who helped to make this all possible. Now believe it or not, things other than Mardi Gras have been requiring the involvement of the PLWH/A committee and staff.

At the opening of the new Cahill 17 ward at St Vincent's it was evident that though the ward, in the words of Ron Penny, "demonstrated the partnership of the hospital and the 'affected' community" not one PLWHA was asked to participate in the ceremony. To me this demonstrates how far we have yet to go before we are properly acknowledged officially. Also whilst on the topic of the new Cahill 17 ward, we have been receiving reports that people are having difficulties in being admitted to the ward, due to it already being full. So although we may have one of the best AIDS wards in the world it may not be big enough! If you or anyone you know faces this problem then please let us know as we will be monitoring the situation.

PLWH/A also convened a forum on euthanasia in conjunction with the Queer Screen showing of *The Last Supper*. Even though glorious weather and *Shop Yourself Stupid* was happening outside of the theatre about 40 people came to hear from the panel of speakers. Whilst no specific outcomes could be derived from the forum it was good to begin public discussion of a topic that has been taboo for too long.

Missing from Mardi Gras this year was Larry Wellings who represented PLWH/A at the Global Network of Positive People Conference held in Cape Town, South Africa. Attended by 500 delegates from 80 countries Larry reports that the conference was largely successful in terms of networking with other PLWHA, especially in the Asia/Pacific region. A report of the conference will be appearing in the next issue of *Talkabout*.

In closing it seems appropriate that this issue is about complementary therapies given my own post Mardi Gras experience. After the party I was returning lights, generators and other equipment used on the float and successfully managed to injure the ligaments in my lower back. Having lain flat on my back unable to move for a couple of days I shuffled off down to my local GP, was sent of for X-Rays, prescribed Valium and anti-inflammatory drugs and was told to rest it for a week. I also sought a 'second opinion' and was given much the same advice. At the wit's end of a week and a half of rest, without feeling any better, I trotted off for acupuncture and at the end of one session I have been able to move again without pain. A miracle! I only wish that I had gone to the acupuncturist first instead of wasting a week in a valium haze 'resting'. The moral of the tale, if any, is to question your doctor, question again and then if it's not working for you start asking around and seek alternatives until you are satisfied that whatever treatment you decide on will work for you. After all, the final treatment decision rests with you.

— Stephen Ford, PLWH/A Convenor

PLWHA New South Wales People Living with HIV/AIDS

People Living With HIV/AIDS (NSW) Inc.

Current committee

Steven Ford: Convenor

John Garwood: Treasurer

Adam Davis: Secretary

Alan Brotherton, Vivienne Munro, Bill Rigney, Larry Wellings

Claude Fabian: A/Coordinator 361 6023

Greg Allen: A/Admin Asst 361 6011

Jill Sergeant/Paul Canning: *Talkabout* Editorial Coordinators 361 6750

Fax: 360 3504

Post: Box 831, Darlinghurst NSW 2010

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

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no medicare card required
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11646

Services provided:
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›Hepatitis B tests and vaccinations
›Counselling
›Safe sex information
›Free condoms, dams and lube
›Multicultural information and interpreter services
›Needle syringe exchange

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This month's cover

By Lea Hawkins. Pills or potions? Take your pick. While some view complementary therapies as quackery, others find them more beneficial, and safer, than conventional western (allopathic) medicine. This month, *Talkabout* takes a look at some of the many on offer. We also provide a few tips on how to splash past the rainbow hued dolphins and find the therapy (and practitioner) that suits you best.

Talkabout

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.
For further information on **editorial/features** contact Jill Sergeant (Tuesday, Wednesday or Friday), for **news/advertising** contact Paul Canning.
Send contributions to: PO Box 831 Darlinghurst, NSW 2010.
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Briefs

O The former president of Zambia, Kenneth Kaunda, has became the first national leader to announce that he is HIV Positive. He came out at the Seventh International PLWHA Conference held in Cape Town, South Africa, early last month. *Talkabout* will carry a full report in the May edition.

O Just do it. Following the trail blazed by Bennetton, multinational sports shoe company Nike has addressed AIDS in their advertising. Their commercial featuring HIV Positive athlete Ric Munoz is currently screening in America. A Nike spokesman said the response they hope the ad provokes is one of "understanding about what determination really is." Earlier in March the Olympic champion diver Greg Louganis came out as HIV Positive in a high publicity campaign around the launch of his autobiography. Coverage of Louganis in Australia focused on his fear that he could have passed on the virus during a blood spill diving accident at the 1988 Olympics. One Australian athlete and several sports commentators called for Positive athletes to be banned from competing, however the International Olympic Committee said he "wasn't obligated to disclose his condition." (*Brother Sister*)

O Positive sex workers in Indonesia live "like a hunted animal" with post-test counselling and support replaced by surveillance, according to a report in *Inside Indonesia*. Calls for quarantining are frequently heard. And although infection rates are believed to be climbing, HIV/AIDS is not a priority for the Suharto government. Recently the AIDS Action Council of the ACT became the first Australian AIDS organisation to link up with an Indonesian gay group. They'll help Gaya Celebres, based in the capital of the island of Sulawesi, with education and peer support. Says Matthew Gillett of AIDS Action, "Indonesia's epidemic is on the verge of expodential growth." They're also hoping to raise funds for a worker targeting the local sex industry, where, "few workers can afford condoms — and few clients care." (*Panda*)

O In Japan's first euthanasia court case a doctor, Masahito Tokunaga, is facing three years jail for giving a lethal injection to a cancer patient. (*Hemlock Timelines*)

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 Arnel or Fred on **206 2043** *for an appointment*

ACON

+Aborigines organise

Treatment, care and support for positive Aboriginal people are the key demands being made as Aboriginal PLWHA begin to organise on a national basis.

Says John Cross, a HIV Aboriginal educator in Central Australia and a member of the Australian National Council on AIDS (ANCA), "we already have a Positive population of Aboriginal people around the country, but we don't have treatment, care and support policy in place. Why are people dying alone? Why aren't we involved in treatment trials?" Aborigines are not necessarily accessing the 'mainstream' services, he says, because of racism within those services or because they are not appropriate to them. "The dynamics of Aboriginal culture really needs to be outlined a lot more, to non Aboriginal people working in the AIDS area, so there is a better understanding of [it]. There are no services around that are catering towards Aboriginal Positive people [but] the dollars are dwindling, so we need to start working together on all this stuff. Aboriginal people need to be involved from the outset in any strategy. They need to feel a part of the ownership of the AIDS issue, none of this tokenistic stuff any more. We're quite educated people, we can provide these services for our people in a more culturally appropriate manner. What we're saying to the local community organisations and the national organisations is 'give us a go'."

Cross points out that the existing Aboriginal health services are "just run flat with the day to day Aboriginal health issues" and insists that AIDS organisations are going to have to become seriously involved: "[But] in the meantime, probably the most disturbing thing is that while we're doing all this planning and trying to get things sorted out, X amount of Aboriginal people are possibly becoming infected. It's a big job."

Getting those already involved in local work linked up nationally is another key priority he says. The first conference of gay and transgender indigenous Australians was held in Alice Springs late last year. A follow-up meeting held in Sydney during Mardi Gras has begun the process of formal organisation. "It's all about networking, and it's all about getting these local networks up and running and saying yes we're trying to coordinate things a hell of a lot better."

Catholic opinions

The Australian Catholic Bishop's Conference has called for care for PLWHA to be mainstreamed into the "general hospital system" and says that "the same 'mainstreaming' should be kept under consideration for the financing of treatment and drugs".

The call came in the group's submission to the Federal Government's next national HIV/AIDS strategy. Suggesting possible funding cuts, they said that, "although it is understandable that ... HIV/AIDS should attract resources out of proportion to the numbers of people who have contracted it, after a time that inequality becomes an injustice". And they claim that HIV educators risk being liable for "breach of their duty of care" through promoting condoms they say only "diminish the risks".

Setting a possible precedent for local Catholic hospitals if, as looks likely, a euthanasia bill is put forward in NSW, American bishops have declared that staff will be sacked if they assist.

The Dutch way

As the euthanasia debate hots up in Australia, with a bill introduced in South Australia and a number of Victorian doctors declaring that they've assisted, the 'Dutch model' for law reform has come under close scrutiny by both sides. AMA President Brendan Nelson has cited problems with the law's application in The Netherlands as one reason for his opposition to decriminalisation. But Anjen Bruikhuizen, editor of HIV/AIDS magazine *Lust For Life*, told *Talkabout* during a Mardi Gras visit that the Dutch situation is seriously flawed and Australia may have "a

proper euthanasia law much earlier than we have".

There, euthanasia remains illegal — however an agreement between the legal system and doctors ensures no prosecutions. Safeguards include second opinions, and doctors can be prosecuted if they refuse a patients request then fail to refer them on. Recently a psychiatrist who ended the life of one of his patients on psychological grounds was cleared by a court — "irreversible suffering" (as opposed to "terminal illness") being enough to trigger the legal 'hands-off'. "After her children and husband died," says Bruikhuizen. "[This patient] was in a deep and constant depression, just didn't want to live any more, but didn't want to commit suicide — she wanted euthanasia." According to a paper presented to the Berlin AIDS Conference about 60% of people in Amsterdam who died of AIDS actually died of euthanasia.

"The situation in Holland is the practice comes before the theory," says Bruikhuizen. Responding to claims by some Australians that there have been increased cases of people 'offing their rich grannies', he notes that, "there's a basic right involved. That's the way we look at it. The only criticism I've got is that, from a doctor's point of view, it's still illegal. I think it's a bit Dutch in a way!"

He pointed out that the media image of a free-living, pot-smokin' paradise only vaguely approximates reality. Many Dutch PLWHA live on very low incomes following welfare cutbacks by a conservative government and they're unprotected by any anti-discrimination law. Groups that would fight this, like ACT-UP never get off the ground: "there is absolutely no tradition of activism in The Netherlands at all — in general". "You've taken us over! We were quite liberal and sophisticated a couple of years ago, but meanwhile you've caught up with us and you've overtaken us."

In the Northern Territory activists on the ground are warning that the much publicised euthanasia bill may not be passed, as opposition to it continues to mount.

Among those lined up against are many NT Aborigines who "wait for death to happen as a natural progression and cope with it with their sorry time ceremonies", according to Bill McMahon of local PLWHA organisation Friends NT. "They regard any assistance as bad and subject to pay back laws. If a person kills themselves this stuffs up the whole process as they cannot do payback. Their position is similar to the right-to-lifers." McMahon says that this is influencing many MPs with large communities of Aboriginal constituents, along with a split in the ruling party where many see the bill as leader Marshall Peron's bid for a place in the history books. On the other hand, local newspaper polls show 80% in favour.

Under the proposed legislation doctors must meet 14 conditions before assisting, including that a patient is suffering from a "terminal illness" with a year or less to live. McMahon notes that even if the bill fails, "both sides are supporting improved palliative care and the establishment of a hospice, which would be a big plus."

ACON is holding a forum to discuss a draft Euthanasia bill on April 10 from 6:30pm at ACON, 9 Commonwealth St, Surry Hills.

***Carol Butler is a straighlaced, luckless housewife whose childless marriage is on the brink of collapse. When she joins a community group, Carol becomes a volunteer carer to Bob Clark — a gay, HIV Positive, fortysomething florist with a luminous personality and a passion for Puccini. So begins new play* The Carer*, described as "the feel good show of 1995" and running at The Belvoir St Theatre until April 30. Photo: Peter Flett and Jennifer Don in* The Carer.**

+Users ignored

A REVIEW OF THE NSW HEALTH Department's policy on takeaway methadone heavily discriminates against HIV Positive users according to workers in the field. And they're calling for substantial changes before the current policy is revised.

The policy review, a copy of which has been obtained by *Talkabout*, fails to take the different needs of Positive users into account, it is argued, on ten key points. One suggestion — that each dose be "volume expanded to 200mls with a dilutant" — was described as "potentially lethal" for Positive IDU. Other points regarded as discriminatory include disregard questions about confidentiality, the need for PLWHA to often travel for treatment, and a need for higher possible doses for pain relief. The document also suggests the use of pharmacy

Briefs

- Organisation for Candlelight '95, happening May 14, has begun. Names to be remembered, and offers of assistance can be made through the HIV Info Line, 332 4000.
- According to ACON Housing Project's Fred Oberg, as accommodation becomes harder to find in the lead up the Olympics the net of real estate property managers that people can be referred to needs to be widened. A forum on March 27 at ACON aims to increase their understanding of the specific needs of PLWHA, the provisions of the anti-discrimination law as well as the rental subsidy scheme. He's also hoping that a industry code of practise will be an outcome of the initiative. More info from Fred Oberg on 206 2000. Also: Recently the Lesbian and Gay Anti-Violence project received a grant for a researcher into the situation for PLWHA in public housing.
- So, you've completed your Support Group and are looking further? If you have some spare time then have the HIV Support Project at ACON got an offer for you! The Support Project is always looking for new volunteers and one way you can help is by becoming a Support Group facilitator. If you're interested, the next training will be held on the weekends 22/23 and 29/30 April. Call Blair on 206 2014 to discuss your involvement. He guarantees that you will be stimulated, challenged, make new friends, learn something and perhaps even have a little fun!
- A national network of HIV Positive Women was formed at the end of the Second National Positive Women's Conference held in Sydney in February. For more on the conference turn to page 12.
- Occupational therapy services for PLWHA living in Northern Sydney are underway. Among the services will be home visits, fatigue management education and provision of equipment. For more info call Mary Jackson on 926 7103 Tu, W, Th, Fri. And Northside PLWHA have another new service in the shape of the Northside Network, a telephone helpline that can provide advice and tell you where to find the right service for you. NSAHS's Graham Stone describes it as a "one-stop shop". Call 926 7788.
- The Albion Street Centre's new weight gain cookbook has taken off like a rocket and is selling out fast. The book has practical hints on adding more calories to everyday foods, info on nutritional supplements, time saving hints alongside the recipes. Glossy pictures (courtesy of sponsor the Australian Dairy Corporation) finish it off. Well worth the $7.50 (+$2 postage), it's available from the Albion St Centre, 150 Albion St, Surry Hills 2010. Make all cheques out to The Dieticians Association of Australia (DAA) NSW.

pick-ups and a home delivery service, as well as cutting back takeaways for travel.

Complaints to: Professor Jim Rankin, A/Director, Drug and Alcohol Directorate, NSWHD, Locked Bag 961, North Sydney 2059.

Treatment bites

"PLWHA MUST RENEW THEIR dedication to the battle. We're all tired, burned up and over it. But what's the alternative?" So argues AIDS Treatments Action Group (ATAC) activist Peter Hornby in a hard-hitting article to be published in the May edition of the *National AIDS Bulletin.*

In the piece Hornby outlines four clear areas where battle should be waged. In antiretrovirals (whose use has been declining recently), the current system (introduced in the late '80's), where doctors are required to do a special prescribers course before they can deal with drugs like AZT, is "being used to restrict access to new drugs" he says. Another access problem is what he labels the "health discrimination" of making PLWHA visit hospital pharmacies for drugs. Economics are likely to become a important criteria for access to new drugs, with available money already "not always spent wisely". And he points out that many people are not getting tested because "they are scared of the side-effects of drugs".

"We're on our third, and I believe, whichever way it goes, last wave of AIDS activism," he maintains. This wave now includes Melbourne's newly formed Treatment Action Group (TAG). ATAC has already scored victories in access to 3TC, oral gancyclovir and rifabutin, but is looking for all issues of drug availability, approval and funding to be addressed urgently, before it's "too late".

Read all about it

PLWHA, PARTNERS AND CARERS ARE welcome to come and browse or seek specific information in the ACON Library. The library collection has been developing for some years and contains quite a wealth of materials — books and periodicals on HIV/AIDS treatments, policy, history, social and psychological aspects, statistics on epidemiology, personal stories, PLWHA magazines and newsletters, from Australia and abroad. We also have videos which can be viewed in the library, media reports, and back issues of Sydney's gay newspapers.

People are sometimes reluctant to walk into libraries because they don't know how to use those bewildering catalogues. At ACON library we do have a catalogue on computer and we'll show you how to use it to find specific subjects if that's your desire. Also, for specific or lengthy inquiries it's best to make an appointment to ensure you'll get our undivided attention.

Otherwise, if you just want to browse and read, come in any time we're open and we'll direct you to the shelves.

Visitors can photocopy material (within copyright provisions). We ask for a cost recovery of 15 cents per page if you are able to afford it.

The library is a member of the NSW HIV/AIDS Library network, which is a co-operative venture (funded by the NSW Dept. of Health) of five libraries with specialist HIV/AIDS collections. We all input data to a central database at the Albion Street Centre that we can dial into from ACON. So, for example, if you're looking for something clinical that we don't have at ACON we can probably tell you if the Albion Street library has it.

We're very friendly, we'll make you tea or coffee and we won't flog you if you don't keep silence in the library (unless you particularly want us to). Come and visit us!

Where: 9 Commonwealth St, Surry Hills 2010 (just near Reception). Who: Meryl Pannaci (full-time librarian, phone 206 2041); or Susan McGuckin (part-time librarian, phone 206 2047). When: Monday, Tuesday, Thursday 10am-5pm; Wednesday 9.30am-7pm

— Meryl Pannaci

ATAC meets on alternate Tuesdays at ACON. Phone 206 2015 for more information. "Everyone is welcome," says Hornby. "You don't have to be knowledgeable. In fact, it is a good forum to be informed about what is happening with the latest in treatments."

In other treatments news:

The uncertainties surrounding the development of a HIV vaccine "have led biotechnology companies to reassess their commitment to AIDS research", according to Colman Jones writing in *Spin*.

Work on vaccines came to a stuttering halt last year following the failure of a US trial (where several people seroconverted). Now researchers are looking to Africa as a site for large scale trials, a move which has many AIDS workers from developing nations up in arms. "People think that Africans are disposable. If they die, who's counting?" says Zimababwean Elizabeth Matenga. Other sites already being used are Thailand (IDUs) and Brazil (gay men). Leading AIDS researcher Anthony Fauci has said that, "decisions about product evaluation do not necessarily apply in certain developing countries. Ethical principles certainly do not change among different countries, but risk-benefit ratios and the dynamics of the epidemic do."

Others have questioned the development of a vaccine for the US when the market for it is believed to be too small, they point to its real application being in developing countries. And because it would therefore have to be very cheap, the drug companies' 'bottom line' is dictating that they pull out. Adding to researchers' woes, new research into different strains of HIV has found that they can co-exist in people and let hybrids loose very rapidly, thus making the development of a vaccine that can protect against all strains further off. Evidence from studies in South Africa has suggested that HIV becomes more virulent, and more transmissible as it mutates. Despite the uncertainty some scientists are pushing ahead, notably Dr Jonas Salk, who discovered the polio vaccine.

Photo: Peter Elfes

PLWH/A's ga-lamorous float in this year's Mardi Gras. During 24hrs the organisation: got around 100 people to the party on sponsored tickets; provided parade viewing rooms for 150; staffed a Time-Out room at the party. Pha-hew!

Also: Activist Larry Kramer suggests in an interview with GMHC's *Treatment Issues* that a massive faliure of leadership in the government area of US HIV/AIDS research means that the ball has been passed to the pharmaceutical companies where "the most interesting research" is being done. "We are in desperate straits [sic]," he argues. "We need drugs out there faster." Anti-wasting drug Serostim (a human growth hormone) has been approved by the US government. Cigarette smoking has been linked to oral candidiasis, hairy leukoplakia and bacterial pneumonia in a new study. High fat bacon and eggs for breakfast may not be bad for you! They may facilitate absorption of AZT. Unknown fevers may be coming from a mycobacterial source, say French scientists. Further development of enzymes has led to one which may help develop a drug to fight toxoplasmosis. Pregnant women with a vitamin A deficiency may run an increased risk of passing the virus onto their unborn child. And PLWHA whose workouts consisted mainly of weight-lifting lost fewer CD4 cells in a study than those who mostly ran.

There's been "great demand" for the 3TC Trial (reported in March *Talkabout*) and it's "expected to enrol very quickly" say organisers. As well, data from the trial is expected reasonably soon.

A Chinese scientist received extensive coverage last month for a herbal AIDS "cure" she claims to have discovered. The scientist said that testing of the recipe was going ahead in Tanzania with results posted at a conference later this year.

Anal Carmen

Anal sex: Lawrence wrong, say experts

IT STARTED WITH THE NEANDERTHALS of the Queensland National party. "Explicit" cards promoting safe sex produced by the local AIDS Council drew the predictable 'storm of outrage', including from the local censor. So, homosex became a 'sexy' media subject and any tabloid bloodhound worth their pay packet started sniffing for angles. Voila! The four-month old Cleo safe sex guide was resurrected. Horrors, it "promoted" anal sex! Even ACON's new lesbian safe sex guide didn't escape the last month's media sniffing, being the subject of the baying buffoons on talkback radio. Ah well, anything to sell papers!

The up-to-the-minute sex guide for lesbians is inclusive of Positive dykes. It's a first in covering a broader range of practices than any other material yet produced.

Talkback

Net together

I am currently working in the computer industry and have recently started exploring the Internet.

Whilst there are many newsgroups for people who want to share information on subjects ranging from chocolate cake recipes to bondage, there are no newsgroups, to my knowledge, for people either directly or indirectly affected by HIV/AIDS. Certainly there is much medical information which can be obtained from the different medical faculties around the world but there seems to be no general forum where people affected can discuss, as peers, issues that affect them.

For a number of years I lived in country NSW and many times felt very isolated and lonely. I would like to think that such a service would provide some degree of comfort to those incapacitated or lonely, 'for someone to talk to', not just here but around the world.

I would like to hear from others who share the interest of establishing a newsgroup and who may provide me with help in its establishment.

Anyone can contact me at 7b/20-22 Onslow Avenue, Elizabeth Bay.

— Peter Rawlinson

Editors note: *Brian Cartledge, assistant SysOp of the H.I.S. BBS, informs us that are a number of such electronic forums, "but the best, indeed the only exclusive one, is the HIS BBS." Apart from the latest information, you can chat on it. They've been advertising with* Talkabout *for some time and, in fact, carry our magazine in electronic form — all around the world on the information superhighway! For more info call Brian on 555 9007.*

Carbon copy

To: PLWH/A: Thank you for a great night at the positive viewing room at the PLWH/A office at Oxford St. Especially to Gregory and Claude who went out of their way to provide a safe haven for People with AIDS to watch the parade after all. There would have been no way for most of us to attend the parade, standing up for hours on end.

You guys are great.

— Reinhold Bergmoser, Person with AIDS, Canberra, ACT

To Capital Q: There is a growing problem in the PLWHA community which the general community does not yet understand: Many PLWHA are trying to survive below the poverty line and are having trouble paying for their food.

I personally know of men who are eating rice and pasta for a few days, waiting for their next pension payment. They do not go out to restaurants or bars unless a friend is generous and shouts them. If it were not for the generosity of Friends many would be unable to enjoy some of the events in our community. The concessional discounts offered are still prohibitively expensive, keeping many PLWHA from enjoying all that the community offers.

A beginning awareness of the problem is the individual responses of The Luncheon Club and the food parcels being organised by the Metropolitan Community Church. I would suggest that these efforts are an indication of only the tip of the iceberg.

The generosity of support by the community for organisations such as the Bobby Goldsmith Foundation has, and continues to be, remarkable. But BGF does not give money for food.

Getting the right nutrition and being able to supplement with vitamins and minerals is a serious problem for many people on the pension with no other assets to rely on. This situation can affect people's health and wellbeing.

The entire community needs to address this matter with the utmost sense of urgency.

— Michael Glynn

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

***Talkabout*, Po Box 831 Darlinghurst 2010**

Notices

OOOps! In the March *Talkabout*, a story on ATAC (p6, referred to an action against Glaxo). Editorial error! The company in question is Syntex, *not* Glaxo.

In the same edition, the article on Misdiagnosis mentions the drug loscarnet. Typographical error! It should read *foscarnet*.

What's missing in this *Talkabout*? The contacts list — due to the additional space needed for a special issue. It will be back next month. Call PLWH/A on 361 6011 if you need any info that's normally in the contacts pages.

Meanwhile, please fill in the brief questionnaire about the contacts list which has been posted out with your *Talkabout*. If you don't get *Talkabout* by post, you can pick up a questionnaire at the PLWH/A office.

Olga's Personals

Gay guy, 35 y.o, positive, slim, into the great outdoors, camping, bushwalking, motorbike riding and having a good time,- seeks 20-30 y.o guy for friendship (straight guy OK) or relationship! I need an adventurous guy to spend some time with, I'm not interested in Oxford Street!
Box#:950405

Mid North Coast. HIV+ 10 years, gay male, 47, fit, bone weary with frustration of life of non identification with scene, beats and all stereotyped, cliched campery, would like to meet/correspond with other non scene guys.
Box#:950410

Having babies. 33 y.o HIV+ gay male has always wanted to be a father. Are there any HIV+ lesbians or women (or other men) out there in a similar predicament that want to talk about things? I'm a non-smoker, non-scene.
Box #: 95 0415

Wanted non-smoker, male, 30's to share 2 bedroom house in Newtown with one other and cat.
Box#:950420

Wanted one good flatmate, preferably HIV+, rent $100 a week. No bond. Smokers OK. 2 br house. Sorry no pets. North Newtown. Close to all shops, transport and the Newtown and the Imperial.
Phone Shane on 557 8482.

Tamworth. HIV+ gay guy would like to meet other positive people for friendship. Don't feel alone. Your HIV status will be treated with the utmost discretion. Don't continue to hide away as I've been doing.
Box#:950425

Central Tablelands. Rare ginger fluffy possum, 39, happy, healthy, positive and gay wishes to reconstruct the unreconstructible. Mateship sought. Large dog lovers welcome. All letters answered.
Box#:950430

How to respond to an advertisement

- Write your response letter and seal it in an envelope with a 45c stamp on it
- Write the Box # in pencil on the outside
- Place this envelope in a separate envelope and send it to: Olga's Personals, PO Box 831, Darlinghurst NSW 2011 and you can be assured that it will be passed on

How to place your advertisement

- Write an ad of up to 40 words and be totally honest about what you are after
- Claims of HIV negativity cannot be made as it is not possible to verify such claims, however, claims of HIV positivity are welcomed and encouraged
- It is OK to mention that you are straight, bisexual, gay or transgender
- Any ad that refers to illegal activity or is racist or sexist will not be published.
- Send the ad to Olga and be sure to include your name and address so that responses can be forwarded on to you. This information is not published and is kept confidentially by Olga

Tribute

David Englebrecht
"Harbour Star"
6/7/56 — 16/2/95
Very proudly an Australian

TO MANY OF YOU DAVID'S NAME WILL be known as the founder and chief editor of *With Complements*, the complementary therapies newsletter.

When I think of David I always think of the amazing faith he had in the "universe". He shared a dream with many that one day the whole world would take a step forward and together evils such as homophobia, sexism, racism, violence et al would disappear — he prayed for the perfect world.

David's connection to his HIV was 100% emotional and he made sure he approached everything in his life this way and went to great lengths to make sure people did not undermine the importance of emotional connections to people and things. He believed in the human spirit.

Practicing what he preached, David worked behind the scenes for a wide range of organisations. His first taste of activism was with an eleven year membership of Angays, a gay and lesbian Christian group.

As a wordsmith David put a tremendous amount of energy into writing, particularly poetry, plays and newsletters. He contributed vastly for over ten years to the gay and lesbian Christian network newsletter.

David was also involved with the Gay and Lesbian Legal Service, Streetwatch (which I believe finally led to the establishment of the Anti Violence Project), and the Gay and Lesbian Counselling Service. He was not afraid to speak passionately on many issues and taught me and many others not to sit on the fence.

David's need for spirituality and faith led him to Buddhism which he practiced for over seven years, finally becoming a Buddhist nearly two years ago. David's Buddhist name was Harbour Star. David retained his Christian beliefs and practiced both faiths in parallel and combined them with an integrity that did not compromise either faith and indeed made many Buddhists and Christians alike realise the need to be aware of each other's beliefs, thoughts and teaching.

In mainstream society David was a lawyer. He practiced for eight years for Legal Aid at the Family Court. He left Legal Aid to set up his own mediation practice.

During his time as a mediator David became very disheartened with other issues which surrounded him, in particular the continual prescription of the likes of AZT which he believed was killing or propping up more people than it

was helping. This is when David decided to form (along with myself in a support role) the Complementary Therapies Collective.

David put together newsletter after newsletter, interviewing many leading alternative medicine practitioners. Eventually more and more people heard of David's endeavours and after a short while the newsletter received 'cap in hand funding' which enabled the print run to increase and reach the world. Uganda, Thailand, USA and Britain are a few of the places the newsletter is read avidly.

David visited Thailand last July at the request of Australian International Development Assistance Bureau (AIDAB) and spoke to the Thais on complementary therapies.

David was HIV Positive from 1983 and never once took any western drugs (apart from pain killers towards the end) and led a full, active, side effect free, energy filled life until not too long before his death. He boiled herbs, took bitter melon enemas, reduced stress, meditated and led an alternative lifestyle and still managed to live and operate in the ghetto. David believed you didn't need to run to the North Coast to be herbal!

David understood that using complementary therapies was a big commitment and involved structure, routine, time and faith and realised how hard this path was for many positive people — particularly younger people who had the additional extremes of peer group pressure — but he believed and proved even if you do only one alternative therapy it will improve your quality of life. David was a great believer in the power of the mind and would want each and everyone of us to look in and start the journey of self discovery.

David wrote extensively for the *Sydney Star Observer* on complementary therapies, sending the message to the powers that be that he was on to something — something big.

Finally, just before his death, the *With Complements* newsletter received government funding to the tune of just under $40,000. I know David saw this as the legitimisation of alternative medicine in the fight against AIDS and HIV.

Good on you David, you have placed amazing faith in all of us to keep up the hard work you put in this lifetime.

— Chris Cormack

Karl-Heinz Spilker

14/7/49 — 6/3/95

THE FIRST THING I PICKED UP ABOUT Karl was his openness about being gay and his illness (AIDS).

He was instrumental in the support of Maitraya Day Centre (now the Sydney PWA day Centre), in his long term role of Secretary . He was instrumental in setting up the Red Ribbon Project in Sydney, (later taken on by many organisations such as the AIDS Trust and BGF). He actually came up with the idea of the Rainbow Ribbon, (later taken on by the Quilt Project and others).

I would like to thank Karl for his commitment to the gay community. More importantly for his dear commitment to the HIV/AIDS communities. Karl was a brave, straight forward, honest and hard-working man. In his later life he only lived for his work, which I might add was voluntary, for the various HIV/AIDS organisations and he was proud of his achievements.

Karl could have bad tempered moments. He had a stubborn, arrogance. Unfortunately a fatal illness degraded him very quickly. This illness undermined his body and brain (of which he had all reasons to be proud). He undoubtedly suffered most of all realising his brain capacities went down fast. Unfortunately his illness put too early an end to his nice future in both his private and business life.

He left his parents, brothers and sisters and their families and his close friends with a lot of sorrow, but beautiful memories of him. Karl, all of us admire you, the way you coped the last nine months, living a life without any future nor sense and a time limit coming closer daily. You were extremely brave Karl.

You were a very strong personality, had very strong mind-power. You were fantastic. You were unique.

Karl, we shall always remember you. Lots of love.

— Greg Palmer & Maureen Partridge

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

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Dịch vụ Trao đổi Ống và Kim Chích Miễn phí và bảo mật :

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Second National + Women's Conference

*The second National Positive Women's Conference at the end of February attracted just over 80 women. One of them was **Emma King**, a newcomer to Sydney, who was elected NSW Women's representative to a new National Network for Positive women. Emma reflects on the conference, and discusses her new role, with Jill Sergeant.*

Photo: Kathy Triffit

Chilling out at the Conference.

Who came to the conference?
Most of the women were from NSW, but there was a very wide range of women. There were women of non-English speaking backgrounds (NESB), women who were infected by their boyfriends who were quite young, single white females, middle class women, Koori women, older women, who'd been infected through blood transfusions — there was a very wide base of different ideas, different backgrounds.

Do you think the conference met the needs of such a diverse group of women?

Well I think it's really hard to do so. I was doing peer support, which means I was walking around and greeting people, chatting to them, and it was very apparent on the first day, that there were very different needs. Some women found it hard to cope with lesbians being around and found that quite confronting, and everyone was at very different levels of their acceptance of being Positive. Some had been very recently diagnosed, some had been living with it for many years and were quite aware of different issues. There was a lot of segregation of women who knew each other, and there were new women there who were quite isolated.

I was very disappointed, being a Positive lesbian, that there wasn't more content for lesbians.

There's a rumour that there was a lot of political conflict at the Conference. Could you comment on that?

I think a lot of women went to the conference with their own agendas about what was to be discussed and how it would be conducted. I think that was due to women's differing experiences and needs, and when those needs weren't met some women got really angry, without seeing the bigger picture. There were lots of issues around. It's not possible for such a small group of women as the conference organisers, (with their own set of values and beliefs), to ever represent all Positive women.

Tell me about the conference.

The first day was quite informal, and on the Saturday we had the official opening with Kate Thompson, who's the chair of the International Community of Positive Women. Representatives spoke from all the states, and then we focused more on specific areas. I found the plenaries on health and welfare, treatments and research the most interesting. There was a report on the new social research that's happening at Macquarie University.

Workshops had both professionals and Positive women speaking, with time for discussion.

I feel there could have been a bit more involvement from Positive women in presenting the workshops. It was left up to us ask questions, which didn't always work. It was really obvious who was quite comfortable with their status, and who was just newly diagnosed or having problems at some level about being positive — so [the structure] kind of isolated some people. But a lot of women I spoke to were just coming out and found it good to be just sitting and listening to other women talk.

It was quite rushed. Really interesting discussions came up, like in the treatments workshop, but then we' d have to stop, it was afternoon tea and the next plenary was on. I felt we just scratched the surface of lots of things. It was a very conventional structure. It would have been nice if organisers hadn't been so strict with time.

Also, I felt there was not a lot of consulting about what women wanted to hear. One of the major issues which I think should have been discussed more is disclosure and negotiating safe sex, whether male-female sex or women to women. There should have been more of that kind of discussion, of day to day living and coping with

the virus.I felt that was the main downfall. It was just brushed on, and it's a very important issue. It's what lots of people were talking about in their spare time. There was a plenary on relationships and positive sex, but there was only one hour for discussion, that's just not enough time.

Something that worked really well was that massage, shiatsu and acupuncture were available. All the women that I spoke to used it on some level, even if it was just a basic massage. That was the highlight for me, and it was good being able to access these therapies that you can't normally because of money.

What are your general impressions of the conference?

A lot of women I spoke to found it really empowering. For me, it was quite a safe environment, but it was problematic for some women, just because we were such a diverse group. It was good just to meet other women and recognise that you weren't alone, and share stories. Many of us got the most just out of informal chatting. It was really nice feeling that you didn't have to worry about revealing your status — it was quite relaxed. There was a pool there, and it was in the forest so it was very quiet and secluded. However the dorms were really small and close and this created a bit of tension. In a sense it felt like a school camp, and some of the rules felt a bit dictated...

Generally it was good, it was really a successful thing, especially in terms of setting up a national voice. That's such a new, ice breaking thing, a really positive thing to come out of it. We've now got people representing us.

That's the National Network?

Yes, at the plenary, "Developing a National Voice", a National Network to represent women was set up. Each state has a representative, and the rep has a support person. The aim is to create a network so we can find out what women want and create a stronger voice. Positive women have been very fragmented.

It's all about getting information out to positive women, and representing them, just making Positive women visible. We need to be able to give people statistics and up to date information about what's happening to Positive women. The national group will meet regularly to consult and plan activities. Our next national meeting is in two months.

As representatives, we need to get together as much as we can with positive women. I'll be in contact with women though the existing NSW mailing list to tell them the results of the conference and ask for feedback on women's needs.

Will you be playing advocate as well?

Yes. Giving women a voice and empowerment is my main aim. I believe every human being should be empowered, and as women we haven't had much of a voice. My aim is just to listen to what other women want and do as much as I can. As time goes on I'll be more specific about what my role is, at the moment it's just representation.

My first priority will be setting up a database with information about alternative therapies, services and doctors that are women friendly, as well as information that is not Positive-specific but helpful, like where to get food vouchers, who does food deliveries. I'd also like to see a drop in place for women, where they could come in and write their own stories.

In the "developing a National Voice" session everyone from the different states was saying that women need information services. Outreach to regional areas and isolated women, and information distribution were at the top of our wish list.

Other items on our wish list were more education for doctors and associated workers; support for families; medicare access to complementary therapies; getting more women into drug trials; better drug availability and information on specific effects on women; more funding; a bulletin board to keep in touch with each other.

How do you see yourself working in with organisations like PLWH/A, which already acts as an advocate for people with HIV?

I'd like to liaise with them and let them know more, but at the moment the database and things like that are going to happen first. After the first national meeting, I think we'll have a bit more of an idea of what we're doing, because we really only had the conference to talk about it, so it's still quite new.

Hopefully PLWH/A will be able to assist with their knowledge, and also just enable more women to go there and feel comfortable. That's definitely something that was raised, women feel really uncomfortable going up to PLWH/A and ACON. It's a problem for some women, especially Koori and NESB women.

The important thing about the Network is that it's not owned by any service, it's autonomous.

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Catch 22

Despite most PLWHA using complementary therapies we still don't know for sure if any of them work, reports ***Paul Canning.***

THE KOMBUCHA MUSHROOM IS A fungus whose tonic properties have been known since the days of the pharaohs. It's turned into a fermented drink by mixing it with sugar water and tea then letting it sit for a week. The brew then produces a new mushroom.

This disgusting sounding concoction has been claimed as an excellent digestive aid, it's packed with glucuronic acid (a liver detoxifier), B vitamins, usnic and folic acid. It's also been claimed as the source of increased energy and huge leaps in T-cell counts for the PLWHA now, rather fashionably, using it. The trouble is, no-one knows if the on-the-ground reports, passed on by word-of-mouth, are just wishful thinking or truly mean something — no one's trying to set up an experiment.

There's money in alternatives to traditional medicine. Particularly in a market like HIV/AIDS. It's not the oil industry but it's not insubstantial, surveys have shown that 85% of PLWHA will access complementary therapies at some point. And, although some regulation exists, most practitioners, and most products on health food shops shelves, come with little if any guarantee that they're going to work as they say they will.

This situation has drawn little attention in the fight to prolong lives in Australia and is only beginning to gain attention overseas.

In the United States various HIV/AIDS organisations, including ACT-UP groups, have joined forces in a national campaign around such therapies (as well as understudied mainstream drugs). ACT-Up's own 'Cure Project' also focuses on alternatives. They want community-based research into all the alternatives, with the aim of getting more information to PLWHA so they can make well informed decisions about the treatments they're going to use. The US government's response has been in the form of a small research arm at the prestigious National Institutes of Health (NIH), but that has been about it. By contrast the Chinese government has poured millions into research, with it's latest product being claimed as a 'cure'.

In Australia several attempts to get trials up have failed for lack of resources from the private sector. The buisnesses involved in alternative therapy (which include some large 'health food sector' companies) have been largely unresponsive. A spokeswoman for the Community HIV/AIDS Trials Network contacted for this story said they wanted to help with trials but very few people were pushing them: "these [trials] are quite expensive and it's difficult to see who's willing to take on that kind of responsibility. There would have to be some kind of commercial backing" (though nowhere near the amount needed by pharmaceutical companies for mainstream trials because of cheaper procedures). Currently CHATN is planning one trial with a Japanese company. *Talkabout* understands that a local herbal trial was abandoned when the main supplier of the herbs involved backed out.

Sources also cited a clash between alternative and mainstream ethics and the inability to patent such things as vitamin C as other reasons for the lack of research. It's not just the ethics that clash. "There is a concern where vulnerable people are being offered what might be considered 'false hope'", says Andrew Dicks, Registrar of the NSW Medical Board. Deputy leader of the NSW Labor Party Andrew Refshauge told Talkabout that he simply didn't believe they work (a position he later recanted in a meeting with PLWH/A).

The mainstream medical arena's attitude to alternative therapy could be summed up as basically 'hostile'. Although spokesman for the NSW branch of the AMA Richard Gordon agrees that in the HIV/AIDS situation all possibilities should be examined (and he defines 'alternative therapy' widely to include emotional support), he strongly believes that alternative therapies must offer themselves up to scientific scrutiny or be controlled. Asked whether some form of regulation should be introduced Dicks was evasive, saying that in the case of registration of practitioners, "there are arguments for and against. It can stifle diversity, and on the other hand keep a lid on the mavericks." The community doesn't have a problem with the current situation, he says, and "as long as it's not doing harm or keeping people from treatments" there won't be changes.

The problem, the catch-22, with proving the veracity of complementary therapy through traditional scientific trials is the methodology employed and the finance required to run them, says herbalist Peter Townsend: "the results have to be fairly narrow. No one is interested unless there's a rise in CD4's and we don't necessarily say there will be a rise. And you need money."

Townsend says clinical experience shows that people do feel better, they catch less colds for example, "but these trials look for only one thing." And the holistic approach, in particular of Traditional Chinese Medicine, evades Western scrutiny. The negative attitude of the medical profession is, he says, one of, "if you're used to running around in a motor car why would you get a horse?", this comes at a price because many discoveries, such as immunotherapy, came out of the 'left field' occupied by complementary therapies.

Perhaps one side-effect of Australia's 'push into Asia' will be minds more open to an older style of medicine that's still relevant today. In Japan 80% of all doctors use the sort of therapies that get them called 'quacks' in Australia.

(Sources: Out, Poz*)*

FUTURE POSSIBILITIES

A barrier to the use of natural therapies is the medical/scientific mindset that clinical experience is inadequate testimony to their efficiency, and that HIV is inevitably fatal. Herbalist ***Peter de Ruyter*** *argues it is vital that this mindset barrier is broken through.*

CONSIDERABLE CONTROVERSY EXISTS in medicine today over the issue of which techniques are considered experimental and which are considered to be adequately proven.

A little known study by the Office of Technology Assessment of the Congress of the United States addressed this issue. The resulting lengthy report, *Accessing the Efficacy and Safety of Medical Technologies*, stated: "It has been estimated that only 10-20% of all procedures currently used in medicinal practise have been shown to be efficacious. Personal experience [i.e. clinical evidence] is perhaps the oldest and most common informal method of judging the efficacy and safety of a medical technology."

The report further states: "It is important to point out that many medical advancements have properly and successfully proceeded *without* rigorous statistical methodology of evaluation." *(My emphasis).*

This is a most significant finding and by no less august a body than the US Congress. So what are we seeing here? The truth is that although science and medicine would like us to believe that the double-blind, placebo-controlled, cross-over trials are the ultimate yardstick to which all of medicine's procedures conform, this is in fact blatantly not so.

Now, here we get to the crux of the paradigm/mindset problem surrounding the efficacy and validity of natural therapies. Every time we as natural therapists declare a therapeutic result, it is automatically invalidated and thus ignored by science and medicine, "because it has not been proven according to the golden rule of the double-blind trial methodology." Our results are viewed as no more than 'clinical experience.'

And, of course, the whole concept of 'clinical experience' is regarded by medicine today as having no meaningful value upon which to decide whether such clinical results merit further investigation.

But remember — as uncomfortable as this data may be to science and medicine — that according to this US Congress report, 80-90% of all medicine's treatment procedures and technologies are indeed based upon "personal experience" as voiced by the Report.

If this holds true for medicine, then surely it should also hold true for natural therapies.

The one point that really needs to be driven home, is that many natural therapists, of various persuasions both in Australia and overseas, now have over a decade of remarkably successful personal experience in dealing with HIV/AIDS. Why is it then that this is constantly met by a deafening silence from medicine and science?

One point needs to be made absolutely, crystal clear:

Natural therapists *do not* claim to have a cure;

Natural therapists *do not* claim to have the total answer.

Medicine has done much in helping to prevent, as well as to treat opportunistic infections, and thus saved or prolonged many lives. Medicine needs to be honoured and congratulated for those efforts.

But, after a decade of working in the field of HIV/AIDS, it is also perfectly obvious that this alone is not enough in dealing adequately and more curatively with this epidemic.

As Mark Harrington stated at the 5th International Conference on AIDS, "The ultimate treatment regime for HIV associated immune deficiency will probably have three components: opportunistic treatment and prophylaxis; immune based therapy; anti-retroviral therapy."

In regard to the first category, a fair amount has already been done. For the second category, this area has been largely ignored by medicine. And as for the third category, to only have two accepted drugs, AZT & ddI, after eleven years of research and millions of dollars, plus this 'solution' having high levels of toxicity problems, can hardly be called a success story.

Lately, the new 'buzz word' in medicine is immunomodulation. It may come as a surprise, but this is not a new approach; it has been used with remarkable success for over a decade now. And who has been doing this work? Well, unexpected as it may seem, it has been natural therapists.

Ah, and this is the point at which the barriers come clanging down! It's only 'anecdotal, clinical experience.'

The problem is that if science or medicine accepts our work and results, then it becomes equally necessary to accept that for immunomodulation to be truly effective, it will require science to view treatments and people receiving treatments, in some fundamentally different way.

For instance, one change in approach will require researchers to direct their efforts more to people with HIV and what is going on in their bodies, rather than exclusively in elegant and often artificial laboratory and animal models.

It is impossible to discuss all the angles to such issues in this short article, yet our successes in an immunomodulatory approach to HIV therapy do depend on this different approach and will not work as effectively if patients continue to be viewed as convenient 'standard' entities to which 'standard' treatments can be applied.

Let's focus for a moment on how medicine uses statistics to predict lifespans for people with HIV/AIDS. Over the last decade or so,

medicine has gathered data, which can be plotted on a graph, and will give the type of curve shown below right.

There is a lower end representing those who died very quickly after diagnosis, a middle section which gives the average lifespan after diagnosis, and then there is the right-hand part of the graph which represents those who have lived the longest and those who continue to survive.

The point is that this part of the curve is incomplete simply because all the data isn't in yet. i.e. some of us buggers refuse to die so far, and continue to do well up to 15 years or more post-infection.

Therefore, this section represents at least the potential for life, way beyond the average figures which are normally quoted. Now, this is where we can strike some difficult ethical issues.

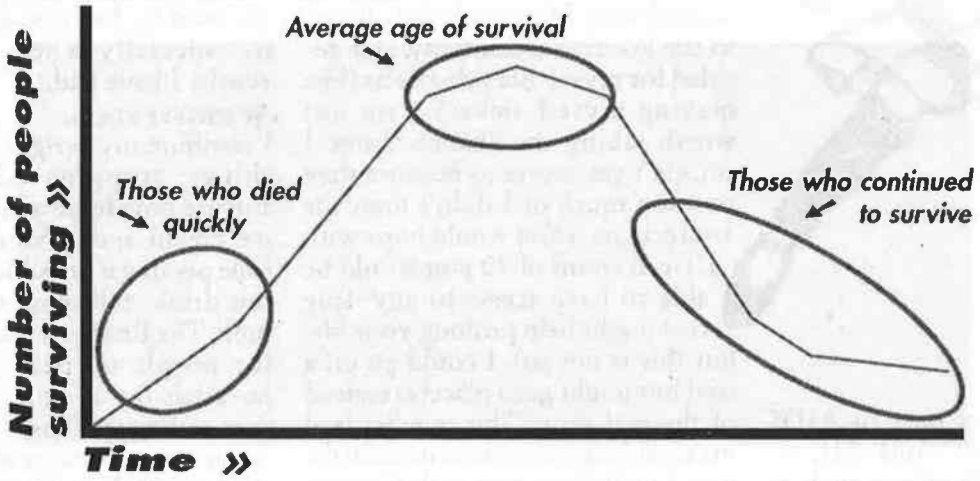
Generally speaking, medicine will use the 'average' figure presented by such statistical data, and in my experience this is generally the only option presented to patients.

The generally accepted paradigm or mindset is that anyone infected with HIV has a terminal disease. The problem is that once more — as with treatments — medicine gets caught up with 'statistical averages' and 'standard' people. But as inconvenient as it may be to science and medicine, any specific patient is neither a 'statistical average' nor a 'standard' person. In reality, such a concept is an absurdity!

So why then all this focus on the 'average' lifespan as represented by the graph? Why doesn't medicine — equally validly! — focus instead on that right-hand side of the graph and say to any client or patient, especially if they are still well, that in fact they do have the possibility of living way beyond the average?

There truly is no valid reason to only focus on the average survival time. It can be strongly argued that with the knowledge of psychoneuroimmunology (PNI), understanding that the mind is very powerful, understanding that rational hope is an invaluable tool in survival of any disease practitioners, should be suggesting that the right-hand component of this graph is at least a possibility that each person with HIV can work towards.

What we are dealing with today in our culture, medicine and science is a rather restrictive and destructive paradigm or mindset. Too much focus is given to the people dying of this disease and not enough focus is being given to those who continue to thrive with this so-called 'killer virus'.



One reason for this biased view, is that many of those who continue to do well, are also those who actually have steered clear of hospitals, excessive contact with medicine and most often have rejected the more toxic, chemicalised protocols.

These long-term survivors are not being seen by the hospital system, which primarily sees the very ill and the dying. Medicine will have to awaken to this 'blind spot' and realise that their statistics are biased. Not on purpose, but purely by the nature of those patients they are observing and dealing with, and the choices such patients make.

So where is all this leading? Hopefully to a deeper understanding of how restrictive paradigms/belief systems can control people's lives. In this case, people with HIV are in fact —through the use and interpretation of such statistics — being inspired to die, rather than inspired to live!

Remember the belief system around the four minute mile? Some time ago, it was commonly held as total fact, that no-one could run a mile in less than four minutes. This was seen as an absolute barrier, beyond which no human could go.

Then there was this one spoilsport who went and utterly ruined this mindset by breaking through the impossible barrier. But the most interesting part of that whole saga is simply that once the mindset had been broken, suddenly several others went ahead and did the impossible too.

We are living with a mindset today which categorically says HIV is inevitably a fatal disease. A mindset which primarily focuses on dying rather than living.

Let's break this irrational mindset by accepting that there are long-term 'thrivers' with HIV. It's high time medicine started to: acknowledge such long-term survivors; research why they continue to thrive; present the very viable and valid option to many of their patients that long term survival is a possibility, based on living examples.

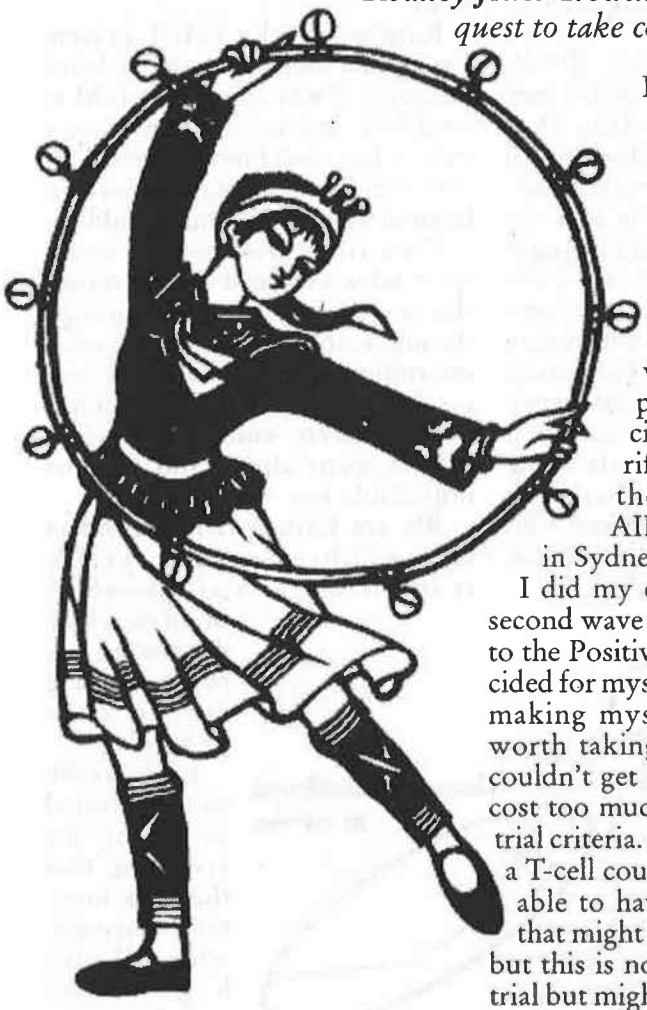
At the very least, medicine needs to re-focus its emphasis from dying, to HIV being a potentially long-term manageable disease.

It is high time, because the old paradigm or mindset is in fact killing people! Allowing a new mindset to enter our consciousness will actually spill over to our patients, in the form of potentially longer lives for them.

Peter de Ruyter has been in practice as a herbalist for the past 12 years. His approach is holistic and complementary to orthodox medicine.

CHINESE HERBS, POT & POLITICS

Rodney Jones-Trewin shares some of the discoveries he has made during his quest to take control of his life and make his own treatment decisions



I SURVIVED THE FIRST WAVE OF AIDS drugs— AZT, ddC and ddI, — despite getting side effects such as Peripheral Neuropathy (pins and needles in my hands and feet) so painfully that I would have to take up to 6-8 valiums to ease the pain and very strong sleeping pills to sleep at night. Sometmes I would have what seemed like a fit and my lover had to hold me firmly until the pills knocked me out.

While on these pills I suffered massive weight loss. In Feb '93 I weighed 53 kilos. Now I weigh 74 kilos. The reason for my weight gain is covered later in this article.

Now the second wave of AIDS drugs is being offered to me, but I can get no information on the side effects from my GP or my treating hospital. Rifabutin and 3TC with AZT are available but there's no information on side effects. It's not that all of these drugs are new. Rifabutin has been around for years, and one would expect they would have that information available to Positive people to make their own decisions — unlike the first wave of drugs, when we just took the pills and most of our circle of friends had horrific side effects before they all passed on to AIDS heaven (somewhere in Sydney I hear).

I did my own research into the second wave of drugs being offered to the Positive community, and decided for myself the side effects (like making myself sicker) were not worth taking the chance. Some I couldn't get access to because they cost too much or I didn't meet the trial criteria. (You would hope with a T-cell count of 70 you would be able to have access to any drug that might help prolong your life, but this is not so). I could go on a trial but might get a placebo instead of the real drug. This is what lead me to alternative treatments, as in the past I've had success with Chinese herbs.

I booked in to see Peter Townsend at the China Herb Co. in Surry Hills, in the hope that he might be able to treat my Peripheral Neuopathy which was so bad I had to take morphine tablets to knock myself out.

Peter made a mixture of Minor Bupleurum, plus Zizyphus, Schizandra and Polygala (all Chinese herbs). This was in a powder mixture to be taken orally five times a day. Chinese herbal treatment costs anywhere between $30 to $40 depending on your problems. There is also a consultation fee, so you might have to rethink your budget if on a pension.

The results after two days were amazing. The pins and needles stopped and I haven't had to take any drugs to control the pain. After three weeks I went back and saw Peter and we are now working on my blood circulation which is very poor. The palms of my hands which were always bright red are now clearing in parts and getting better as I continue to use the herbs.

At Peter's advice I've dropped the dosage down to three times a day, as the herbs have built up in my system. Diarrhoea may be a side effect. It was the opposite for me, but I've had no other side effects and I feel generally that my health has improved.

The mixture takes a few days to get used to, but you do get used to it, especially when you get the results I have had.

WEIGHT GAIN

I attribute my weight gain to a few things: stopping AZT etc; and Ensure powder in a milkshake with ice cream and flavouring or fruit (one per day if possible). If you cannot drink milk you might try soy milk. The Ensure is being subsidised for people on pensions at some hospitals for as little as $17 for 24 cans of Ensure Plus. The powder is easier to use because it doesn't have the gritty taste of Ensure Plus. You could add more topping or fruit to combat this. See your social worker or dietitian at your hospital.

My weight loss was also due to lack of interest in eating. There are two ways that you can go with this, one legal and the other illegal. Let's look at the legal way first: a drug called Dronabinol (Marinol) which has been used in the US since1992 for HIV+ people with weight loss. This is the legal form of THC which is part of marijuana. You need to see a so called 'specialist AIDS doctor' to get a script for Marinol, then you have to have a spare $250 to obtain it from a hospital pharmacy. There are no subsidies for people on DSS, and you only get 100 tablets.

When I tried to get Marinol for free from my treating hospital, I was refused on the grounds that it is a

GIVE THE GIRL GINGKO

*Just taking a lot of pills all the time, says **Emma**, is a constant reminder that you've got HIV. That's why she prefers to use complementary therapies to manage her symptoms as they arise.*

I'M VERY MUCH INTO NATURAL products, because they generally put less stress on your body, in terms of putting pressure on your liver, nausea and other side effects. Alternative therapies get quite expensive but I'm lucky, I know quite a few practitioners around who'll work on exchange.

I have a lot of side effects with western based therapies, and I have a lack of belief in western medicine. I've used AZT and I found I can't do it. I suffered a lot of dementia, and nausea. I tried ddI and I found it was the same. I noticed AZT made my period quite light and ddI made them really irregular, if I bled at all. Basically I realised that AZT wasn't for me. To cope with the nausea I took slippery elm bark, which coats the lining of your stomach.

I really persevered with AZT but just found it intolerable in terms of headspace — I like to be really clear in my head. A lot of women find they can't take it. Quite a few women take the pill to regulate their menstrual cycle. I just keep up with my multivitamins (which I also take to prevent infections) and drink quite a lot of herbal teas to keep my body clean.

Graphic: Lea Hawkins

One way I manage my HIV status is by keeping quite stress free. I have acupuncture every two weeks, I get massages and do yoga and meditate. I find it's really important for me to do that. I also use acupuncture for working on my liver, and a regular massage helps release all the build up of phlegm in my chest. I also believe in the benefits of marijuana as a treatment to help relax and to stop or lessen pain.

I take Bactrim all the time as a prophylaxis, because I have a tendency to bronchial problems, but I get quite sick with it, so to stop the strain on my liver I use dandelion tea, I find that's really good. In combination with Bactrim I also take acidophilus yoghurt and bancha tea.

If I'm low in energy I swear by royal jelly and ginseng vials, they really give you a boost and they're quite good to have regularly. I have a problem with circulation in my feet, and for that I use gingko bilboa which is really good for circulation problems. When I'm not sleeping with night sweats I use valerian tea or capsules as a way to relax. It's reasonably good and it doesn't put as much stress on the body as tranquillisers. For the night sweats I get up and meditate, and I also shower, and drink salt drinks to replace the salts lost through sweating.

I've used quite a lot of treatments, and of course just eating healthy, good food is really important.

drug of addiction. Mind you, they will give you Methadone and Morphine for other AIDS treatments.

Now for the illegal way: smoke marijuana. As many of you know, it relaxes you and stimulates your appetite, hence you eat more than you normally would. If you are on a pension it is too expensive to buy, but like myself you might have close friends who can give you some more cheaply. The real thing is much more effective than the tablet form, going by studies done in the US. The main problem with Marinol is absorbtion, but how will you know if you can't get it.

SWEATS

I suffered very heavy night sweats and was told that it was part of the virus and I would have to live with it. I went and saw a natural therapist who placed me on Anthydrosin drops and sage tea. The dosage in my case was 15 drops under the tongue three times daily and also three cups of sage tea made the day before use in a non-metal teapot and stored in the fridge overnight. I only used these for a few days, and after 12 months of nightsweats, they disappeared and have not returned since. Some people have used only one of the above (tea or drops) and had good results. If you want to try the sage tea by itself, it is important that you purchase it from a health store and not a supermarket, as sage purchased from a supermarket is irradiated, which could interfere with its essential components.

S.O.P.Y. SUPPORT OF POSITIVE YOUTH

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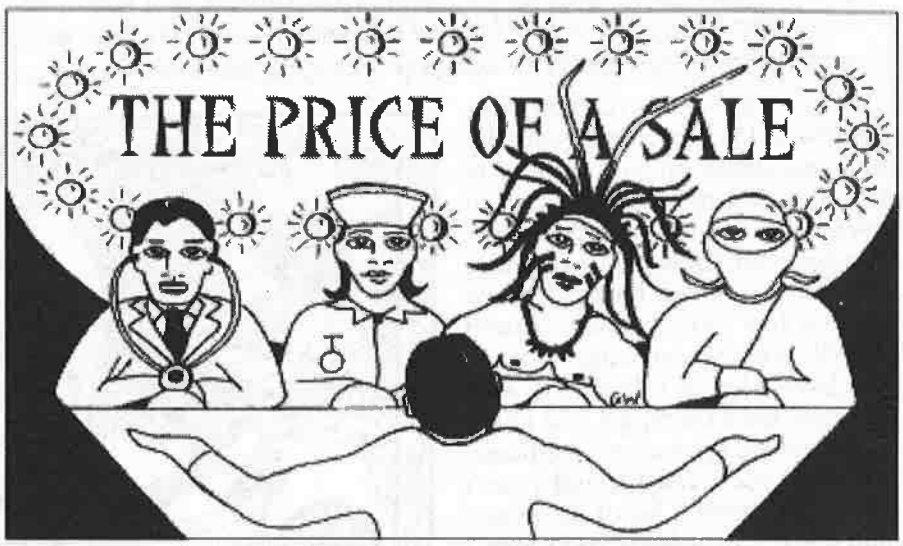
This month:
***Anyone for DNCB* by Peter Blazey; *Mistletoe* by Jim Arachne; and back by popular demand, *Breakfast at Nicky's*.**

Subscriptions: $15, individuals; FREE Pensioners; $30 organisations. Send to: Complementary Therapies Collective, PO Box 633, Potts Point 2011

Let's go Shopping!

Herbs or needles, essential oils or vitamin pills — or all of them together? When it comes to choosing a complementary therapy, the list seems endless. It's hard to find accurate information about the options, and alternative practitioners may know no more about other therapies you're using, than your GP does.* ***Stephen Gallagher*** *provides a few pointers to guide you through this maze of decisions.*



Graphic: Gary Whitelaw

WHERE TO BEGIN? READ EVERYTHING you can lay your hands on. Try *Talkabout, With Complements*, and some of the variety of books on the subject. ACON's library has lots of journal articles and some books on Traditional Chinese Medicine (TCM), Naturopathy and Homeopathy.

You need not wait until you become ill, indeed most practitioners help you to remain "well", a very different concept to orthodox western medicine. Holistic therapies are concerned with the mind and emotional state as well as physical wellbeing. Assess what symptoms you wish to relieve, what emotional problems you want to deal with. You may intuitively know which therapy sits best with your philosophy.

FINDING THE APPROPRIATE THERAPY

Your choice may be influenced by a number of factors. Is the therapy available in your area? Can you afford to pay for it? (Complementary therapies are not covered by Medicare). Are there practitioners who offer concessions? Will you be comfortable with it? If you don't like needles, acupuncture probably isn't appropriate; if being touched by a stranger is difficult, therapeutic massage is likely to be daunting.

Homeopathy is a familiar therapy for those whose experience with medicine has only been the orthodox model; TCM and meditation are based on completely different concepts and therefore are difficult for westerners to understand.

SOME POPULAR THERAPIES

ACUPUNCTURE

Acupuncture treatment involves the stimulation of particular points on the body in order to improve the flow of Qi (pronounced *chi:* energy/life force). Usually done with fine needles but in very debilitated people may be done with finger pressure, massage or moxibustion (burning herbs above the skin). Treatment lasts anything from 15 minutes to an hour and may require follow-up treatments.

Many people report acupuncture to be especially helpful in managing fatigue, stress, and certain types of pain eg. neuropathy. Acupuncture is often given in conjunction with TCM.

AROMATHERAPY

Aromatherapy involves the use of essential oils extracted from plants. Each oil is reputed to have a different healing effect on the mind or body and the oils are used in a variety of ways: massage, inhalation, compresses and baths.

Aromatherapy has been used since the time of the ancient Egyptians, but came to the fore this century when a French pharmacist, Gattefosse, burnt his hand and, after plunging it into a vat of lavender oil at a perfume factory where he worked, noticed subsequent swift and scar free healing.

PLWHA primarily use aromatherapy for relaxation, stress reduction and to promote emotional change rather than for specific illnesses. However some oils are said to be helpful in promoting immune function (ti-tree) and combating fungal infections.

BACH FLOWER REMEDIES

Bach flower remedies (pr: *back*) are prepared from wildflowers and are primarily used for emotional conditions. Bach remedies are often prescribed by herbalists and homeopaths, but they can be purchased from health food shops and homeopathic pharmacies.

HERBALISM

Herbalism uses plants and herbs to maintain health and promote healing as well as to treat certain illnesses. It may provide symptom relief and an improved level of health and vitality. Herbalism has been used in all cultures for thousands of years, and although clinical research into herbalism is in its infancy, the efficacy and toxicities of these remedies are well established.

While orthodox medicine uses

** The umbrella term "complementary therapy" is used to describe traditional forms of medicine other than orthodox western modalities (allopathic).*

many extracts from plants used by herbalists in treating disease, eg. digitalis extracted from foxglove and aspirin extracted from the willow tree, herbalists believe in using the whole plant, which has fewer side effects.

Various herbs have been used with success in treating PLWHA: garlic and sage for reducing night sweats, slippery elm for diarrhoea and thuja for warts. Herbalism combines well with most therapies apart from homeopathy or TCM where the remedies could interact badly. It also combines well with orthodox medicine, in complementing treatments and overcoming some of the side effects of the western medical arsenal.

Homeopathy

The homeopathic doctor prescribes minute doses of a substance which in a crude, undiluted form would produce in a healthy person effects similar to those occurring in the disease. For example, the drug gelsemium produces symptoms in healthy people very much like influenza, and when used in approprite doses, has an excellent record in treating the 'flu.

Drugs prescribed by GPs are intended to control symptoms, which are seen as a problem, but homeopathy views symptoms as a cure in process, an attempt by the individual's constitution to return to a state of health and well being. Homeopaths will prescribe a remedy to assist with this process, rather than suppress the symptoms.

Naturopathy

Naturopathy is a drug free healing system based on the principle that the body has an innate ability to heal itself. Naturopathy as a system has been recently revived, its origins date back to the times of the ancient Greek healers, Hippocrates and Aesculapius in 400 BC. The precepts of naturopathy are as follows: only nature heals, providing it is given the opportunity to do so; let food be your medicine and let medicine be your food; disease is an expression of purification; all disease is one (i.e. resulting from the same cause, a build up of toxins in the body).

Naturopathy treats primarily through a diet based largely on wholefoods, fresh fruit and vegetables, preferably organically produced. Exercise and breathing techniques are also a fundamental part of naturopathy as well as fasting and stress management.

HIV/AIDS is a new condition and naturopaths acknowledge the need to accept their limitations and to exercise great caution when treating HIV+ people. Treatments are individually tailored and no claims are made. The aim however is no different to that with any other conditions: the restoration of health and wellbeing with minimum drug intervention.

TCM

TCM includes acupuncture, herbal medicine and Qi Gung. It is a medical tradition which has been documented for more than 2,500 years. It is the main form of medicine used by one and a half billion of the world's inhabitants.

To assess an individual's state of health a TCM practitioner will take your pulse and examine your tongue. TCM has a very different understanding of bodily organs and blood and their functions to orthodox western medicine, so it is a difficult concept for many people to grasp. TCM medicines are used to clear deficiencies within the body and to clear disease causing factors such as Damp, Cold, Phlegm and Heat, and the waste materials of the metabolism. Herbs can be prescribed in several forms, either the freeze dried variety or in their original state boiled in water and drunk as soup (the former is often easier to take). Acupuncture is often used in conjunction with the prescribed herbs to maximise their effect.

Of all the complementary therapies TCM has been subject to close scientific scrutiny since the 1950s to identify the active ingredients in these herbal therapies. In recent years there have been great advances in making TCM and orthodox western medicine truly complementary, especially in treating some forms of cancer.

TCM medicines for HIV/AIDS have had some success inhibiting HIV along with some bacterial and protazoan infections. TCM's success with malaria, tuberculosis and hepatitis B is well documented.

How to find a therapist

You've spoken to other HIV+ people who use complementary therapies, you've read everything you can lay your hands on and you've also spoken to a treatments officer or HIV health promotion officer at your AIDS Council or PLWHA organisation. You now know which therapy you would like to use.

The next step is finding a practitioner. But how? You can usually get some recommendations from your local AIDS Council, PLWH/A organisation or friends.

Some recommendations

A good practitioner should have a good understanding of the orthodox medical terminology and experience in treating people with HIV/AIDS. They should also understand the orthodox concepts of viruses and bacterial infections and be able to explain what treatments they will offer and *how* they work.

Be extremely wary of anyone who charges too much or who makes outrageous claims that they can 'cure' HIV/AIDS. You should feel completely comfortable with the practitioner's competence, manner and beliefs about HIV. If they are unconditionally opposed to other treatment options find out why.

Tell your GP about your choices. It is still important to monitor your health and take advantage of orthodox treatments which are effective — don't throw the baby out with the bath water.

A good GP will support your choice. Most GPs will know little of complemetary therapies and many people take this to mean that their GP rejects complementary therapies. It is more likely they have just been ignored due to information overload; GPs have to keep abreast of the everchanging information on orthodox treatments.

There is often more scientific evidence in favour of complementary therapies than against them. There is also lots of anecdotal evidence in their support.

(Continued on page 26)

Please pass the pilules!

We are used to thinking of prophylaxis being about drugs — like Bactrim. But complementary therapies can be used as prophylaxis too, to maintain your general health so that opportunistic infections don't get a look in. Adrian speaks about his use of homeopathy and acupuncture as part of this kind of approach.

Graphic: Gary Whitelaw

I'VE BEEN USING HOMEOPATHY for three to four years. I started using it because my acupuncturist recommended that it it would be a good thing to use in tandem with the work that I was doing with her. I mostly use it as a mood modulator. I find it very useful in giving me balance emotionally. And like the other alternative therapies I use, I tend to use it to maintain my health at an optimum level so that I don't have to use some of the more aggressive therapies like AZT.

So far it has mostly worked. I've had to make some difficult decisions of late because I don't want to take any of the allopathic medicines and I'm trying to rebuild my immune system back to a level that I feel comfortable with.

I see my homeopath about once a month. We talk for about half an hour, or sometimes up to an hour and a half, about how I'm feeling and how I'm reacting to things and what is going on in my life. It's quite a different appointment to the ones I have with my doctor.

She usually gives me one or two different remedies, either as drops or pilules (very tiny pills). They've actually lifted me out of depressing moods, and they've been really effective in maintaining a good emotional balance, which for me is as important as maintaining a nutritional and a physical balance in my life. Some have been very, very effective, to the point that I can't believe four or five drops under the tongue can have such an overwhelmingly positive effect on me.

When I started using homeopathy I thought it was really strange. It was quite a mystery to begin with as to how it could actually work. But it did, so I didn't question it. Also, I tend to use homeopathy as a prophylactic treatment. If you were really very sick and didn't have very much of an immune system, I don't know whether it would be as effective. But I think with any alternative therapy, you really have to start doing it early on when you do have an immune system because they do take a bit of time to work.

You mentioned your acupuncturist, could you talk about how you use other therapies?

I've been using acupuncture for ten or twelve years, way before I was diagnosed. I've been fortunate in that my acupuncturist has had a large HIV case load from the start of the epidemic, and has developed quite a good understanding of how to treat HIV.

Interview by Jill Sergeant

I tend to use acupuncture when I have respiratory problems. I may see my acupuncturist frequently for three months and then not at all for four or five. I can see the difference, even when I'm lying on the table with needles in, if I've been coughing all day the needle points stop or minimise the coughing. I don't have a very strong liver, and it's important to clear that and detoxify it, and acupuncture's a good way to do that, and it's effective in just balancing my system.

My acupuncturist is also a herbalist and works with nutrition, so I quite often get western herbs (rather than traditonal Chinese herbs), which to be perfectly honest taste foul, but I have seen how effective they can be, particularly with respiratory problems, which I get quite a few of.

I'd also like to do more meditation, more counselling and some yoga or tai chi or qi gong as a form of exercise. They're the aspects of my health that I'm not looking after as well. I have a regular massage which I find really useful. The only other thing that I enjoy doing, although I haven't done it for a while is flotation, which I find really relaxing.

Do you use conventional treatments at all?

Very rarely. I've occasionally used antibiotics when I've had really bad chest infections. A couple of times I've got really sick with things that have been diagnosed as anything from a really bad flu to viral meningitis, and no-one's been able to tell me how to get rid of it. I had very high dose vitamin C and got better. I know that's not highly recommended by a lot of people, but in these particular cases I found it very effective.

I tend to see my doctor mostly as a monitor of my T cells and my

overall health, and particularly my liver count, but I use alternative therapies to manage my health. That may change if my wellbeing is more compromised than it is at the moment.

Could you tell me why you decided to approach your health in this manner?

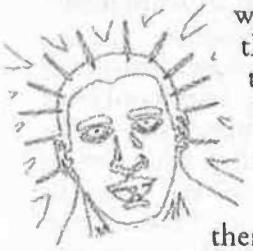
One of the things that made it very easy for me was already having an acupuncturist in whom I had a lot of confidence. Also, I have never been very convinced that any of the allopathic treatments that are on offer are actually that effective. Yes, they're effective with some people, but the majority of people that I know who have taken things like AZT have had fairly serious side effects, some of which have not been reversible.

The thought of taking what I consider to be a permanent chemotherapy is just not appealing to me. Up to now I'm fortunate in that I haven't had to make those decisions, although my doctor has been suggesting for the past 18 months that I start taking AZT. I've chosen not to. It's not easy in this city, there's not very much suport for that attitude. But I hope that I'm not going to be changing my mind.

I've maintained my original choices of not taking aggressive therapies, and when I actually look into the newer drugs like the protease inhibitors I find that the side effects are quite bad. I'd rather not have that sort of quality of life compromise forced on me when I am actually well and don't feel the need to have to take really toxic treatments, which up till now (and the jury's still out on 3TC) have really been second rate drugs.

Would you go on a herbal trial?

Yes. I'm actually looking for information on several possible trials. Most of the trials are fraught with problems in that nobody wants to support them, nobody wants to pay for them, so it's very difficult for anyone to get them started.



Homeopathy & HIV

HOMEOPATHY AS A TREATMENT FOR HIV or AIDS related conditions hasn't received a lot of publicity, yet homeopaths who treat PLWHA find they have considerable success. One prominent homeopath, who has been treating people with HIV for some years, is rumoured to have said that not one of his patients has died. However it's also said that his patients have to be very committed both in terms of time and lifestyle.

Homeopathy works on the principle of "like cures like", and homeopathic remedies are dispensed on the basis of the practitioner's reading of your personality and usual physical condition (including predispositions to particular ailments or moods) as well as on your symptoms, in the belief that all these factors are related. Thus similar symptoms might call for quite different remedies in different people.

Depending on the patient's constitution the prognosis will also be different — some patients dying within six weeks of diagnosis while others are still alive after fifteen years. Therefore the homeopath will look into your history for anything that may have placed too much pressure on your immune system, such as over-vaccination, over-use of antibiotics, or venereal disease. This means that homeopaths treat the whole picture. "I treat what I see, which is the classical homeopathic way", says Janice Batterbee, a homeopath who has several HIV Positive patients.

With such an approach, homeopaths will commonly treat people for their moods. Janice says, "With HIV, one of the big things is fear of dying and anxiety about being ill. People worry about dying before their own parents. It can be terrifying. I can help people with that."

If this doesn't sound quite concrete enough for you, homeopaths also treat physical symptoms. Janice confesses to a "lean towards really cleaning up the gut, because HIV patients tend to have a lot of stomach problems". Janice will also use echinacea, in homeopathic form, because she finds echinacea is to date one of the best natural remedies we have to boost the immune system.

Homeopathy works well in conjunction with other complementary therapies, particularly naturopathy and acupuncture, and of course a good diet is also important. Some of Janice's patients have had HIV for 15 years and are doing very well.

HIV/AIDS SERVICES IN ST. GEORGE ??

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HIV/STD screening and treatment, counselling, information and referral: phone 350 2742
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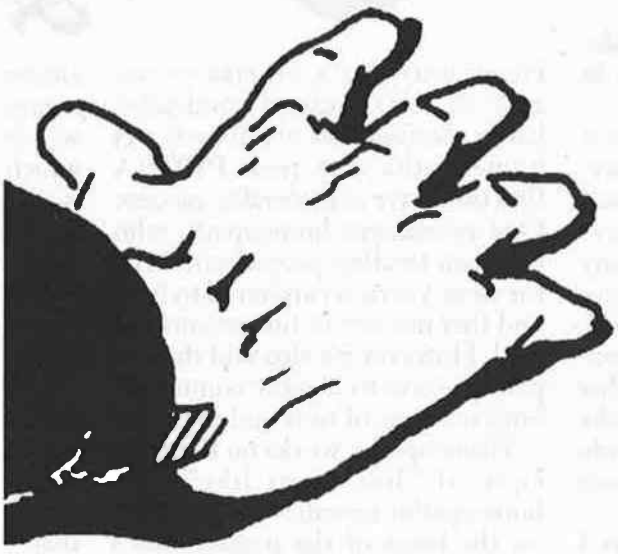
Drug and alcohol counselling: phone 350 2944

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

Handle with care



THE RECENTLY RELEASED *Treating AIDS with Chinese Medicine* contains an interesting discussion on massage for those with HIV/ AIDS. (But before you rush out and buy the book, note that these comments are only six pages in 364!)

The book presents a model of traditional Chinese medicine (TCM), and discusses how this can be applied in a world with HIV. *Treating AIDS* can be easily read by TCM practitioners, practitioners of other forms of therapy, and by people with HIV. It is nonetheless a detailed book, so make sure that you are sitting down when you read it.

Unlike many books dealing with TCM and HIV, it addresses issues around sexuality and injecting drug use in a knowledgable and sympathetic way.

The book includes a list of half a dozen "cautionary notes for treating with massage", which I will summarise here, adding a few words of my own.

Authors Ryan and Shattuck ("R+S") note that "... in the past, when AIDS patients were shunned and left untouched and even unbathed, even in large urban hospitals, massage was one way to make up for the severe touch deprivation and consequent sense of rejection experienced by these patients."

Research has shown that well directed massage can reduce depression and in general terms, reduce levels of stress related hormones in the body. The importance of stress reduction in people with HIV is highlighted.

R+S note that "massage" is a generic term which could be further categorised as follows.

- Structural massage, being "works on the material dynamics of the body to enhance circulation, relieve tension and improve physical integrity and posture overall". This includes Swedish massage, Rolfing, postural integration, osteopathy and chiropractic.
- Energetic massage, being "techniques aimed at changing the body's energetic configuration to affect health", including shiatsu, reiki, polarity therapy, and Touch For Health.

"Massage not only offers serious therapeutic options, but assures that patients feel that skilled and compassionate contact has been made."

While making this categorisation, however, R+S also note that in TCM thought, there is "no clear distinction between the energetic and physical body."

Different massage techniques and different practitioners attach differing levels of credence to this point.

After noting some general and specific benefits of various types of massage for HIV related conditions, R+S then set out six "cautionary notes for treating with massage".

- Less is more It is "best not to overwork patients [or to] throw the whole therapeutic book at him or her" with a number of different modalities of treatment in the one session. Fatigue will be the most obvious result of overwork in a patient who is less healthy, and "draining" in a patient who is otherwise more healthy. R+S comment that these problems "should not be written off as a beneficial healing crisis . . . [and] in very weak people the benefit of any such crisis must be weighed carefully against the damage it may do". This is commonsense and hopefully part of normal practice for all masseurs.
- Recommend against a lot of structural work R+S criticise the idea of doing a lot of this type of work on patients who are "weak or may be on the verge of becoming ill", as this "opening up" may allow infections or "perverse qi" to spread through the body. A case of rapid spread of KS in a person who had had structural work is documented.
- Strongly recommend against any form of manual lymp drainage "The body often holds onto things with which it is unable to deal effectively. To override this and dump this material into the system suddenly is unwise . . . [If there are problems with Lymph nodes] it is best to use [other therapeutic] techniques to let the body clear them on its own."
- Avoid working on patients with a new infectious process like the flu or a cold Most massage practitioners would be aware of this. Refer the patient to an acupuncturist or general practitioner.
- Skin problems need not be a worrisome issue for hands-on workers Simple rules: "stay away from anything that looks even vaguely problematic" and "when in doubt, don't". Some HIV related skin problems, such as KS and

eczema, are not contagious, but could be 'provoked' with intense massage. Some other skin conditions can be spread around the patient's body, to the therapist, or on to other patients. R+S list the following: Shingles (a herpes type virus which sometimes flares on various parts of the torso and limbs of people infected with this virus; Vitilago (an auto immune disease which causes a loss of pigmentation in the skin, and leading to whitish patches); Molluscum contagiosum (another viral infection which usually presents as small whitish lumps on the face, sometimes forming clusters and sometimes forming on other parts of the body, and sometimes emitting white creamy fluid if squeezed); Impetigo (which is also known as school sores, a secondary bacterial infection which may look like cold sores and form a crusty surface); herpes (usually presents in the genital area and around the mouth).

I would disagree with R+S in regard to vitilago, as my understanding of the condition is that it is not contagious.

Two other skin conditions not mentioned by R+S are psoriasis (not contagious and leads to a dry flakey build up of affected skin), and scabies (a mite/parasite which is contagious and leads to severe itching).

Hands-on Practitioners are likely to be confronted with the emotional life of the patient R+S note the potential for stirring up of emotions on a range of deep and meaningful issues, through the body worker's close contact with the patient. If this is not well handled, "the patient will not be helped, but only feel worse, nor will the practitioner benefit from the work. If a practitioner is too scared to work with AIDS [then he or she] shouldn't. . . [The bodyworker should not attempt] to be a psychotherapist unless trained to do so. The best help one can give is to listen with compassion." More commonsense — a masseur should know the limits of his or her skills.

Feedback between the masseur and the person recieving a massage is of the utmost importance. A masseur should be asking the right questions (in a nice way of course) to find out what the recipient wants and how the he or she is feeling during the massage. The recipient should be open about how the massage the massage is going as well as any skin problems.

I would welcome discussion or other comments on the points raised in this article, particularly in relation to the cautions regarding skin disease and infections as well as other issues not discussed here such as using aromatherapy with massage.

— John Verreyt,
Certificate of Massage, Victorian School of Massage. Member of the Society of Clinical Masseurs

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Treating AIDS with Chinese Medicine, *Mary Kay Ryan and Arthur Shattuck (1994), Pacific View Press. Cost: around $60. Australian distributors: China Books, Tattersalls Lane, Melbourne and the Chinaherb Co in Sydney.*

Forum to discuss a Draft Euthanasia Bill

Monday April 10 6.30pm 'til 8.30pm
Lower Ground Floor, ACON,
9 Commonwealth St, Surry Hills

A forum is being held by the ACON Euthanasia Working Group to get community input to a draft Euthanasia bill. This forum represents the first stage of the Working Group's consultative process and will influence the draft bill submitted to the ACON Committee for endorsement.

If you would like to attend the forum, or would like to have a copy of the draft bill in order to give us your written feedback, please contact David Edler on 206 2046 to arrange for a copy to be sent to you

ACON
AIDS Council of New South Wales

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- Emotional Support and Counselling, ph 516 8131
- Equipment Lending ie: wheelchairs,walking aids, spenco mattresses & other home comfort aids. ph HIV O.T. 690 1222
- Gym/Exercise & Hydrotherapy Classes, ph 516 6111 page 6861
- Injecting Drug Users Counselling, ph 660 5455
- Mental Health Counselling, ph 560 4500
- Multicultural Support & Education, ph 516 6395
- Needle & Syringe Exchange & Delivery Service, ph 516 7703
- Pain Management/Palliative Care & On Call Nursing Service, ph 516 7755
- Relaxation, Stress Management & methods for maintaining your energy levels, ph 516 6111, page 2550
- Sexual Health Advice & Screening, ph 560 3057

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

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

Gloria's Food

Eat to live

Good nutrition is vital to health and survival if you have HIV, says ***Jim Arachne.*** *Jim offers some guidelines on how to get it.*

THE IMPORTANCE OF NUTRITION FOR PLWHA goes way beyond the general principle that "people who are ill should have a good diet." Unfortunately, having HIV often results in specific, sometimes severe, nutritional difficulties. These can add to the damage caused by HIV. So, learn as much as you can about nutrition and go for as good a quality diet as you can. This means:

Protein

Meat is a very good source of protein and many other nutrients — particularly minerals such as iron and zinc which are harder to get from vegetable sources if your digestion is below par. Best is fish followed by chicken and eggs (go for free range if you can because of the heavy use of antibiotics and chemicals in battery reared hens).

Some red meat is okay — go for lean meat first and keep meats with a lot of preservatives (such as bacon, salami, ham etc.) out of the picture as much as possible.

Lots of protein can come from vegetable sources. Generally, combining grains with legumes (i.e. beans, lentils etc.) gives you more protein than eating either one on its own. Find out more in any one of the *Diet for a Small Planet* books.

Vegetables and fruit

Make vegetables a mainstay of your eating — particularly the carotene rich carrots, sweet potatoes, pumpkin (i.e. Orange coloured vegetables) and the cauliflower/broccoli/cabbage family. These support vital antioxidant activity in the body. The onion/garlic/leek group are important in this area too.

Fruits are another good source of vitamins. However, too much sugar can definitely be a problem for PLWHA. Refined, especially white sugar, is never 'necessary' in your diet — despite ads showing waving fields of natural sugar cane! Unfortunately, too much fruit can also add a lot of sugar to your diet. Limit yourself to 2-3 pieces of fruit a day — fruit is good for you! Go easy on fruit juices or dried fruit which have much more concentrated sugar.

Grains

Whole grain products have more B vitamins and minerals than white, refined grains. Expand your eating beyond basic wheat to include rice, millet, buckwheat, rye, oats or quinoa (a bit expensive).

If digestion is poor then some grains may cause problems. Wheat is usually the main difficulty, with rye and barley also problematic. Poor digestion may allow a temporary food 'allergy' to develop, resulting in diarrhoea and other problems. If you have diarrhoea that isn't responding to any treatment try cutting these grains out (plus oats and triticale) for a short trial.

Fats and oils

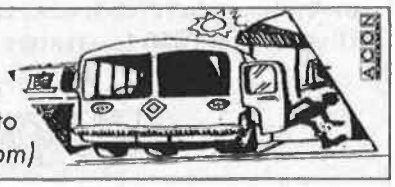
Butter and cold pressed oils are your best bet. For cooking stay with butter or, if you're stir frying, use olive oil. Avoid polyunsaturated cooking oils, including margarine, because they become rancid (break down very quickly under exposure to heat, light and air). Rancidity may not make the oil taste bad, but it increases dangerous free radicals (unstable chemicals) in your diet. Avoid take-away chips especially. Avocados, nuts you crack yourself and tahini (crushed sesame seeds) are other good sources of oils. Linseed and safflower oils (fairly expensive) are good sources of essential fatty acids but don't *cook* with them, use for salad dressings, mayonnaise etc. Store away from heat and sunlight and refrigerate after opening.

Dairy

Lactose, the sugar in milk and other milk components, can cause problems with digestion. Don't overdo dairy. Yoghurt is best because the yoghurt bacteria use up most of the lactose. Yoghurt bacte-

Tiffy's Transport 206 2040

Tiffy'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)*



ria also help restore 'good' gut bacteria. However, even yoghurt can cause problems. Try a dairy free fortnight occasionally and see if you notice any improvements. If not, dairy may not be a problem for you.

Care with raw foods

Raw vegetables are hard to digest for an under par digestive system. You'll get more nutrition from them if some of the work has already been done by steaming or stir frying. Raw sprouts are much easier to digest than vegetables and an excellent source of vitamins.

Raw foods in general can be contaminated with bacteria which can cause serious problems if your immune system or gut is not going so well. Wash raw food very well, use a separate chopping board for meat and refrigerate left overs quickly.

Improve digestive function

This area is usually ignored in all the varied diet advice PLWHA get. Unfortunately, it's sometimes the most important. It doesn't matter how good your diet is if you're not absorbing nutrients from it. *Definitely* go and see a complementary therapist about improving your digestion if you have any signs that your digestion isn't working properly, such as: heartburn; lots of abdominal 'gurgling'; lots of flatulence; diarrhoea or just loose stools; too much burping or belching. These problems can definitely be improved if you get them early enough.

Vitamin and mineral supplements

There's a lot to learn about these! A basic multi-vitamin and mineral tablet (try and get one with manganese) is a good start. Supplements can be vital if you can't absorb nutrients from food. However, make them a *supplement* to your diet, never a *substitute* to compensate for poor eating.

Jim Arachne has been working with HIV/AIDS for twelve years and is Australia's leading complementary therapies educator.

Recipes

Chicken fajitas
(serves 3 - 4)

500g boneless, skinless chicken breasts
1/2 cup lime juice
2 cloves garlic, minced
salt and freshly ground black pepper
1 medium onion, cut into rings
1 green pepper (capsicum), cored and cut into strips
6 flour tortillas

Place chicken in baking dish. Pour lime juice and garlic over fillets, season with salt and pepper and refrigerate, covered, for several hours.

Grill chicken until done, then cut into strips. In a medium size glass bowl, combine onion and capsicum. Cover with plastic wrap and microwave for 4 - 5 minutes, stirring once. Remove and drain.

Cover tortillas with foil and warm them in the oven for 10 minutes at 350 degrees or in the microwave for 20 - 30 seconds. Place chicken on top of tortilla, top with capsicum and onion (and salsa or low fat sour cream, if desired). Roll up and serve.

From: Surviving With AIDS, *by Dr. C. Wayne Callaway*

Hummus
(2 cups)

2 cups cooked chick peas, drained, with liquid reserved
juice of 1 lemon
2 cloves of garlic
1 Tbsp tahini
1/4 cup parsley

Mix all ingredients in a food processor or blender until smooth. If mixture is too thick, add water or cooking liquid to desired consistency. Refrigerate.

From: Surviving With AIDS, *by Dr. C. Wayne Callaway*

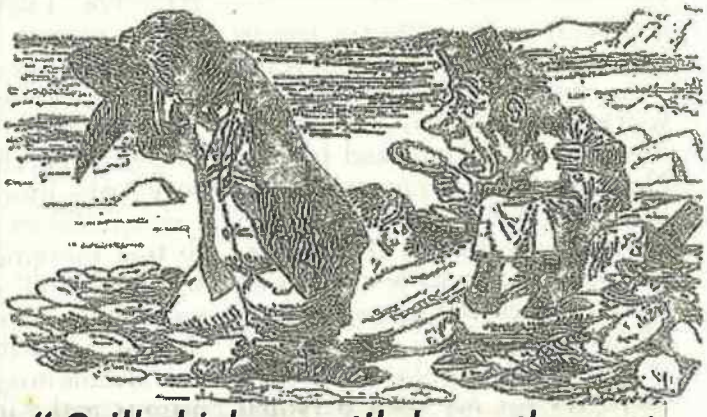
Minted split pea soup
(serves 6)

1 cup green split peas
1 large onion, chopped
5 cups chicken stock
3 cups frozen minted peas
1/2 cup skim milk powder

Bring split peas and onion to the boil in the stock. Simmer for 45 minutes or until peas are tender. Add frozen peas and bring back to the boil. Puree the mixture, add milk powder and blend thoroughly. Reheat to serve.

Serve with a swirl of yoghurt if desired.

From: The Weight Gain Cookbook



"Grill chicken until done, then cut into strips ..."

Winter beef casserole
(serves 4)

1 cup uncooked rice
2 onions, finely chopped
1 cup corn
375g minced steak
2 cups tomato soup or juice
1 cup stock or water
4 rashers of bacon, chopped
salt and pepper

Starting with rice, place ingredients into a casserole dish in layers. Season with salt and pepper. Mix soup with stock or water. Pour over casserole. Cover and bake in moderate oven for 1&¼ hours. Serve with fresh bread.

From: The Weight Gain Cookbook

Maximise the joy

In his search for a way out of powerlessness and hurt in the deeper level of the spirit, ***Philip Oldfield*** *discovered Gestalt therapy. He found it so effective that he trained to become a Gestalt therapist. Here Philip shares some of the insights he's gained from Gestalt.*

AS A POLITICALLY ACTIVE GAY MAN IN Sydney for over 20 years, I have my own insights and experiences as well as the shared joys, sorrows and discoveries of clients and friends. Now that more of my friends and lovers are under the ground than above, my world has changed utterly from the days when the worst that happened was having to fight off or outrun bashers, or being spat at on a demo. I explored different therapies for my own personal growth, went to gay conferences, joined the liberation choir, Gaywaves, Act-Up (twice) etc, etc. It was only when the first young death occurred in my own circle, so close to my heart, that therapy became inportant for me. The best I found on my search was Gestalt and the related form psychodrama.

I'll attempt to put this mode of psychotherapy into context and go on to indicate how it can be and has been useful to people affected by and living with HIV/AIDS.

Gestalt therapy involves the full meeting of client and therapist in a non judgemental framework. The aim is not to slot the client into a category with a label, but to stay with the client's process and look at what the advantages and disadvantages of that process are in the moment. By providing experiences of how they might do things differently, it is possible to enhance the individual's awareness and therefore, give them choice.

Fritz Perls who devised this approach (along with Laura Perls) in the 50's and 60's had originally trained as a Freudian psychoanalyst. Gestalt is consequently strongly based on Freudian discoveries but is not depersonalised or patriarchal. Fritz was influenced by Moreno's development of psychodrama in Vienna in the 1920's. Moreno discovered the only way to get rid of unwanted feelings such as anger or sadness is to express them. Suppression or repression will not be permanently effective. They will re-emerge sooner or later.

Laura Perls brought her insights into how we most effectively learn. She contributed all the discoveries of Gestalt psychology and the nature of human perception. Existentialist writers and their quest to find meaning in life, and deal with the "void" are part of this dynamic mix, as is Martin Buber's 'I-thou' approach to relating. His are valuable insights into what conditions make it safe to feel and express. This is an essential element for both group and one to one work to go deeper and be the basis for real change.

> ***"Perhaps the most remarkable and yet obvious message from gestalt is this: if you see events in your life clearly, then your living goes well, without confusion and unnecessary misery. Sometimes life is difficult and painful and sometimes life is joyful and full. With awareness you can minimise the pain and maximise the joys and satisfaction."***
>
> **— John O'Stevens and Barry Stevens (*Gestalt Is*, 1975)**

Some studies have explored the benefits of problem solving and personal empowerment using Gestalt. Yaro Starak, a colleague and lecturer at Queensland University, conducted a four day Gestalt workshop in the UK in 1991, working with a group of men who were living with HIV/AIDS. The participants assessed the benefits to themselves at the conclusion of the workshop and using a range of criteria reported feeling less stressed, more confident, greater self esteem etc. They also gained some coping awareness skills they could take away and apply for themselves. (Please contact me if you would like to see this substantial report).

Another study I'm aware of, which was reported on in the Radio National Science Show, used three groups of people, all of whom perceived themselves to be depressed. (This was not an HIV/AIDS study but the results stand on their own) One group was on antidepressants; another group explored their issues using Gestalt and the third group worked with primal therapy. At the conclusion of the study, each group recorded a substantial change on the whole and a general relief from the worst symptoms. This improvement was also reflected in the blood chemistry of the different groups as they were all monitored during the several months of the study. The follow up interviews showed a sustained improvement in all groups (those on antidepressants remaining on medication). Those who had worked through their issues in groups (primal and Gestalt) reported being more in control of their lives and having tools available to circumvent going into a depressed state.

Gestalt is based on awareness, exploration, getting in touch with and being with feelings, exploring avoidances and utilising rightbrain functioning. It would not be appropriate for someone who is chemically depressed nor for someone looking for a rigid set of rules to follow.

Over the years my work has encompassed individual sessions, couples, group workshops and teaching and Supervision of other therapists. Increasingly, I have been

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Philip Oldfield has a practice in Haymarket, Sydney, and also trains therapists.

running more groups.

I have found Christine Downing's work both revealing and moving. In *Myths and Mysteries of Same Sex Love* (1989) she states: "Because it is a communal and not only an individual disease, the denial that so typically and naturally characterises the initial response to a terminal illness has had disastrous consequences in delaying the adoption of measures that can serve to slow its spread." She is referring to the early days of the emergence of the HIV crisis, but the kernel of what she has to say holds true still. There has certainly been denial of the true nature of this virus on the part of the wider community with a wide range of homophobic or demeaning responses trotted out when there has been a response at all. This is the broader history we all know and it remains a real impediment in this ongoing fight. This is a hostile greater environment against which individual grieving takes place.

On a personal level for all those who are struggling with HIV/AIDS and its real consequences, denial and fear are very natural and to a degree, important self protective devices.

My work with HIV Positive clients has shown me the importance of respecting and working with this denial and the forms it takes rather than suggesting it should just disappear. To begin to emerge from denial and to start to respond more fully requires an environment of support and care, no judgement or blame, and a right to move at your own pace.

For some, these conditions are available through friends and support agencies. This support is invaluable in breaking down isolation. Various clients I have worked with have found therapy their chosen safe environment to explore and discover what is really going on. Skilful intervention and therapy which is more than empathy and kindness can be needed to get beyond feeling 'stuck'. As is to be expected in taking the courageous move to begin therapy, clients often arrive in crisis having 'lost it' or nearly 'lost it' (at work or in love)or just getting lost in the struggle. Typically they have thought themselves into a standstill looking for a solution or decision and life is starting to fall apart.

Peter (name changed, of course) was getting too anxious and angry in his job and we started working together. Over time, with some tears, some wonderment and some laughter he was feeling stronger through engaging in his own self discovery process. He had gotten some anger 'out', was less frequently stressed, was sexually not so out of control and successfully arranged to deliver the double whammy to his parents: "I'm gay and I'm HIV positive". This is what he had wanted to do, but he had been holding back and cutting them out of his life. He was so clear and strong they are now working through this together and supporting each other.

It's not always this straightforward or clear. The most important issue for Peter was not to get stuck in defeat or waiting. Others have explored their issues and finding that time is so precious and bullshit so unsatisfying, they have stopped waiting for a parent or parents to be there for them, or a particular person, and are more available to embrace what *is* available to them. They have acquired tools to make a difference in their own lives and in the lives of those they love.

I have been witness to great courage and real pain and have been inspired to move beyond my own fears and distress. My reading and personal exploration is leading me to develop new ways of dealing with multiple grief, overwhelm, shutdown or burnout.

Having run traditional grieving workshops using Gestalt and borrowing from Kubler-Ross I am now incorporating into workshops and sessions rituals, myth and rites of passage specific to both the HIV Positive and the Lesbian and Gay community. Anger and sadness fully expressed are also part of this healing, responding process.

Jorge Rosner, one of my teachers used to say: "For something to be born, something must die." I have seen old pain and sadness, also anger, joy and sexuality each emerging clearly as part of the fullness of the individual. Each comes fully into the present and passes away in its turn to allow the next response to fully arrive. I have been witness to the death of old fears and the birth of new excitement. Stored anger and sadness have been expressed and directed outwards and not trapped inside.

Each deeper authentic response or small insight comes into clear focus and finds its place in the individual's whole being. The cumulative effect is increased self worth, less stress and a greater capacity to respond in your own life.

(Continued from page 19)

Armed with information about the therapy of your choice, write down a list of questions. You are now ready to audition some complementary therapists. Good luck and good health.

Steve Gallagher is the HIV Health Promotion officer at ACON, his phone number is 206 2011.

Source: Directory of Complementary and Alternative Therapies in HIV/AIDS, *Nam publications, 1994.*

Do you live in the ILLAWARRA or SHOALHAVEN?

Are you HIV POSITIVE or do you care for someone who is?

DO YOU HAVE SOMETHING TO SAY ABOUT LOCAL SERVICES AND SUPPORT YOU NEED?

I am doing a needs assessment for ACON and the Illawarra Area Health Service

I don't need your name, just your opinion

Please ring Andree on 1800 650 474 freecall

The HEAL Trust

Questioning the AIDS equation

"The real answer is felt within, not heard without. It lies in the open question . . . Live with your real question. Don't go away from it. In your opening to it, it unfolds to you. In your being open, you come to the living answer."
— Jean Klein

THERE'S ONLY ONE WAY TO START THIS essay: with a question. So now I pose one to you, dear reader, as an experiment: why do you think questioning is one of the most powerful things you can do in life?

Before you answer, sit with the question for a while. Don't leap to any conclusions or rush to offer a judgement or opinion. See what happens. Feel what starts churning around inside you. First, sense the openness. The mind opens to meet the question. You can feel a certain quickening of the pulse as inner resources mobilise to rise to the occasion. Something is waking up inside you, demonstrating a power in the very act of asking. Energy is unleashed. The question kicks off a process and the answer comes, attached to the question.

Questioning brings you to yourself.

Asking questions is how you get to know yourself. It's the vehicle of self connection. When all is said and done, it is the clarity of our own voice we are seeking. Questioning brings you to a first hand experience of yourself, a rare occurrence given that we live mostly second-hand lives, feeding off what others have told us is true. The answers you get from yourself are the only ones that mean anything. They provide the ground you're looking for in life.

Questioning is revolutionary.

Questions are threatening. They shatter images: of self, of others, and of life. A question always pierces the patina of appearance to reveal how fragile our images are. We are fully invested in them and so our safety and security is wrapped up in maintaining appearances. A question easily disrupts the status quo. Asking a question is pretty radical, particularly if it's a pointed one.

Questioning challenges authority.

Authority is power. But it's not just the outer exercise of power that's important here; it's the inner voice of authority we all carry around with us (the world on our backs inside us) that is threatened by the questions we ask of ourselves. All authority demands obedience; questioning challenges the baselines of authority. Authoritative systems rely on us not asking questions for their sustenance and can only maintain themselves when we forfeit that power.

Questioning is healthy.

There's a validity in questioning, an undeniable aliveness which acts as a direct pipeline to self-rejuvenating energies. Questioning gives you an active stance. This is particularly important to AIDS because AIDS orthodoxy fosters and thrives on passivity; it demands an unquestioning acceptance of its basic assumptions. Challenging them can bring you to a greater understanding of the beliefs that shape your perception of AIDS; and deepening that inquiry can bring you to an understanding of the assumptions that form your perceptions of all illness.

It was this very questioning that brought me to work with the HEAL Trust, (Health Education AIDS Liaison) in London recently, and leads me to establish HEAL in Sydney. As a gay man with a diagnosis, I have found that through questioning, and a deconstruction of the conventional wisdom around AIDS research and treatment, that the truth and particularities of my own path became evident, revealing my own strengths and inner wisdom, that is often somehow undermined by the omnipotence of orthodox medicine. The HEAL Trust is an alliance of researchers, health care professionals, and people living with HIV or AIDS, who believe that the basic orthodox AIDS paradigm is lacking in scientific credibility and that the HIV = AIDS = DEATH equation is flawed both in terms of epidemiology and molecular biology.

We are an organisation that questions the validity of researching HIV from the underlying premise that it is the sole, sufficient and necessary cause of AIDS; the relevance of testing positive for HIV antibodies, to developing AIDS, and the use of orthodox western medical treatments and all counselling protocols that presuppose the HIV = AIDS model.

We work within a unique multifactorial perspective on AIDS, and are committed to the use of nutritional, holistic and nontoxic therapy as first-line treatments for AIDS defining illnesses. Central to our approach is the belief that people with HIV or AIDS need to empower themselves with all available information in order to enable informed choices about their health care management to be made.

— Stuart Bennett, (with Jerry Terranova)

For more information about HEAL Sydney contact Stuart Bennett. 12 / 3 Holdsworth Avenue, Elizabeth Bay 2011 Sydney. Ph: 357 2095 FAX: 361 0605.

HIV /nformation & Support BBS
(02) 818 2876
24 hours. Speeds up to 14.4k. Member of HIVNet, AEGIS, Aussie Gay Net. *Talkabout* supporter

SERVICE UPDATE

IThe SanctuaryI

Glebe Neighbourhood Centre 160 St. Johns Road, Glebe

THE SANCTUARY IS A COMMUNITY development program established by the HIV Healthy Living Project as a result of the project's assessment of healthy living services in the inner west region. The Sanctuary is funded through the Central Sydney Area Health Service AIDS Program.

The Sanctuary, which opened on January 17, offers a unique concept in healing that is currently not available to PLWHA. It is a place where people can explore different types of healing therapies that are complementary to their existing medical treatments. It is a free service for anyone living with or affected by HIV/AIDS.

Relaxation is a major focus of the therapies on offer at the centre. Sometimes it's very difficult to find time to just relax or learn new skills in how to take time out. The Sanctuary aims to help people explore the various options in an environment that is friendly and supportive. Through nurturing the body and mind these therapies can aid in creating a more centred sense of well being.

The program, offered on Tuesday and Friday afternoons from 1- 5 pm, includes the following therapies:

Remedial Massage (40 min. sessions). Remedial Massage involves varying degrees of body massage from simple effleurage to deep tissue work. It can help improve circulation and decrease muscle tension which allows one to feel less stressed and more relaxed. Offered by qualifed therapists. A physiotherapist is also available.

Shiatsu (1½hr sessions). Shiatsu is a traditional Japanese finger pressure massage therapy, similiar to acupressure, in which the thumbs and palms of the hand are used to apply pressure to certain points to improve the flow of vital life force energy or qi (chi) in the body. Unlike massage, the client is fully clothed. Shiatsu can be quite detoxifying to the body and is not recommended for very ill people.

Hatha Yoga and Tai Chi (1-1 ½ hr classes each). Hatha Yoga, is devoted to the thorough care of the human body and all its functions. This dass is facilitated by a qualified Yoga teacher and it invoves a combination of techniques including very gentle body posture excercises, controlled breathing and meditation.

TaiChi is the art of natural breathing and co-ordinated movement with relaxed posture. As a basic exercise it can be used for stress control and relaxation on a daily basis.

Acupuncture (45 min sessions). Acupuncture is used to correct energy imbalances in the body by using needles on specific acupuncture points, which are located along 12 meridians which literally run all over the body from head to toe. Acupuncture is recommended for clients with uncontrolled symptoms such as pain.

Meditation (1&1/2 hr session). The meditation class will be organised, as clients express a need for it.

Progressive Muscular Relaxation (1 hr class). This is a deep muscle relaxation technique based on the principle that muscle tension (chronic and acute) can be a result of anxiety provoking thoughts and events. This technique reduces physical muscle tension and allows people to experience conscious relaxation of major muscle groups.

Reiki (1½ sessions). Reiki is a powerful system of healing that utilises specific techniques for restoring and balancing the natural life force energy within the body. It is a holistic, natural, hands-on energy healing system that touches individuals on all levels: body, mind and Spirit.

Bookings are essential for the following therapies: Remedial Massage, Shiatsu, Acupuncture and Reiki. Please phone Lindy on 516 7830. It is important that people try to keep to their appointment times, as this will be a limited service and others may miss out.

Tiffy's Transport can provide transport to The Sanctuary. Please phone Monica at Tiffy's on 206 2040. Otherwise catch the 470 Lilyfield bus from Central (bus stops outside the neighbourhood centre) or 431, 432, or 434 buses from Central (a five minute walk from the corner of Glebe Point Rd and St. Johns Rd).

As a community development program this service will always appreciate any assistance that can be afforded by volunteers.

The philosophy of The Sanctuary is one that caters to the needs of the client. It is understood that clients have changing needs and that these needs should be respected and nurtured.

If you would like further information, please do not hesitate to call David on 560 3057 or Thomas on on 690 1222. We look forward to seeing you there!

— David Murray
HIV Healthy Living Officer

Clientcomments:

"Fabulous . . . We need you. Especially us women"

"Thank goodness for the Sanctuary"

"As a busy little carer I find it lovely to have someone care for me"

"It is essential for HIV+ people to have such a place and especially such services, available to them"

"The massage was a godsend"

Laugh, you bitch

... sez Collen Spew-Art

IT'S A BIT LIKE PUTTING ON MAKE-UP (now don't try to tell me you've never done *that*, you couldn't fib your way out of an Abba night at the Flinders).

Putting on your smile.

Take it from me — I never leave the house without one. Nobody has any idea that the tinea between my toes is driving me mental. No one has a clue about my sore gums or conjunctivitis. As for the fact that my bowel movements have felt like custard for the last few years — you'd never know.

It's the old 'teeth and tits' routine. Cliché I know, but believe me it works! True story.

Nobody likes a grump. Not even yourself. But flash those pearlies in your boudoir mirror the next time you're getting ready for a hot date with your enterologist and watch for the difference in how you feel.

Even on the bus, as you make your merry way to the day centre. Don't sit there with lips of string. *So what* if all the other passengers appear to be staring at you as if they've each been handed a photocopy of your medical file? That 'cheesy' that you choose to chuck them will convince everyone (yourself included) that the fabulous things in life are what really count at the end of the day.

What fabulous things? Well, you have to pick your own. New Age guru, and author of *You Can Heal Your Life*, Louise Hay believes in the power of creative visualisation, and in her books offers a mini-encyclopedia of positive affirmations. Louise says she thinks of yellow roses when she feels a pout on her bouche. Maria von Trapp's favourite things were raindrops on roses, whiskers on kittens and warm woollen mittens. Personally I'm a sucker for Calvin Klein underwear, *Absolutely Fabulous* videos and Elizabeth Arden's eye contour gel. Alright, so you can't see the telly through those cataracts, your buns are too thin for Y-fronts and your pension doesn't allow for eternal youth. Well, the sun always rises in the morning (as I wend my way home for strawberries, Bolly and AZT) and sets (just as I'm opening my blinkers — sunset sex is the best). That's something you can always count on. It's cost free and turns you into a bronzed Adonis straight out of *Satyricon*. Well, I can dream can't I? What? You burn? OK then Vampira, climb back into that lámé lined coffin until its time for *Models Inc* at the Beresford (someone will either fancy you or take pity on you, and buy you a middy — but don't turn up minus that irresistible smile-on-your-dial.

> ***"Laughter can trigger the release of certain endorphins, which are known to be beneficial to our health and sense of well being"***

A smile opens all kinds of doors, whether they be the doors to people's hearts or the doors to the Courthouse Hotel at 6am. What was that? Your wrinkles show when you smile? Refer back to Elizabeth Arden's eye contour gel. If you're broke, learn from the cast of *Models Inc*, they're professionally trained in the art of wrinkle-less smiling.

Laughter can trigger the release of certain endorphins which are known to be beneficial to our health and sense of well being. So come on, wipe away that dull scowl and think of something that'll have you in stitches. No, not a face lift, a *thought* — honestly.

I don't care what you say, there's no excuse. It's your choice, go grey with worry, cry and look messy (it'll cost you a fortune on waterproof mascara and hair dye), or look on the bright side, smile and decide to enjoy something about the present moment. In his internationally acclaimed best-seller *Your Erroneous Zones*, Dr. Wayne Dyer points out that to dwell upon thoughts and emotions inapplicable to the present (i.e. worry about the future, or guilt about some past occurrence) is a futile pastime. To conclude this, Dr.

Outlets

Here's where you can pick us up!

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
Albury Hotel
Bourke St Drug & Alcohol Centre
Serafims
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
Bondi Junction
NUAA
Grosvenor Clinic
Camperdown/Annandale
Royal Prince Alfred Hospital
Wildcatz
Glebe
Gleebooks
Sydney Home Nursing Service
Kogarah
St George Hospital
Little Bay
Prince Henry Hospital
Kensington
KKK
Leichardt
Women's Health Centre
Lilyfield/Rozelle
Rozelle Neighbourhood Centre
Feminist Bookshop
Liverpool
Women's Health Centre
Newtown/Erskineville
Imperial Hotel
Newtown Hotel
The Bookshop
King St Chemist
Toolshed
Dr Greg Batty
Wildcatz
Newtown Neighbourhood Centre
Parramatta
ACON
Western Sydney AIDS Unit
Sexual Health Clinic
Petersham
The Gender Centre
St Leonards
Royal North Shore Hospital
Westmead
Westmead Hospital
Wooloomooloo/Kings Cross
PLWHA Day Centre
Wildcatz
Kirketon Road Centre
D4
Kings Cross Street Voice
Coffs Harbour
ACON
Cootamundra
Cootamundra Hospital
Gosford
Central Coast Area Health Service
Positive Support Network
Katoomba
Blue Mountains PLWHA Centre
Lismore
ACON
Mullumbimby
AIDS Resource Centre
Newcastle
ACON
Orange
Community Health Centre
Tamworth
Bligh St Clinic
Wollongong
ACON
Yass
Community Health Centre

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

Dyer provides an exercise that can be practised on a daily basis.

Incorporate a 'worry/guilt hour' at a pre-selected time, say 9 pm each evening. When negative, 'out of the present moment' thoughts drift into your consciousness throughout your day, simply put them on hold until your chosen worrying hour. When 9 pm arrives, and you finally take a sigh of relief as you sit down ready to feel guilty and worried, you'll realise just how pointless and useless this choice of mental exercise is. Like, "am I a drama queen, or *what?*". Having tried it I can confirm just how true this is.

Of course, the author emphasises the importance of conscious acceptance and confrontation of any significantly relevant personal trauma or dilemma, and acknowledges that you would be well advised to first deal with your burden (i.e. seek professional help and support from an appropriately skilled counsellor or psychologist) in order to 'let go' accordingly and move on with your life with a positive frame of mind. You can find Dr. Dyer's book in most local libraries.

I can also recommend Dr. Micheal Harrison's spin-out revelation, *Love Your Disease, It's Keeping You Healthy*, which demonstrates clearly and effectively just how and why so many of us have become virtually dependent on becoming unwell at certain times.

For more enlightening tips on how to keep your gnashers bared, read my forthcoming series of articles: *Just Like Princess Di; Joan Collins' Bathroom; Touchy, Touchy; Worry Yourself Stupid; Doctor Feelbad; Those Bette Davis Lips;* and more.

Now darlings, I want *teeth, teeth, teeth.* Alright then, dentures — and don't forget the 'good things' they say about gummy people. "They sure know how to make a girl smile"

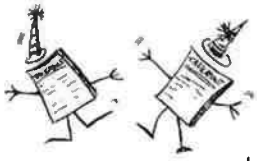
— Collen Spew-Art
(a.k.a. Colin Burrough)

PS. Can someone buzz for the nurse to change my colostomy bag? And for christ's sake, fetch me another morphine! No, not that nurse. The cute one with the smile on his face. Ta.

Talkabout

WHERE WE SPEAK FOR OURSELVES

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



Phillip McGrath

PLWH/A (NSW) Inc. 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.

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

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Thank you!

HIV living

Are you HIV positive and living in rural NSW?

Getting hold of relevant information about a whole range of topics can be difficult, and with information changing so frequently it can all be quite confusing.

Would you like to know more about the latest treatment options and drug trials (and where to get them in rural NSW), as well as pension entitlements, housing, lifestyle factors and progression to AIDS, Complementary therapies, legal rights etc? Well now you can.

The ACON HIV Living project will be running a series of confidential four day workshops covering these topics and many more.

Where? These workshops will be held in private and secluded locations in the Riverina, Far West, Northern Rivers, Hunter and Illawarra regions of NSW.

HIV Information Forums give you the opportunity not only to hear about the latest information in a completely private and confidential setting but also the chance to meet other positive people.

These workshops are free and include all meals and accomodation (if required).
HIV Information Forums are organised by HIV positive people for HIV positive people.

To find out more phone Stephen Gallagher on (02) 206-2011 or 1-800-063-060 any Monday, Wednesday or Friday between 10am and 6pm.

ACON

AIDS Council of New South Wales Inc.