

No. 54 May 1995

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



# PLWH/A News



ALL THAT "LIFTING BOXES" AT MARDI Gras has kept PLWH/A Convenor Steven Ford on his back and although he is fully recovered, other meetings this month have clashed with ours so I have been at the helm.

At its planning day in March the committee allocated a 'portfolio' to each of its members. Weekly meetings will enable us to finalise these portfolios. We hope volunteers will be involved in this.

So far we have titles for portfolios that cover responsibilities such as Legal issues, Care (both hospital and home), Media, Housing, Education and Information, Treatments, Administration, Events and Fundraising. We are particularly looking for someone au fait with the media, interested in taking on media co-ordination and possibly working with the Positive Speakers Bureau, who is willing to become a committee member.

The committee members assigned to each portfolio will be linking into existing networks and setting up working groups to focus on these particular issues to ensure that our needs in all these areas are being met. We will also work with existing lobby groups such as the Euthanasia Working Party, which, at present, is drafting a bill on euthanasia, with the expectation of tabling it in Parliament.

In the Housing portfolio we have been working with ACON and the Department of Housing to improve areas such as the Subsidised Rental Scheme, supported housing and transfers. We are also trying to improve and standardise the methods used by the Department to better serve the needs of PLWHA.

We have been working with BGF to ensure their housing initiative properly caters for PLWHA. In

conjunction with the Association to Resource Co-operative Housing (ARCH) we are still welcoming people interested in joining a group of empowered PLWHA to design and build (or convert) property (or properties) which best suit the needs of PLWHA and for which government funding is earmarked.

These are a few examples of the ways in which the committee is working to help all PLWHA. As we are an under-funded organisation relying on volunteers we look forward to your continuing participation. It is great to see the committee settled in and fulfilling the work set out at our planning day.

Issue based groups of PLWHA, such as IDU, youth, women or people of non English speaking background will have no portfolios as we know that the needs of these groups of marginalised people must be met right across the board and we will endeavour to never lose sight of that fact. In order to ensure that we overlook no one we are planning to hold forums throughout the year for IDU, youth, women and other interested groups.

The previous issue of *Talkabout* has had lots of good feedback and interest. Since mid January Jill and Paul have been job sharing a 42 hour week, but the cross over money has run out so from May 11 this will go back to 35 with Jill settled back into work as *Talkabout* Co-ordinator on a permanent part time basis at 21 hours. The remaining 14 hours will be advertised as a new position in the near future. The committee has pledged to lobby over the next six months for funding to extend the hours and so maintain the high quality and standard of the magazine.

*Talkabout* deserves it; each issue

is packed with interesting information and has become an internationally read magazine that is also available globally on the Internet.

David Wallace has been appointed as the co-ordinator of the Positive Speaker's Bureau. He arrives with great credentials. After we welcome him on May 1 he will organise future training for new speakers. I am sure he will execute current plans and help develop a great team of 'out' Positive speakers. Those PLWHAs interested in learning to speak to various groups of your experience with HIV and your dealings with life itself, please ring David.

— Vivienne Munro  
PLWH/A Deputy Convenor



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AIDS (NSW) Inc.

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## This month's cover

*By Robert Harris, multiplied by Paul Canning.* May is Candlelight month and as this *Talkabout* has no particular theme, we thought it appropriate to highlight an event that holds great significance for many of us. Paul van Reyk explores the meanings of Candlelight on page 10

## 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.

**Deadline for the next issue: May 17**

If your venue/organisation is interested in distributing *Talkabout*, contact the editorial coordinator.

Call the editorial coordinators on 361 6750 for the date and time of the next Newsletter Working Group meeting.

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## Briefs



● Led by the religious community, most sections of Persian Gulf society have turned against PLWHA. As a result of being shunned from normal life and discouraged from seeking help, most cases go unreported as people go abroad for tests and treatment. The attitude of Islamic leaders is summed up by Abdoo Hasan Habib, a Dubai Mufti (government religious advisor); "those who are infected (excepting those who acquired it through no fault of their own) are at war with God and the Prophet and are being punished for their sins. They should be avoided at all costs." The police chief of Dubai is urging regional governments to blacklist deportees with HIV/AIDS. Foreign workers, who make up ¼ of the population, are required to take a HIV test before obtaining residency permits. (*IAPAC Journal*)

● Evidence is emerging that HIV has been used as a weapon of war in Rwanda. The country's new Minister of Health, Dr. Joseph Kaeemera, says that when women were captured they were deliberately taken to Positive soldiers to be raped. In addition many women were kept as concubines — in exchange for their lives. Although the health situation in the refugee camps is described as 'stabilised', moves towards 're-populate and revenge' have led to rape and forced marriages. (*WorldAIDS*)

● The United Nations' new HIV/AIDS 'Superagency' will refocus the international community towards Africa, according to its director Dr. Peter Piot. He says that Asian countries have "a stronger capacity to respond." However many, including former WHO chief Jonathan Mann, say the agency, which starts next year, is disorganised and lacks plans. (*WorldAIDS*)

● In many Pacific island nations conservative Christian churches are reluctant to take HIV/AIDS seriously despite evidence that cases are mounting. The Fiji Government says they've only got 22 HIV cases but AIDS workers believe it's at least 560 in a population of under 800,000. Fiji's Methodist church believes that condoms encourage promiscuity. However at a conference last year they signalled that they would allow at least condom information to be circulated — a decision hailed as significant. Sex remains taboo with Western-style messages proving culturally inappropriate. "Men fuck each other but it's not considered gay," says Vivienne Munro, who visited Fiji in 1994. (*ACCESS*)

● Fortunately for Matt Fielding (Doug Savant), *Melrose Place's* gay social worker, this season has seen the return of love interest Jeffrey, the HIV Positive military dropout portrayed with earnest intensity by Jason Berghe — with a cross-cropped hairdo that throws Matt's Rita Hayworth flip into high relief. But: "The sex is implied", says Berghe. "I don't write the show. I get the script and I just follow the yellow brick road." (*Out*)

## Green fingers

THE SYDNEY PARK AIDS TREE Planting Project has been given tentative dates by South Sydney City Council for three memorial AIDS Grove plantings in 1995.

The first is tentatively set for Sunday, June 25 during Local Government Week which corresponds with the lesbian, gay and tranny commemoration of *Stonewall '69* and the anniversary of the first Sydney Gay Mardi Gras Parade, June 2 1978.

The second planting is tentatively Saturday, September 2 which corresponds with the Lesbian and Gay National Conferences in the '70s and '80s.

The third planting for 1995 is expected to take place on Sunday, November 12, just a few weeks prior to World AIDS Day. South Sydney City Council has generously provided the space and young trees from its park nursery as a memorial grove to those who have died from the effects of HIV/AIDS.

Sydney Park is just across the Prince's Highway from St. Peters Railway Station.

For further information on the project, kindly 'phone Mannie De Saxe or leave a message on 718 1452.

— Kendall Lovett

## Info first

THE LARGEST SURVEY OF MALE-TO-male sexual activity in developing countries has been launched by the London-based Panos Institute. The non-governmental AIDS group, which focuses on the Third World, aims to produce a comprehensive snapshot guide on safer sex practises across 135 countries.

The survey, funded by the Norwegian Red Cross, will involve over 1,000 organisations and individuals. Virtually no research has been done into the role of male-to-male sex in developing nations, among the areas to be focused on are prisons and sex tourism. Anyone wanting to assist with the survey can contact organisers Neil McKenna and Linda Semple at the Panos Institute, 9 White Lion St, London N1 9PD, United Kingdom or phone +0011-0171-278-1111. (*Gay Times*)

## Healing hands

HANDS-ON VOLUNTEER MASSAGE Inc. is conducting a series of Reiki Workshops in which active carers of and people living with HIV or AIDS are invited to participate at a special cost. The two day Reiki 1 Workshop is \$45 for carers and PLWHA who are employed and the cost for unemployed people is \$10. The Reiki 2 Workshop is \$100 for those employed and \$25 for unemployed.

The fully certified courses are held over a weekend from 9.30 am. to 4 pm. Karyna/Susie Nelson-Smith, who will be running the workshops, conducts the Reiki attunements or initiations in her crystal healing room and students practice the Usui method of natural soft healing and the hands-on healing of others throughout the two days. Each participant receives a resource manual and Reiki certificate.

The outcomes of a Reiki healing are determined by the healee. Each person draws in the right amount of life force that he or she is able to accept at the time. Reiki energy has been explained in this way: Here is the great space which surrounds us — the Universe. There is endless and enormous energy. It is universal. It is a limitless force. It is an ethereal source, a wave length of great power which can revitalize and restore harmony.

What makes Reiki different from other healing methods is the attunement (or Initiation) process which the student experiences in the various levels of Reiki. Anyone can lay their hands on another person and help accelerate the healing process by transferring magnetic energy. A person who has been through the process of Reiki attunements however, has experienced a very ancient technology for fine tuning the physical and etheric bodies to a higher vibratory level.

In essence Reiki is about becoming empowered on an individual level and assisting other people to become empowered. The next Reiki 1 workshop is being held on Saturday 15 and Sunday 16 July. The next Reiki 2 workshop for those who have completed Reiki 1 and feel

ready to take the next step is on Saturday 10 and Sunday 11 June. Future courses will be timetabled in the near future. If you would like to register your interest and your name please ring Hands-on Volunteer Massage on 660 6392 (or 555 6118 after May 11) or call the Karyna Healing Studio on 922 3947.

— Suzie Nelson-Smith

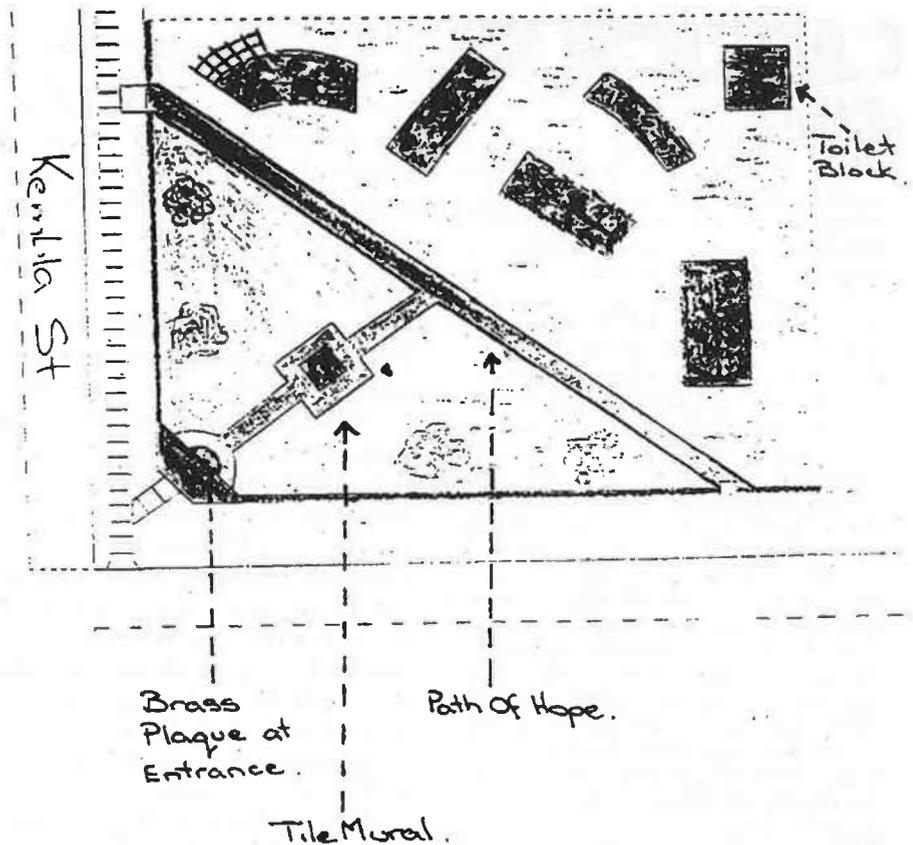
## No bludgeoning

ACON WILL ADOPT A 'SOFTY-SOFTLY' approach over its Euthanasia Bill, according to the Euthanasia Working Group's David Edler, planning six months to get "the mood of the community on side". Aware of possible hysterical opposition to the bill, whose first draft is based on the NT model, he's calling for those with experience, such as partners and friends, to join the battle and come forward — particularly for media interviews. Edler expects it to go to a conscience vote in parliament but ACON will "approach the Attorney-General first". They'll also be actively seeking allies such as the Cancer Council, who sent a rep to a recent ACON public meeting. Copies of the bill are available from Edler. Phone 206 2000.

## Weak & cruel

THE EMPLOYERS FEDERATION OF NSW should provide leadership to its members and society by withdrawing its opposition to same sex leave, put forward to the Industrial Commission in April by the Government and Unions. So says ACON, a member of the Federation, through Executive Director Don Baxter. "Their position is both weak and cruel" denying benefits to people in desperate personal situations, he says.

In a case reviewing family leave entitlements currently before the commission, the new State government, supported by the Labor Council, proposed that benefits be extended beyond traditional families to both same-sex couples and other people in close relationships. The submission was hailed as "extremely significant" by most gay & lesbian activists.



This is the first sketch for The Path of Hope a new joint project by ACON Illawarra and the Illawarra community. It will be located in Pioneer Park, right in the heart of the city of Wollongong, and funded through sponsorship including, says local PLWHA activist Mark Douglas, BHP (who paid for the uniforms for ACON Illawarra's Mardi Gras entry). The project has already attracted the support of the Mayor and local business. Douglas says that local PLWHA social/support group 'The Club' is taking off and is mixed, with both gay and straight members. He sees their success as part of a "new togetherness in the gay community." But everything in the garden isn't rosy, he points to harassment by local police of attendees at Port Kembla needle exchange, ignorance of HIV and high turnover by local doctors (including one he visited who refused him steroids saying "I don't approve of them") as examples of widespread discrimination that needs to be fought.

## Treatment bites

- Demand for 3TC has been so great that Glaxo, its manufacturer, say they've been forced to rationing. But ACON disagrees — they point to the bigger profits to be made if the drug is hoarded in advance of its full US approval.
- ACON Illawarra is supporting a trial of DNCB, a alternative therapy featured on the cover of the April edition of *With Complements*. The therapy has excited many local activists. This trial follows several conducted by ACT-UP branches in the United States.
- Smoking cigarettes after the first trimester increases the chance that a mother will pass on HIV to her

baby, the risk being particularly great for mothers with low CD4 counts. (*WorldAIDS*)

- HIV Positive women are a third more likely to die without an AIDS defining illness than men, according to a new study. Possible reasons advanced for the discrepancy include less access to health care, domestic violence and lack of social support. (*American Medical Association Journal*)

- A protein found in saliva has been found in test tubes to prevent HIV from infecting cells. The finding could explain why HIV transmission has only been rarely documented via oral sex. (*BETA*)

- Sex workers in the West African nation of The Gambia who remained

## Briefs



● Following the BGF Annual General Meeting last year, a PLWH/A nominee has been participating on the BGF committee.

At this year's up-coming AGM, the committee will move a formal change to the BGF constitution to make this a permanent arrangement. If you want to have your say in the running of BGF, you need to be a member. For further AGM information, contact the BGF office on 360 9755.

● The Press Council supported *Capital Q* in its decision on a complaint by PLWHA Bo Vilan last month. The case referred to the coverage of last year's BGF AGM (*Talkabout* September). *Q* editor Chris Dobney says that the issue "escalated" and that it should have been "talked through and resolved". "The reality is that we're not able to satisfy all the people all of the time", he says. "And, although we have a good relationship now with BGF that's not to say we won't be critical in the future". The gay press should have a "reflect & review role", he says of reporting on HIV/AIDS organisations, but pressed on who should play judge when disputes can't be settled over coffee he noted problems with independent arbitration: "I don't now how to resolve [that]."

● The twelfth (is it really that many?) annual Candlelight AIDS Memorial gets under way May 14 from the corner of Forbes and Burton Sts Darlinghurst from 5pm with a march to the Domain. People wishing to leave names to be remembered should phone 332 4000, or they can be dropped at Aussie Boys or Greed Sisters Emporium. People wishing to be volunteers (always needed and appreciated) should phone 206 2022. See you there!

● Gay Men Fighting AIDS is a new project aimed at meeting the needs of all gay men, Positive or negative, who live in are covered by the Central Sydney Area Health Service (from Sydney to Strathfield). Quite an ask, but their first meeting drew a large crowd to The Imperial Hotel. To find out more about what they're up to call 519 5202.

● Support group for PLWHA IDU, HAS, is to go with a new group for gay +ve IDU being set up by GLID-UP. NUAA's Tony Rance says that numbers had been dropping off and the group had no ongoing funds. It was set up following a 'needs assessment' over three years ago, and the closure points to the urgent need for the current assessment. +ve users wanting to put into the new survey are encouraged to do so, via NUAA, he adds.

● The Victorian AIDS Council has joined its Queensland cousin in distributing copies of the 'A Typical Person with HIV' posters, recently on view at the National Gallery. The poster, originally produced by the ACT AIDS Action Council, features a reflective surface resembling a mirror which challenges people's perceptions of what a typical person with HIV looks like. ACON has no plans at present to produce a version of the expensive-to-produce posters.

free of HIV for five years despite repeated exposure to the virus are now known to have produced HIV-specific killer cells called cytotoxic T lymphocytes (CTLs). Reasons advanced include early exposure to a weak HIV strain that could help with infection resistance. (*Body Positive*).

● An article in the April edition of *With Complements* about mistletoe caused a number of phone calls to the PLWH/A office last month, inquiring about where it's available. According to complementary therapies educator Jim Arachne, a number of GPs have and do prescribe the treatment, which has been commonly used as a cancer treatment since 1917. However such GPs have had to 'go underground' due to a crack down by regulators including the AMA. Info on mistletoe availability is now available from PLWH/A (361 6023).

● When PLWHA 'Tony'\* asked his doctor about Marinol (marijuana in a pill) he was told that it was too much trouble, too much paperwork and he'd have to get in trouble with the police before any prescription. The doctor wanted to up his methadone instead.

But he's not going to complain. "I've been through enough paranoia," he says. "If I pursued the complaint it would only mean added stress."

Tony got out of jail three years ago. He'd been in for burglary, breaking the law in order to, says Tony, keep up the drug habit. Now he's out he doesn't want to go back in: "I couldn't cope in jail. I'd die there." And he's angry that his efforts to get something that would help him with his chronic weight loss, stress and appetite problems have been stymied. "Breaking the law stresses me out which affects me mentally [which] affects my T-cells. I can get rohys, valium or methadone, that will plaster you so you'll shut up and eventually die, but it's impossible for people who need it to get something to maintain a better quality of life."

By the late 70s it became increasingly obvious that smoking marijuana could alleviate symptoms of

chemotherapy for cancer patients. Encouraged by the U.S. government, multinational Roxane Labs ploughed millions into studying the weed. By 1985 'dronabinol', trade name Marinol, was being prescribed, including for people with AIDS-related wasting syndrome.

However many of these U.S. PLWHA went back to smoking pot because it wasn't toxic and they could control the dose more readily. PLWH/A convenor Steven Ford says that because many PLWHA have problems with absorption some people find it easier to smoke than swallow. For example, those people suffering from vomiting, one side-effect of AZT. Ford adds that what works for one person doesn't work for another: "If you give it to younger people it has less of an effect, if you give it to people in nursing homes they go gaga."

It's also expensive at \$240 a month, particularly given that it is relatively easy to cultivate a free dose. And it won't be possible to get any sort of discount when it soon becomes available.

(Dr. Andrew Petherbridge from the Australian Society for HIV Medicine is currently registering doctors interested in prescribing).

The use of marijuana for medical reasons has been raised as a possible early reform for the Carr government. Their pre-election promise was to follow the lead of the therapeutic goods administration. What's clear from Tony's story is that the existing, unofficial 'hands-off' for PLWHA smoking marijuana isn't good enough

Although Petherbridge did not think it appropriate to state his position on marijuana use, he did want to "go on the record" that he has told people they could try the drug for medical reasons. Because it works. (*Part content: Gay Times*)

(\*Not his real name)

● A major campaign has been launched in the United States to force drug company Merck to release their new protease inhibitor MK-639 to people with advanced AIDS. The influential treatments newsletter BETA carried the plea, saying that "results of studies sug-

gest that it is one of the safest and most effective AIDS drugs yet developed. Access to MK-639 and other promising protease inhibitor drugs represents the best hope for prolonging life and delaying disease progression [for people] who have exhausted the limited benefit of available AIDS treatments." Merck says it does not have enough supply of the drug to expend access, a claim some activists are sceptical of. At a late February summit meeting on the drugs between community reps, scientists and clinicians there was agreement on the need for accelerated approval for the three currently being trialled.

## Trust Priorities

A MAJOR SHAKE-UP AT THE AIDS Trust is under way following extensive and negative press coverage over the past year, and behind-the-scenes criticism, including from PLWHA.

Outgoing AFAO Executive Director Felicity Young described the peak AIDS body's attitude as "cranky" and was critical of acting Trust Chair Chris Puplick and ACON Treasurer Peter Grogan who put out what he described as a "premature" press release following a initial high-level meeting to decide future directions. Puplick told *Talkabout* that the new direction will see a greater contribution being sought from business, and the Trust takes a more national focus — with *CounterAid* replaced by a *National Red Ribbon Day*.

ACON Executive Director Don Baxter says that concerns about where the disbursements are going have featured in the debate and that the "community sector will be looking for adjustments and clearer criteria" about them. Also on the agenda will be PLWHA involvement. A guaranteed board place for PLWHA has remained unfilled for some time although Puplick was unaware of it.

## Comprehensive

A MAJOR NEW EDUCATION CAMPAIGN around discrimination against PLWHA and people with Hep B or C is to be mounted by the Depart-



**Phillip (second from left with Friends of 17 South dishing out the Easter Eggs at Royal prince Alfred. The intrepid egg collectors also distributed to Royal North Shore and St Vincents AIDS wards.**

ment of Community Services.

Initiated by the previous government, at its centre is the distribution of thousands of copies of a "comprehensive" information kit to Department service providers throughout NSW such as supported accommodation, home and community care, childrens services, disability services and community services grants. Community Services Minister Ron Dyer told the launch of the campaign that, "departmentally funded services have a responsibil-

ity to be aware of and respond to issues which will impact on the quality of service delivery. The kit has been developed around the theme, 'your skills as a service provider depend on how much you know'."

Colleen Winterburn, a Senior Staff Development Officer, said that the campaign was aimed at helping to prevent such situations as refusal of service. Studies of discrimination against PLWHA has shown that service providers are most often the culprits.

# Talkback



## Passing through

Having just received the circular letter re interstate readers, and the fact that Anne (my daughter) and I have discussed *Talkabout* and decided to cancel it, I decided to write to you as *Talkabout* has been more than just a magazine to us.

But, first of all we congratulate you [Jill] on becoming a mum and hope that you and your son are both well and thriving. Jan and I are both well but still reeling a little following Dodge's death last October (we are still getting messages of condolence and received a card from San Francisco only yesterday).

Andrew told us he had AIDS in 1988 (HIV wasn't talked about then) and we realised how ignorant we were on the subject and how remote we were from Sydney — the only place where the subject was being discussed. So we attended a conference, I think, in November of that year and so became associated with PLW/A NSW, as we realised that it was the only way we could see of being kept informed of matters relative to AIDS and AIDS related conditions.

I recall that at this stage we were so confused by acronyms that we asked *Talkabout* to publish an acronym glossary from time to time. During our many visits to Sydney since then we met and were associated with so many wonderful people who worked as hard and dedicated their lives to the enhancement of well being and comfort of those affected by AIDS. Most of them are now dead and the sadness and sense of loss associated with each passing leaves a scar on the heart that never heals.

Thus, Sydney has too many bad memories and we don't want to return for a while yet. So by cancelling *Talkabout* we will sever our last link with that seven years of living with AIDS (we hope) and try to get back to normal. You know, in this remote part of Australia (Eagle Bay, Western Australia) AIDS doesn't exist — never anything in the local newspapers and never discussed. So you can believe it when we say we found out all we know from *Talkabout*. We were kept informed on how other people felt, lived and hoped and fought for more information and consideration in the areas of research,

medication and treatments.

We wish you, *Talkabout*, and all associated with it, only the very best for the future and keep up the good work.

♥♥ from Max and Jan Carter

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**

## Olga's Personals

HIV+ 29 y.o hetero male is looking for a sincere, honest and fun loving HIV+ hetero female to share a friendship, goodtimes and eventually a relationship with the right lady. I'm 6'2, solid build, hazel eyes and most important I'm a (real) gentleman with honest intentions. Age and looks not important but personality is! Letter and phone number appreciated. Contact Marty.  
Box#: 950505

### 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.

## Are you interested in learning how to meditate?

### ACON MEDITATION GROUP

 THE MEDITATION GROUP is now meeting again on a regular basis. Beginners are more than welcome to come along and receive instruction in how to meditate. Just turn up, or if you would like further information phone Claude on 361 6023.

#### MEETING TIME

6.00 to 7.00 pm Monday evenings

#### PLACE

AIDS COUNCIL OF NSW  
Basement, 9 Commonwealth St, Surry Hills



# Saint Andrew?



*Deputy Premier and Health Minister Dr. Andrew Refshauge is already looking good, reports Paul Canning, on implementing a number of those pre-election HIV/AIDS promises. False hope? Many with experience dealing with politicians believe that, this time, it's for real.*

HERE'S A POSSIBLE SCENARIO FOR THE NSW Parliament a year from now. The final vote is being taken on the long-awaited and hard-fought for decriminalisation of euthanasia. As hundreds of Catholics and right-to-lifers scream their protest outside, Andrew Refshauge begins his final speech in support of the private members bill he introduced.

Of course, this is fiction. But Refshauge is a strong candidate as a potential sponsor because, like Wran with homosexual law reform and Perron more recently in the NT, it's politically more effective for a government member to push new legislation. Plus, he's indicated he'll do it (if no one else will).

A member of the Doctors Reform Society, Refshauge is from the ALP's left, usually a relatively powerless position but, following an election where health was seen as a key issue, and because he was one of the MPs who fought off the No Aircraft Noise party in the Inner West, his contribution — and power — is greater than you might assume. And with Premier Carr playing hard-to-get on 'social policy' (including euthanasia) and talking tough on drugs and crime, a 'advocate' for PLWHA interests — at the top — will be sorely needed.

Foremost in his inventory, Refshauge told *Talkabout*, is treatments access. Saying that "it is a priority with me", he's instructed his department to "prepare a briefing on inadequacies in the provision of HIV/AIDS treatments."

Time lags between Commonwealth drug approval and commonwealth drug funding is the main problem, he says, "when we have treatments which can improve the lives of people with HIV/AIDS but they cannot afford to use them." Carr in a pre-election letter to ACON said that the NSW government will "demand" that approval and funding are simultaneous.

Refshauge advisor Greg Waters, formerly with gay MLC Paul O'Grady, adds that this will be "a fast process because we're pushing it." If, for some reason, this approach failed or was inadequate "we may have to look at providing [new treatments] through [NSW] hospitals", he says. Refshauge told *Talkabout* in February that, "I'd be looking at increasing the money."

He might be forced to. Big cuts to health expenditure are expected in the May 9 Federal budget, Carmen Lawrence has warned that treatments will be cut back and drug approvals delayed (and an exemp-

tion for AIDS drugs has not been guaranteed).

This apparent eagerness to play up to NSW's leading national role pleases ACON Executive Director Don Baxter, who sees the un-exciting battle for a Third National HIV/AIDS strategy, and it's flow-on monies, as "vitaly important", (particular if Howard gets in).

It's early, settling in, days, but Carr has said that, "legal reform is on the agenda for the first term of my government." They're out of the starting blocks with decisions on same-sex relationships and St Vincents boding well.

Baxter agrees saying that Refshauge is, "straightforward and understands the issues well. [Although] Phillips was good, we feel safer in the longer term."

PLWH/A convenor Steven Ford is optimistic: "because of discussions we had with [Refshauge] prior to the election, and because of the promises made in *Talkabout*, there is a much greater likelihood of having these promises consummated. But we have to watch in the area of complementary therapies."

Responding to the challenge, Waters promises "fertile ground" for complementary therapies advocates. Add that to the (long) list. Other topics requiring Refshauge's (or another's) lead include 'difficult' areas, outside his department, like marijuana reform, which Ford sees as a priority alongside adequate funding for PLWH/A, and prison condoms. A spokeswoman for Corrective Services Minister Bob Debus, Kirstine Smith, said that implementation of Labor's policy of negotiating change on condoms with prison unions was "still under consideration" — presumably until after the government has fought a group of prisoners bringing a court case against the present policy.

Other activists have adopted a wait-and-see attitude having been burnt once too often. Peter Hornby of ATAC notes that there are a whole other grab-bag of practical, everyday issues which remain to be taken up.

# Against the Night



Candlelight '94 photo: Mazz Images

*Paul van Reyk reflects on the meaning of the Candlelight AIDS Memorial for himself and others in our community.*

So raise the candles high  
If you do we could stay bright against the night  
Raise them higher again  
If you do we could stay dry against the rain.

*Melanie Safka*

CANDLELIGHT AIDS MEMORIAL time again. Are you going? Eleven years on does it still have any meaning? Each year the numbers attending the procession and rally get bigger. Each year, more regional centres have their own memorials at the same time. This year there'll be one at Gunnedah

and another on the Central Coast. That must mean that it's a ceremony which still has meaning for many people.

I've been going since the first time, and each year it has a deeper meaning for me. It's not just that I have more people to remember. As we, in our diverse communities,

pass another and another year, Candlelight more and more for me becomes a symbol of our strength and our endurance. World AIDS Day has none of that resonance for me. Maybe that's because WAD is an initiative of a world body, the UN, with an educational and political focus, while Candlelight was born out of the needs of the communities affected by HIV/AIDS for a way in which we could express together our grief and our hope, and, yes, our continuing anger, and through that find our strength.

I still remember how amazing it was last year to see the whole hill-

side above the Domain car park covered in pinpoints of light under a clear autumn night sky full of stars, and before the backdrop of the city skyline. And then to hear the names read out and drift up into that wide bowl of night. The experience was very primal in its combination of the individual and the communal, of fragility and of strength.

Greg, the HIV negative partner of Jon who is HIV Positive, expresses similar feelings about the role Candlelight plays for him. "It's a kaleidoscopic experience. The focus of my feelings keeps shifting — grief, anger, hope, fond remembrances. As I participate in the night, I feel the reservoir of emotions that get held down inside me as I go about my daily business. It's necessary for me to have a place where I can have my emotional experience of this crisis shared, validated and supported. Candlelight does all that for me"

But for Greg, Candlelight inevitably has a very private dimension as well. "Death and loss seem so ever present in my life, and I'm not even thirty yet. And when I experience the litany of names, I feel crushed into facing the fact that my lover will probably die and I am helpless to make him live. I want to be able to have the opportunity for us to grow old together. I want him well. I want his enthusiasm and vitality to come back. I want . . . my tidal wave of feeling engulfs me. The pain, loss and love is inescapable. I'm so wrung out emotionally after it, and yet Candlelight is powerfully cathartic and rejuvenating, too."

Teresa, mother of Andrew, who died from HIV/AIDS related illness, also sees both the communal and the personal in Candlelight. "For many families, the funeral has lost much of its value and meaning. Often the service is somehow empty and lacking in creativity. I believe Australian society in gen-

eral appears to be forgetting the importance of the funeral ritual. The gay community, on the other hand, has created the candlelight procession, an annual remembrance rite which is full of symbolism and meaning." Teresa particularly talks about Candlelight as a way to express "disenfranchised grief". "Disenfranchised grief can be defined as a sense of loss a person experiences who does not have a socially recognised role or capacity to grieve. The loved one's loss where AIDS is the cause of death is as painful, full of despair, depression and loneliness as anyone else's, but it is often complicated by guilt, rejection, extreme anger and helplessness at the ever increasing number of deaths. At Candlelight, parents like myself, siblings, gay brothers, lovers and friends who

***"It's necessary for me to have a place where I can have my emotional experience of this crisis shared, validated and supported. Candlelight does all that for me"***

may have disenfranchised grief are able to publicly acknowledge their sadness and the love they shared for the person who has died"

Teresa quotes William Gladstone: "Show me the manner in which a community cares for its dead and I will measure with mathematical exactness the tender mercies of its people." The anniversary of Andrew's death falls close to Candlelight. "He was my youngest son and greatest teacher. He taught me that the essence of spirit is everlasting — farewells are only beginnings and death is something for us to live with day in and day out. Walking with Andrew's friends and gay brothers is a wonderful way to mark this annual remembrance. To remember Andrew and other dear friends — Peter, Laurie and Volka — who have walked through the darkness

of death and are now all dancing in the stillness of the Light."

David is HIV Positive. For him, Candlelight's meaning and importance are not unequivocal. "Certainly, reading the names on the night is a strong reminder of how many people we have lost, personally and as a community. There's also something about crowds of that size sharing a common purpose that is very powerful in serving the purpose for which they are gathered. As a person with HIV/AIDS it's also good to feel the support that's there in the procession and rally."

"But we have to remember that people with HIV/AIDS need that support the whole year round. You know, we shouldn't let it be like Christmas, where everyone comes together one day in the year, and then you don't see them for the rest of the year.

Someone asked me the other day when a mutual friend of ours had died, and I couldn't remember. So many of my friends have died that it's hard dealing with it on a daily basis. Candlelight for me is a time where I can gather up all the memories at one time, and then get back to the rest of the year just HIV living."

Maybe in the long run that's what Candlelight is most simply and centrally about: remembering our dead and re-committing to those who continue to live.

*Paul van Reyk is the Coordinator, Candlelight AIDS Memorial '95*

with **Complements**

NEXT ISSUE:

*Autogenic Training  
Armouring against colds & flu  
New HIV diagnostic tests and CTs  
Vitamin & supplements best  
sellers*

# Anwernekenhe -the Black survivors

*For many gay Aboriginal and Torres Strait Islander men with HIV/AIDS, the prospect of dying alone is a very real one according to a recently established coalition of indigenous gay men.*

*Britta Lyster reports on this and other concerns discussed by the coalition.*

ANWERNEKENHE (MEANING 'ALL US mob' in the the Arunda language of the Northern Territory), was formed last year at a conference of Aboriginal and Torres Strait Islander (ATSI) gay and transgender men at Hamilton Downs in the NT, in an effort to tackle issues relevant to this small but very vocal group.

According to conference participant Matthew Cook, the coalition was established in response to the fact that HIV/AIDS is a very real and major threat to the ATSI community. Matthew stated that gay ATSI Positive men in particular, are dying alone and in shame, often rejected by their families and communities and marginalised within their own gay communities. The group of about 60 - 70 men, their partners and families met in an effort to tackle what they believe is a very real and growing problem within ATSI communities around the country. Over the five days the group aimed to address problems, develop substantial recommendations and establish an on-going working group.

In a powerful opening address, a speaker demanded that ATSI gay and transgender people should have outright ownership of ideas and research material specifically related to gay HIV/AIDS issues. One major concern of the group was funding, the lack of it and what appears to be a very small regard placed on gay ATSI input into HIV/AIDS research. The conference agreed that it was high time the community make the important decisions regarding funding and called for further re-

search and development, especially the recognition of traditional information being given to specific language groups.

An Aboriginal HIV Positive gay man, 32 year old Matthew Cook comes from the Bunjalung nation of the North Coast of New South Wales where he spent much of his childhood and early adulthood. Identifying as gay at an early age, Matthew felt like he was a big and camp fish in a very small pond and decided getting away from the small town mentality was the best thing to do. However, the move to Sydney has been a series of trials and tribulations for the man who has settled with his non-Aboriginal lover in the suburbs of inner-Sydney.

If anyone knows about the issues affecting gay ATSI people with HIV/AIDS it's Matthew. For him, 1988 — the bicentenary — was not only a great celebration of survival for him and his people it was also the year he was given his HIV diagnosis over the phone in Lismore. He'll never forget the day and feels it's exactly that type of insensitivity which is still going on and affecting ATSI people around the country. For Matthew the establishment of *Anwernekenhe* was the best thing that happened for him and his lover in a long, long time. For them it was a long-overdue attempt to get a wide cross-section of the community together in an effort to establish a support network for gay and transgender men and their partners and fami-

*Britta Lyster is a Koori journalist who edited the recent Koori edition of NUA News.*

lies, in some cases living in the closet in rural communities all around the country.

For many of the men, their partners and families, being attacked and ridiculed for being gay and HIV Positive is all just part of every day life. Group organisers decided long ago that this shouldn't be the case and it was high time that community leaders and organisations take responsibility for HIV and establish education and awareness programs on a grass roots level. The Conference was quick to agree on the point that much of the currently available education material was targeted purely towards the heterosexual community and any information relevant to the gay community was just not being made available.

For many men at the conference being diagnosed with HIV was often a scary experience and many people had the attitude of "fuck the world" soon after diagnosis. This was put down to the lack of family and community support. The reality for many HIV Positive gay men was that they had no support network and were often turning to non-Aboriginal counsellors or lovers for solace and much needed understanding.

For many of these men the option of having an Aboriginal lover is just not open to them. Matthew said he felt that black men are affectionate and warm but have become staunch and unfeeling over the last two hundred years through no fault of their own. He says in some extreme circumstances Koori men have found out later that they are actually related



Matthew Cook

in one way or another to their lover and in the Koori community that can be very taboo. Therefore it is not uncommon to see gay Koori men with non-Aboriginal lovers.

Matthew believes the white man has bastardised homosexuality and Aboriginal communities around the country look upon this view as gospel and neglect gay members of their communities. However, after the recent conference Matthew feels more strongly about the fact that this small but very vocal group of indigenous men refuse to be swept under the carpet and silenced by a few bigots who are continuing to deny

people their basic human rights. According to Matthew "in some cases families are disregarding their children and that's not the blackfella way". He says things are starting to change but much too slowly. "We've got to make ourselves heard and build some standing in the community and teach our people that HIV *does not discriminate*".

Present statistics give no clear indication exactly how many ATSI people around the country are HIV Positive. Up until a couple of years ago a person's ethnicity was not recorded when taking an HIV test. However, it's clear after this recent conference

that this issue remains untackled and it's high time that it's brought into the public arena in an effort to create awareness and understanding in ATSI communities.

Arising out of the conference was a series of recommendations directly relating to the treatment, care, support and education of ATSI PLWHA, their families and communities.

Some of the major recommendations are:

- That a national funeral fund be established by the working party.

- That there must be an immediate national review/evaluation of service delivery to ATSI people including hospitals, community health, Aboriginal Medical Services and ATSIIC. ATSI representatives from both local and regional levels should be involved in this review.

- ATSI HIV Positive people must immediately be consulted and represented at all levels of decision making and consultation.

These are just a few of the recommendations that *Anwernekenhe* hope to get implemented before it's too late.

One serious matter of concern arising out of the conference was the fact that ATSI PLWHA are clearly not accessing the mainstream services currently available. According to Matthew Cook, often through no fault of their own, many of these services are just not sensitive to the needs of ATSI PLWHA.

He says, "the community has to realise the different positions that ATSI PLWHA gay men are in". He believes many of the current services and organisations do actually want to succeed but just aren't going about it the right way, usually because there is no consultation with ATSI PLWHA. In some cases these people are clearly going without the care and support they need because the services just aren't available or

Kooris don't go there because they feel these services are not sensitive to the needs and concerns of Aboriginal PLWHA.

Matthew believes this comes down to two issues: lack of funding and education. He says, "HIV can eat away like a cancer at Aboriginal communities if something is not done quickly to tackle the relevant issues. Hundreds of years ago diseases like small pox and scurvy claimed thousands of Aboriginal lives. We can't let HIV do the same thing and decimate the community". Matthew believes it goes back to the fact that no-one wants to understand HIV/AIDS and the related issues. He says, "Much of this fear and loathing is directly related to ignorance and Koori communities have to learn to take responsibility for the disease or else Aboriginal and Torres Strait Islander people are going to continue to die alone and in shame".

Matthew is the first to admit that the children hold the key to the future. He believes that the currently available information, education and support are not filtering down to the children and the people on a grass roots level.

According to another source, the long drawn out procedure involved in accessing HIV/AIDS information and education is discouraging people from taking any notice of the programs that result out of the meagre amount of money currently allocated to Koori HIV/AIDS education and awareness programs. He says it's important for this information to be in plain English for everyone to understand rather than a "higgeldy piggeldy" of medical terminology that no-one can relate to.

Other major points of concern for the conference were the lack of support being given to lovers, carers and families of ATSI PLWHA, and that ATSI people

are not being asked to participate in medical and treatment trials. It is hoped that with pressure from support groups the Federal Government will set aside money for the establishment of a much needed safe residential indigenous healing centre to promote self care through a variety of ATSI, Western and alternative healing processes. Such a healing centre could counteract these problems and concerns.

This centre should be owned and operated by ATSI people and enable PLWHA to have their families of choice in close support, perhaps by providing accommodation and financial assistance for their families of choice. The centre should be a place in which ATSI Health Care Workers can receive nationally accredited training in HIV and sexual and mental health.

Matthew believes the establishment of such a centre would give hope to the many ATSI people who are continuing to die alone in hospitals around the country. One Positive man said that some of the older people in organisations such as the Aboriginal Medical Services are refusing to take responsibility for the disease and truly believe they're doing the right thing. He says it's obviously time to stop the big money spending which is clearly not getting

any results where it counts. Matthew believes the traditional elders could help by passing on information about traditional medicine which some people believe holds the key to stopping the spread of HIV/AIDS. However, HIV Positive Kooris are not able to access these elders who often live in remote areas and who have little or no knowledge of the disease because of lack of community education.

Looking back on the conference and its participants, who came from nooks and crannies all around the country Matthew is quick to point out that when *Anwernekenbe* came together, everyone realised they were all thinking the same no matter what part of the country they were from. He says it backs up his point that HIV does not discriminate.

Matthew doesn't know where life will take him, he just hopes that when he passes into the Dreamtime, he and some of his brothers and sisters will have created recognition, understanding and some sort of status in the community as Aboriginal and Torres Strait Islander HIV Positive gay and transgender people. With a motto of *justice, equality and being black and beautiful and loving it*, I don't reckon he'll do too bad at all.

### 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 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 find out the latest information in a completely confidential and private setting but also the chance to meet other positive people. These workshops are free and include all meals and accommodation (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.

**HIV**  
living

**ACON**  
AIDS Council of New South Wales Inc.

# Contacts



## AIDS Council of NSW (ACON)

9 Commonwealth St,  
Surry Hills  
(near Museum Train Station).  
Switchboard: 206 2000.

**COMMUNITY SUPPORT NETWORK (CSN)** Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.  
**COUNSELLING** Professional counsellors available for anyone living with or affected by HIV/AIDS. Free and confidential service, including: One-to-one counselling; home or hospital visits; telephone counselling. Call 206 2000 for appointment  
**CSN WESTERN SYDNEY** Pat Kennedy 204 2404.

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

 **GAY & LESBIAN INJECTING DRUG USE PROJECT (GLID UP).** Outreach, information & referral. We are sensitive to the issues faced by lesbians & gay men who inject drugs. 206 2096.  
**HIV/AIDS LEGAL CENTRE** Legal advice/advocacy on HIV/AIDS related problems. 206 2060.

### HIV living

**SUPPORT GROUPS** give you the chance to meet others with HIV, exchange ideas and make friends. If you'd like to join a group, become a facilitator, or just find out more about them, give Les a call on 206 2014 (gives good phone).



**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



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

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

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

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

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

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

**ACON HUNTER** 13-15 Watt St, Newcastle. (049) 29 3464.

**GENERAL AIDS TRUST OF AUSTRALIA** 221 2955.  
**ALBION STREET CENTRE INFORMATION LINE** 332 4000.

**ASIANS & FRIENDS SYDNEY** A social, cultural and support group for gay Asians and their friends, meets every Friday from 7.30-10pm. Gus or Jim (02) 558 0061 a/h.

**AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS (AFAO)** 231 2111.

**AUSTRALIAN NURSES IN AIDS** Special interest group for nurses. John Miller 339 1111 or Maggie Tomkins 332 1090.

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

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

**HANDS ON PROJECT** Community based

HIV/AIDS training program for youth workers. 267 6387.

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

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

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

**NATIONAL AIDS/HIV COUNSELLORS ASSOCIATION** Mark Cashman 206 2000.

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

**NATIONAL CENTRE IN HIV EPIDEMIOLOGY & CLINICAL RESEARCH** 332 4648.

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

**NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS (NAPWA)**. Russell Westcott, 231 2111.

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

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

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

**SEX WORKERS' OUTREACH PROJECT (SWOP)** 212 2600.

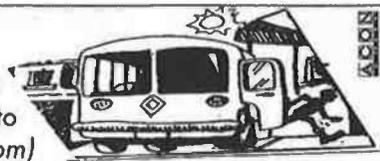
**SILK ROAD** Social and support group for Asian gay and bisexual men. Meets every Friday. Workshops, discussions, social activities. Arnel 206 2000.

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

**SUPPORTING POSITIVE ASIANS** Volunteer group for Asians (men and

## Tiffany's Transport 206 2040

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



**Sydney Sexual Health Centre**

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

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

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

SERVING YOUTH LIVING WITH AND/OR AFFECTED BY HIV/AIDS. MALE, FEMALE, GAY, STRAIGHT. WE DON'T DISCRIMINATE

SUPPORT/SOCIAL GROUPS. PHONE BUDDY SYSTEM. FOOD ASSISTANCE. HOUSING ASSISTANCE. NEWSLETTER

VOLUNTEERS ALWAYS NEEDED  
PH: 318 2023 FAX: 690 1475

**TAYLOR SQUARE PRIVATE CLINIC**

Dr Robert Finlayson • Dr Ross Price • Dr Mark Robertson  
Dr Anna McNulty • Dr Neil Bodsworth • Dr Debbie Couldwell  
Fellows of the Australian College of Venereologists  
and Dr John Byrne

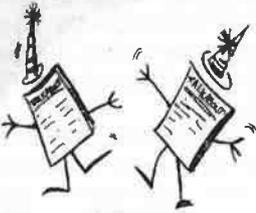
8am to 8pm Monday to Friday • 10am to 12 noon Saturday  
302 Bourke St Darlinghurst  
**331 6151**  
Call for appointment • Health Care Card Holders Bulk Billed

**Livingstone Road Clinic**

We provide HIV/STD testing, treatment, counselling and education in a friendly cottage environment. We provide total confidentiality (medicare cards are not required) and there is easy off street parking.

182 Livingstone Rd, Marrickville  
**560 3057**

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



Phillip McGrath

women) who are positive. Do you need support, info? 206 2036.

**SYDNEY PWA DAY CENTRE** Daytime recreation/relaxation centre for people with AIDS. Advice, information & daily activities in an informal supportive environment. Lunches on some days, massage, acupuncture & other services available. 20 William Lane Woolloomooloo. 357 3011.

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

**VOLUNTARY EUTHANASIA SOCIETY OF NSW INC.** 212 4782.

## CLINICS & HOSPITALS

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

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

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

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

**HAEMOPHILIA UNIT** Royal Prince Alfred Hospital. 516 7013.

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

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

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

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

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

**PRINCE OF WALES** Children's Hospital (Paediatric AIDS Unit) High St Randwick. 399 2772/4. Dental Clinic, Acoca St, 399 2369.

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

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

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

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

**ST VINCENTS HOSPITAL HIV MEDICINE UNIT** Victoria St, Darlinghurst. Multidisciplinary HIV specialist care including medical, nursing, counselling, physiotherapy, occupational therapy, nutritional advice and community liaison. Switch 339 1111. Inpatient care: Ward Cahill South, 361 2337/2285. Outpatient care: Immunology B clinics, Tu, Thur and Fri AM by referral, 361 7111. Ambulatory care/Urgent triage nurse practitioner on call, 339 1111. Clinical Trials, 361 2435. Dental Department, 361 7129.

**SYDNEY SEXUAL HEALTH CENTRE** Sydney Hospital, Macquarie St. 223 7066.

**TRANSFUSION RELATED AIDS (TRAIDS) UNIT.** Crisis/long term counselling, welfare support. Pam 843 3143. Red Cross BTS: Jenny 262 1764

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

**WESTMEAD CENTRE** (Westmead and Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

## EMOTIONAL SUPPORT

**ACON COUNSELLING SERVICE** (see under ACON, previous page). Call 206 2000 for appointment

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

**CARERS SUPPORT GROUP** South West Sydney. Runs Wednesday Evening in Liverpool, 6pm. Janelle or Julie on 827 8022

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

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

**FAMILY SUPPORT** City: A support group for family members of people with AIDS. Regular short term groups. Helen Golding on 361 2213. Outer Western suburbs: Meets evenings on a regular basis. Claire Black or Kevin Goode at Wentworth Sexual Health and HIV Services on (047) 24 2598.

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

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

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

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

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

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

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

**YOUTH HIV SUPPORT WORKER** Counselling, advice, information to positive youth and their peers in the Central Sydney area. 690 1222.

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

## **PRACTICAL HELP**

**BADLANDS** Residential harm reduction service providing safe, non-coercive space for people who are at high risk of HIV transmission or acquiring HIV. Residents are mainly injecting drug users and/or sex workers. 211 0544.

**BARNADOS FAMILY SERVICES** Support for families affected by HIV/AIDS. Respite care, short/long term foster care and assistance with permanency planning for children whose parents have HIV/AIDS. 387 3311.

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

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

**DOG GROOMING** Reduced rate for PWA pensioners. Ben on 519 8785. Free to PWAs on limited incomes. Judy on 559 3225.

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

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

**HANDS ON MASSAGE AND REIKI** for PLWHAs. Training of volunteer masseurs.

Richard 660 6392.

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

**THE SANCTUARY** Centre for complementary Therapies focussing on relation therapies. Tu-Fri 1.30-5.30pm. Gebe Neighbourhood Centre. Transport can be arranged. Bookings essential. Phone Lindy on 516 7830.

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

## **OUTSIDE SYDNEY**

### **HAWKISBURY & BLUE MOUNTAINS**

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

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

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

**KARUNA BLUE MOUNTAINS** Emotional support for PLWHA, their partners, family and friends. Ann (047)82 2120.

**SOUTHERN HIGHLANDS HIV/AIDS VOLUNTEER SUPPORTER GROUP** Emotional and practical support for PLWHAs, their family and friends, living in the Bowral district. Marion Flood (048) 61 2744 or David Willis (018)48 3345.

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

### **CENTRAL COAST & HUNTER**

**CENTRAL COAST SEXUAL HEALTH SERVICE** Offering HIV clinic for testing, monitoring, treatments, support. Patrick (043) 20 2114.

**CSN NEWCASTLE** Rosemary Bristow, ACON Hunter, 13-15 Watt St, Newcastle. (049) 29 3464.

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

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

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

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

**NSW HIV/AIDS Information line**  
Mon-Fri 9am-8pm, Sat 10am-6pm  
Advice and referral information for HIV/AIDS

**008 451 600**  
**Rural Project, ACON**  
Mon-Fri 10am-6pm

General advice and referrals on HIV/AIDS in country areas

**008 802 612**  
**Take Control Line**  
Mon-Fri 10am-6pm

Confidential and frank information on treatments for HIV/AIDS

**008 816 518**  
**C L A S H**

Confidential group of HIV Positive heterosexuals

**1 800 812 404**



*People Living With HIV/AIDS (NSW) Inc.*

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Oxford St, Darlinghurst

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

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

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

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

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

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

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RURAL PROJECT **ACON**

**NEW ENGLAND & NORTH COAST**

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

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

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

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

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

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

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

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

**HASTE** (Hastings AIDS Support Team & Network). Craig Gallon (065) 62 6155.  
**KEMPSEY AIDS NETWORK** Madelaine Mainey (065) 62 6155, HIV Program officer Craig Gallon 018 66 4186.

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

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

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

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

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

**TBAGS** (Tamworth Boys & Girls Society) Bernie (067) 66 3095.

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

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

**SOUTH WEST/EAST**

**ALBURY AIDS SERVICES** Community Health

Centre 665 Dean St (060) 23 0206. Needle & Syringe Exchange, Judy Davis.

**ALBURY/WODONGA HIV/AIDS BORDER SUPPORT GROUP** (060) 23 0340.

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

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

**COOMA/SNOWY MOUNTAINS HIV/AIDS VOLUNTEER SUPPORTER GROUP** Emotional support for PLWHA, their family and friends living in this area. Lorraine on (018) 48 4834 or (064) 52 1324.

**CSN WOLLONGONG** Daniel Maddedu, (042) 26 1163.

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

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

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

**NOWRA SEXUAL HEALTH CLINIC** Confidential and free support for PLWHAs. Nowra Hospital, (044) 23 9353.

**PORT KEMBLA SEXUAL HEALTH CLINIC** Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399.

**POSITIVE SPACE ILLAWARRA** A confidential meeting place to chat, listen and share with other positive people. Don't hesitate to call (042) 26 1238 to chat with or meet others. Wednesdays and Fridays 12pm-5pm.

**QUEANBEYAN HIV/AIDS/STD WORKER** Yantene Heyligers (06) 29 89236.

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

**SOUTHERN TABLELANDS HIV/AIDS WORKER** Paul Davies, Goulburn Community Health Centre (048) 27 3113/018 48 2671.

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

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

**WEST**

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

**DUBBO/MUDGEES SEXUAL HEALTH/HIV SERVICE** Robert Baldwin. HIV/STD Worker. Community Health Centres Dubbo (068) 85 8937 & Mudgee (063) 72 6555.

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

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

**Regional Health Service HIV/AIDS Coordinators**

**CENTRAL COAST**

Paul Drielsma  
 Ph: (043) 20 3399 (018) 43 6044

**CENTRAL SYDNEY**

Lesley Painter  
 Ph: 550 5366

**CENTRAL WEST**

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

**EASTERN SYDNEY**

Marlene Velecky  
 Ph: 399 4832

**HUNTER**

Marilyn Bliss  
 Ph: (049) 29 1292

**ILLAWARRA**

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

**NEW ENGLAND**

Christine Robertson  
 Ph: (067) 66 2288

**NORTH COAST**

Vacant  
 Ph: (066) 20 2145

**NORTHERN SYDNEY**

Graham Stone  
 Ph: 438 8237

**ORANA AND FAR WEST**

Robert Baldwin  
 Ph: (068) 81 2222/2242

**SOUTH EAST**

Greg Ussher  
 Ph: (048) 27 3148

**SOUTHERN SYDNEY**

Colin Clews  
 Ph: 350 2959

**SOUTH WEST REGION**

Dalton Dupuy  
 Ph: (060) 23 0350

**SOUTH WEST SYDNEY**

Mark McPherson  
 Ph: 827 8033

**WENTWORTH**

Elizabeth O'Neil  
 Ph: (047) 22 2255

**WESTERN SYDNEY**

Chris O'Reilly  
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# Methadone: the plight of the Positive user

*In the April Talkabout a news item, "+ users ignored", drew attention to concerns about the NSW Health Department Drug and Alcohol Directorate's decision to introduce an interim take away methadone policy. Tony Rance explains how the following points in (proposed) policy could discriminate against and disadvantage positive users.*

- To meet the needs of clients who are ill . . . the use of pharmacy pick-ups and home delivery service rather than the provision of take away methadone doses is proposed.

This could be problematic because home delivery services may not be seen as a priority in some Area Health Services. There may not be a public methadone clinic in the area and it's unlikely private clinics will provide a costly home delivery service without the extra cost being passed onto consumers. Clinets on private programs currently find them expensive. Home delivery also raises the possibility of consumers' privacy being invaded and confidentiality being breached.

Information about the availability of pharmacies dispensing methadone is currently only available to prescribers, so consumers are dependant on their prescriber for this information. They may not get it if their doctor has invested in a private clinics which dispenses methadone.

- Currently authority for take aways lies with the prescriber. However, the interim policy suggests the need to discuss the authority with other clinicians with whom the client has more regular contact.

Confidentiality may be breached if a client's status is discussed with other clinicians.

- Clients' emotional, psychological and psychiatric stability to be assessed in order for take aways



to be approved.

Does not take into account PLWHA's potential emotional state due to diagnosis or disease progression, further excluding them from take away doses.

- Imposing strict criteria whereby take aways are dependant on length of time on the program in conjunction with assessed stability.

No provisions or exceptions exist for PLWHA who do not meet the time criteria. Exceptions need to be allowed for people who are ill otherwise they will be unable to access take away doses.

- Take away doses will have a maximum dosage restriction.

This would exclude PLWHA on higher doses, which would prove problematic for those who use methadone therapeutically as a pain management option (often a higher dosage).

- Imposition of more than two weeks notice in order to organise a temporary transfer.

PLWHA may not be able to pre arrange take aways or temporary transfers within this time frame if they have to travel long distances

at short notice to access emergency medical treatment. Carers may also find this difficult to organise when emergencies arise.

- Methadone take aways to be expanded in volume with a dilutant.

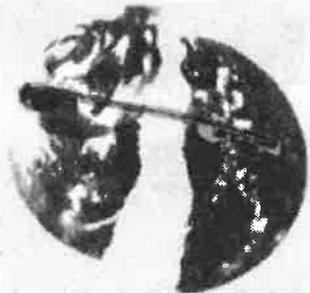
This could prove potentially lethal

for people with compromised immune systems, especially if injected. People with gastro problems may not be able to handle ingesting a large volume of liquid. The dilution of methadone allows for bacteria to grow within the solution and PLWHA should not be put at risk.

In summary, take away doses of methadone are not a privilege, but a necessity not only for PLWHA but for many people on the Methadone Program. PLWHA have not been consulted in the compiling of this proposed interim take away policy. PLWHA who are on the methadone program will be severely disadvantaged if this interim policy is allowed to go ahead.

*Tony Rance is the Positive Users Development Worker at NUAA.*

Cartoon: ASUD Journal



# Global Positive Power

*The Global Network of People Living with HIV/AIDS (GNP+) held its 7th International Conference for People Living with HIV and AIDS in Cape Town, South Africa from 6-10 March, 1995. The theme for the conference was "Positive Power to the Global Community". Les Szaraz gives his account of conference activities.*

I ARRIVED IN CAPE TOWN EXCITED at the prospect of meeting Positive brothers and sisters from all over the world, yet apprehensive, due to bad reports of previous GNP+ conferences, and pre-conceived notions about South Africa. It was apparent right from the moment I arrived in Cape Town that my apprehensions were ill conceived. All the delegates came together as one big family.

The gathering was historic in that it was the largest GNP+ conference to date with 542 delegates (all HIV Positive) from 82 countries around the globe.

The opening party was the start of an extremely emotional week for me. It was held in an old renovated dockyard building at the Waterfront area which is a beautifully restored area in Cape Town. I was totally overwhelmed when I realised that I was in a venue with so many PLWHA from so many different backgrounds and cultures. Some of us could not even speak to each other due to our different languages. Dancing became the universal language and it was this element that helped us come together as one.

The Opening Ceremony was held in the historic Civic Centre in Cape Town. Children started the proceedings by singing the South African National Anthem. It was a beautiful and unifying sight to see about 100 children singing together, hand in hand, race with race. My apprehension about Apartheid was totally changed. The children also

sang a song with the popular South African pop singer P.J. Powers which focussed on the theme that children hold the key to the future.

The realisation that this is so was one of my greatest learning experiences at the conference. I realised that much of the pain and suffering that those of us with HIV/AIDS endure is not futile. I came to understand that it bears witness to our struggle and conveys an important message to the younger generation who can determine their future by witnessing our struggle. By us living with hope and determination the children of the future will remember our courageous fight and hopefully they will use this positively in their lives and endeavour to avoid the scourge of AIDS.

The conference was officially opened by the Hon. Executive Deputy President of the new and young democracy of South Africa, Thabo Mbeki. Mbeki was impressive and came across as an extremely caring and understanding individual. His speech demonstrated the ANC Government's understanding and commitment to HIV/AIDS. Mbeki, like many others during the conference, acknowledged that HIV/AIDS poses many challenges and most of these are of a socio-economic nature.

Mbeki demonstrated his genuine compassion by validating the suffering that people with HIV/AIDS go through. He said that *any* suffering means that *everyone* suffers and poignantly reminded us that no scourge or plague has ever beaten

mankind. He went on to say that the fight against AIDS is more than a medical/scientific one and that it must be unprejudiced by sexual preference or other taboo subjects. Mbeki welcomed the "joining of hands" of people with HIV/AIDS in his government's efforts to reduce the impact of AIDS on society and reinforced that 'we are not part of the problem, we are part of the solution'.

Mbeki also gave insights on reducing the impact of the epidemic in Africa. He talked of the social climate that is a hindrance to the health of women and members of poorer communities. In Africa low literacy levels mean culturally relevant means of education are necessary to reach a wider section of the population. Examples of these innovations are to have story tellers and community leaders educate their own people.

In an impressive keynote address, Minister of Health, Dr. Nkosazana Zuma, said that she hoped having the conference in South Africa would "make people realise that this epidemic is not about figures and statistics but it is about people who have done nothing that other adults do not do". Further, she said that we have a lot of knowledge about the virus but have made little attempt to understand the people with HIV/AIDS. Dr. Zuma concluded that "once we take AIDS like any other disease then we shall truly know that people who are HIV Positive or who have AIDS do not deserve torture, discrimination or torment but that they need understanding, support and acceptance".

Shaun Mellors, the Conference Chairperson, who worked tirelessly to make the conference such a success for GNP+ and for South Africa, gave an emotional address.

Graphic: GNP+ logo of Earth held together with a saety pin

He talked about the new South Africa which he saw as a new country with a new vision, a new dedicated government and a bright and challenging future. But Shaun did not back away from his country's history either and compared it to the struggle people with HIV/AIDS are going through. He said "we are all aware of the terrible history of this country under the Apartheid rule . . . . People with HIV/AIDS unfortunately are also experiencing a form of Apartheid, all over the world. One would be foolish to try and differentiate between the varying degrees of discrimination because an injustice to one is an injustice to all. No matter how big or small."

Shaun went on to encourage us to continue the struggle even though it may be a long and tiresome one. In a stirring manner he noted that we will feel the pain and anguish of loss and defeat. We will feel the joy of life and love and more will join our struggle. Crying, he courageously went on to say "if we have within each of us a sense of hope and determination we will also be victorious and free, whether it be in life as we know it, or in the life hereafter".

***"The realisation that [children hold the key to the future] was one of my greatest learning experiences at the conference ... By us living with hope and determination the children of the future will remember our courageous fight and hopefully they will use this positively in their lives and endeavour to avoid the scourge of AIDS"***

The highlight of the conference for me was when Shaun continued his provocative speech by asking rhetorically how it is that people with HIV/AIDS can discover hope and determination within themselves when:

- in many countries we run the risk of being killed if we are even suspected of being HIV+;
- we are not allowed to travel freely;
- we are being denied access to employment and health care by governments and health care systems;



***Our regional GNP+ representatives old & new, and two of the ICW Key Contacts. From left: outgoing Karen Lee; incoming Phirasak (Peter) Pavenayotin, Bev Greet; outgoing Jack Jagjit Singh; incoming Narumon Buayen (ICW), Toshihiro Oishi and Vivienne Munro (ICW).***

- the media portrays us as sufferers, victims and patients;
- and when we are being ostracised from our communities, our families and even our chosen countries.

In a firm and strong tone he told the gathering of international media, politicians, representatives of the United Nations and all attending, that the above conditions are

The Opening Ceremony also had many local cultural events and personal testimonies interspersed between speakers. I was completely overwhelmed for the rest of the week. The ceremony concluded with the children singing 'We are the World'.

I have written at length on this Ceremony because many strong commitments and statements of

support were made by people who will influence the future direction of HIV/AIDS.

The conference program consisted of five days of formal and in-

formal gatherings, workshops and plenary sessions. There were days devoted to Health, Human Rights and Identities, Skills Building and the gruelling Business day.

I found this format perfect. It allowed me to participate in as much or as little as I wanted. I found the plenaries on long term living and our human rights to be the most eye opening. Listening to what people with HIV/AIDS endure in other countries certainly made me appreciate being an Australian and realise how fortunate I am compared to some.

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An impressive paper was delivered by the former President of Zambia, Dr. Kenneth Kaunda. His mere presence as an HIV Positive "70 years young" person was a great example of personal courage. I was impressed by his frank assessment of HIV/AIDS in sub-Saharan Africa. He estimated that there were at least six million people with HIV/AIDS in this region. He concluded with a call for more research on herbal medicines. "Africa's forests and savannahs still contain the largest variety of plant life which are potential sources of natural remedies for the treatment of AIDS and other diseases", he said.

The business day of the conference was the most frustrating and tiresome day for me. The day's purpose was to ratify the GNP+ by-laws and to elect a new GNP+ board.

The debate on the by-laws became farcical and irrelevant. The session was mostly dominated by the North Americans and Canadians who seemed to be having a power duel. The rank arrogance of these two nations in dragging the rest of the conference delegates into a debate on procedural points in *Robert's Rules of Meeting* was a demonstration of this futility. Most of the gathering were not even familiar with *Robert's Rules* and I noticed when I left in disgust there were few people left in the hall! I thought it would be great if these North Americans went home and fought to get the Human Rights violation of freedom of travel removed from their own government's policy — better directed energy I would have thought!

The Asia-Pacific regional meeting was not smooth riding either but we managed to elect three fine representatives to the GNP+ board. Although not all were happy, I think whilst the glaring inequity of our region's representation remains, we will always come away from these meetings feeling frustrated. Currently we have close to 20% representation on the GNP+ board, yet our region is the most vast and populous with over one-

third of the world's population!

There was anger and frustration throughout the week at many different things. I was angry that my so-called Western brothers and sisters saw fit to walk out of sessions because they felt that they could not get anything out of the session for themselves. Whatever happened to sharing? Is that not why we had come together? An example of this non sharing was during the treatment sessions, although once the westerners had left I learned some interesting and valuable facts from the more sharing African delegates.

There were other incidents of anger and frustration, but as has been pointed out before, anger will always be present at these conferences as long as there is no cure for HIV and as long as people with HIV/AIDS are robbed of their human rights and health.

The closing ceremony announced the new GNP+ board as well as many resolutions that came from the conference. Emotions were running high as many of us realised that the very long week had come to a conclusion. The reality that I may never again see many of the new friends that I had made hit me hard. However, no one can take away the gifts of courage, knowledge and friendship.

The conference was a wonderful experience for me. I learnt many things that will help me to continue to live positively. I made many friends from countries all over the world. I feel privileged to have met so many Africans (especially the women) whose openness and frankness taught me about courage and determination. Finally, I came away from the conference feeling inspired to continue the journey of learning that HIV has put me on. Despite some frustration and anger I experienced a feeling of belonging to a large community of people whose struggles, knowledge, individuality, wisdom and courage were all demonstrated during this exciting and historic week.

Would I recommend these GNP+ conferences to others? An overwhelming *yes, yes, yes!*

## What is GNP+?

GNP+ is a global organisation for people living with HIV/AIDS. Every person with HIV/AIDS is a member of this organisation. The major priority for GNP+ is to organise international conferences so that people with HIV/AIDS from all round the world can come together every two years.

GNP+ philosophy is to allow people with HIV/AIDS to exchange personal experiences, information, skills and resources so that we may maintain or improve our quality of life. GNP+ also aims to give people with HIV/AIDS visibility in order to counter the fear, ignorance, prejudice and human rights violations that we all still face on different levels.

The next GNP+ conference is scheduled to be held in our region (Asia-Pacific) in Kuala Lumpur, Malaysia in June or July, 1997. Much work will happen between now and then but you will be pleased to know that Australia has a representative on the GNP+ Board. Her name is Bev Greet and she can be contacted on (03) 280 2473. Our other two reps for the Asia-Pacific region are Toshihiro Oishi from Japan and Peter Phirasak Pavenayotin from Thailand. Karen Lee from Australia deserves a big thank you and congratulations for her admirable and dedicated representation of Australia and our region to the GNP+ board for the past two years as treasurer.

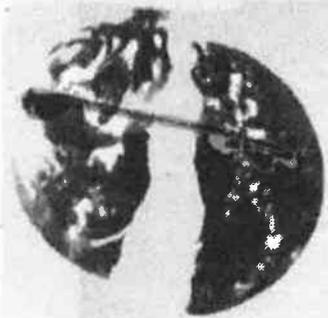
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# International Conference of Women

*The 7th International GNP+ Conference was preceded by two days of pre-conference for women organised by the International Community of Women (ICW). Vivienne Munro was there.*

AS PEOPLE ARRIVED IN CAPE TOWN early the men were off sight seeing and clubbing, coming back to the hotel at all hours, while the women stepped off the plane and straight into facilitators' meetings, with the opening ceremony the next morning.

The Minister for Health, Dr. Nkosozana Zuma spoke at the opening ceremony of how the past Government had totally neglected the health of poor people. She said the new Government had a responsibility across the board and pledged support to the participation of Positive people in the new free South Africa. I thought how marvellous it would be if our ministers spoke and acted like this.

The ICW has key contacts in each of the five regions of the globe. Representatives from each region spoke about the major work that has been achieved since we last met together in Berlin in 1993. Bev Greet was proud to announce the formation of our own National Network at the recent 2nd National Conference for Women.

Yolanda, representing Latin America and the Caribbean, reported that people in power are beginning to listen and they are beginning to work in partnership with them. Siti from Singapore told us about the "Life Goes On" support group — she is the only woman in the group. Claudia from Europe has been funded from the European Community (EC) to get women together on a voluntary basis to evaluate services. So far she has spoken to women in Ireland, Italy, France and Spain, and will be

releasing a report later in the year.

Canada, like us, has just had a National Conference (their first), formed a National Coalition of Positive Women, and are developing resources to educate doctors. They are intending to set up a branch of the ICW in Canada. North America has a fantastic newsletter for and by Positive women, called *World* (Women Organised to React to Life threatening Diseases) and women are setting up support groups and fundraising.

Winnie from South Africa has organised a first meeting for Positive women in Mombasa and called on us all to help improve the standard of living for women.

After lunch I plunged straight into a grief and loss workshop which I was facilitating with Bev. One of the organisers gave us a huge bunch of roses for some ceremony at the end. Silly me, I'm thinking "what for?"

Because there was no translation into African languages, we had to split up into language groups with the view to come up with at least three coping mechanisms. There were about 14 women in the English speaking group, from Germany, the UK, Australia, Singapore and Malaysia.

It may sound banal now, but what a deeply moving experience it was, strangers to each other from all over the world and almost all of us in tears. I was so overwhelmed by the collective despair, towards the end I ran out of the room all the way outside to breathe the clear Cape Town air. I was glad of those flowers then. It was good to hand

around a flower each woman and bring us to the task in hand.

The African women believed accepting God, Church Groups and paid work were three major coping mechanisms. Our group said the same in a different language: being able to express our emotions, peer support and being able to take control.

The next day was set aside to discuss health issues and make recommendations, and it was really productive. We shared recipes for healthy living, experiences, and remedies for thrush, skin rashes and side effects of treatments. Notes from the six workshops will be translated with our recommendations and reported later.

The pre-conference finished with our regional meetings and voting for our Regional Key Contacts. The Asia Pacific Region until now has had Australian Key Contacts as no other women from the region have previously attended any of the conferences, so it was exciting to have three women from Thailand, one from Malaysia and a woman from Singapore at this conference. Two of these women are now Key Contacts and I am the third. Our responsibility will be to ensure Siti from Singapore gets a fax machine and that Narumon from Thailand receives funding for English lessons, so we can, for a start, communicate with each other and with the main office in London. We hope to identify more Positive women in the region.

Having the two days before the main conference helped us consolidate, catch up with old friends and to meet new ones. It was really productive. A day off before the start of the main conference would have been good, as we ended up working for nine days straight.

# "Art saves lives" — not an idle phrase



*When the theorists are more pragmatic than activists in analysing cultural response and predicting the future (therefore strategy); when New York no longer talks about "ending the crisis" or "art saving lives"; when ACTUP rhetoric is replaced by survivalist whimpers of despair, we know we are in deep shit. The new post ACTUP, "post structural" Douglas Crimp is very sober, snap freezing me into assured depression. Yet he upholds the purpose of the artist with a familiar determination. So says Andrew Thomas Clark, reflecting on his interview with Douglas Crimp, US art historian and activist, who was in Sydney for Mardi Gras.*

## How can art still save lives and what is the artist's role in the AIDS crisis?

I wrote in October 1987 that art can save lives. It was a polemical statement that was made in relation to another statement that said that art couldn't save lives. What I meant at the time was that, given we did not have a cure for the disease itself, cultural work of all kinds could seize hold of the discourse of AIDS and could educate [and] inform people in such a way as to possibly slow HIV infection.

1987 in the US was still a time when there was a refusal on the part of the government to do any kind of AIDS education; when the media was using its most negative and sensationalising kinds of techniques to control what people thought about AIDS. So I meant basically that information could save lives, but I don't think that anything as simple as information ever works to fully inform people. I think that information has to exist in a complex discursive construction which can be an

artistic expression, it can be a film, it can be a video, it can be graphic works, it can be all kinds of things that will give people the tools necessary to make informed decisions about, for example, using prophylaxis. If you don't have access to that information and if you're not given that information in a way that's comprehensible or believable, then you can lose your life. In that sense I do think that art can save lives. It's a slogan, but I don't think it's an idle phrase.

At the same time I have to say that when I wrote that in 1987, when I'd just joined ACTUP, [which] was just forming in New York, it was a rhetorical statement. Like many rhetorical statements that were partly true and partly the result of a magical thinking, we thought that if we fight this battle we could win it, and people's lives would be saved.

[Now] I don't have quite the same kind of hope. I don't expect to see this epidemic end within my lifetime, and I think that many of us have come to the conclusion

that the rhetoric that we produced at that time rings a little hollow now. I don't think that at this moment I would write something that was quite so rhetorically smug, or simplistic. I would still make the claim that cultural work can certainly have material effects and change peoples' lives and possibly even save lives, through the dissemination of ideas and information, but I think now I would have to hedge it with all kinds of slightly more despairing kinds of positions.

At the time I was writing polemically about a very particular kind of role that I felt was the most useful for an artist, which was to be involved with practices that were actively engaged in ending the crisis. But I never thought and I certainly don't think now that that's the only thing that art can do. I think that cultural work performs all kinds of functions. There can be solace in certain kinds of work, certain kinds of objects help people with processes of grieving. There's an

enormous role for artists in any kind of social crisis. It's not as simple as 'an artist can change the world', but cultural work matters for me otherwise I wouldn't be engaged in it.

There is no 'real' outside of representation. It's as simple as that. To hold that somehow art is over here, and life is over there is utterly untenable. We exist in and through representation. The idea that working as a buddy or in a hospital or in a scientific lab or providing meals for people with AIDS is more real than intellectual thought about AIDS or writing about AIDS or making films about AIDS is a false distinction. All of these things are necessary and I don't see why we have to build a hierarchy.

At the same time I don't understand [people who make] statements that art is useless and then go on to make art. Where do you get the will to produce culture if you don't believe it has material effects? Is it just idle masturbatory activity? Not that I have anything against that particularly, but I couldn't sustain what I do if I thought that it had no effects whatsoever.

**Is that line of thinking, that separation, typical of post-structuralist theorists?**

No it's the opposite. People who have been called post-structuralist theorists are of many kinds. Post-structuralism is that sort of discourse which has deeply informed us of the relationship between the representation and the real. There's a certain kind of simplistic hostility to academic theory in the US that sees it as political and self justifying.

It's that kind of vulgar thing that's been around for a very long time, that people who do Marxist theory should get out on the streets, they shouldn't be sitting in their offices pondering on is-

sues of what Marx meant by this or that. It's vulgar and simplistic. What about Marx himself? Was he out on the street demonstrating or was he in fact writing *Capital*? That's a vulgar response to a vulgar statement. It's absurd. If we weren't doing this work we would be left in an atmosphere that was completely controlled by the dominant media. The only discourse that existed on AIDS would be that one. The discourse that we provide is in relation to how we conduct our lives. I live this epidemic. It has completely changed my life in every way.

**What kind of cultural response is needed to end the AIDS crisis?**

I don't think that we can any longer speak of what kind of cultural discourse is needed to end the AIDS crisis. What's really important is to recognise what we all at some level feel and that is that we probably will not end the AIDS crisis in our life times. There's a kind of expectation built into the idea that we have to end the AIDS crisis, that we have to do something that will end it, that leads us to complete despair, that makes us feel completely impotent, we might as well throw our hands up and give up. I think that

many of us feel that way.

**How are we going to deal with this?**

We are all of us going to have to continue to cope. This particular horrendous thing that [has] happened to us is something that we have to learn how to continue to cope with. That's really, really horrifying, the idea that you have to continue to cope with the losses of loved ones, progressive illnesses in your own body, the destruction of the community, the kind of continuing hatred that's directed at us by the Right.

**Is there anything that you can see, in the short time you've been here, that artists working around HIV can learn from the US experience or that the US can learn from us?**

I really don't know enough about AIDS in Australia to say. I'm wondering exactly how much we can even learn from you, because our social circumstances are so different. Of course we can learn from each other, and indeed we do. My real answer to the question is, and I'm very insistent on this point, that even though it's a world wide pandemic, AIDS is a local issue. AIDS is different everywhere, in every way.

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## Fair Treatment



# Sight f@r s@re eyes

By Peter Hornby\*

CYTOMEGALOVIRUS (CMV), A virus in the herpes family, is a common illness. CMV can be transmitted through sexual contact or contact with blood or body fluids including urine, saliva or semen. Initial CMV infection can occur without causing any symptoms. It is estimated that upwards of 85% of gay men and 50% of the general population have already been exposed to the virus, which in a healthy immune system usually causes no problems.

In people with advanced HIV disease and low CD4 cell counts however, CMV may reactivate to cause changes in vision and blindness (CMV retinitis or inflammation of the retina). It can also infect the lung, intestine or liver and can cause nerve inflammation and/or death.

Floaters, flashing lights, distorted visual areas/fields or blurry vision can be signs of CMV retinitis. Symptoms usually start in one eye. If left untreated, it can rapidly progress to both eyes and can lead to blindness. It is very important, if you notice any changes in your vision, to quickly consult a HIV experienced doctor. Diagnosis is usually done by an ophthalmologist (eye doctor), preferably a specialist in retinal diseases.

An eye examination and physical check should be an important part of your physical check up routine by your doctor every six months if CD4 counts are below 200. This is an important exami-



nation for other possible opportunistic illnesses as well.

The physical check of your eyes is even more important if your CD4 counts are below 100 and you have had a previous AIDS defining illness or if your CD4 counts are below 50 with no previous AIDS defining illness and should occur every three months.

Up until now CMV infection has been difficult to treat. But there are antiviral drugs which help slow or stop the progression of the infection. But rather than waiting for CMV disease to develop, CMV prophylaxis (prevention, like using Bactrim to help prevent PCP), would be a much better approach.

Ganciclovir (trade name Cymevene) is an antiviral that works similarly to acyclovir and has been used for the treatment of CMV illness for several years. Up until now the drug has required

intravenous infusion over a lengthy period of time with the inconvenience of intravenous (IV) lines or catheters (implant devices which allow continuous and controlled administration of drugs intravenously over prolonged periods of time without the need for multiple injections). The use of catheters carries a risk of sepsis (infection around the implanted catheter).

There is also the hassle of having to take days off work and/or attendance at hospitals.

Ganciclovir is now available in oral form, although its use in Australia has not yet been approved. A couple of recent studies in the US have confirmed that switching over to the oral form of the drug at doses of 3,000 mg/day, after an initial few weeks on IV ganciclovir (induction), helps prevent the recurrence of CMV.

The studies also indicated a reduction in some side effects of the drug by using the oral form, particularly neutropenia, though anaemia and thrombocytopenia remained the same. Increased diarrhoea was reported and some people developed a rash (not severe enough to stop using the drug). Oral ganciclovir may not be suitable for people with kidney problems. Your doctor can talk to you about side effects and

Graphic: Paul Canning

monitor your blood for any changes.

One difficulty with oral ganciclovir is that it is not absorbed by the body's blood stream very effectively, in fact it gets to only 6-9% of the equivalent concentration of IV ganciclovir. But some good news here too. It has been found that this figure can approach 20% if the drug is taken with food.

Ganciclovir also interacts with antivirals like AZT and in particular ddI. Too well in fact: it increases the strength of ddI by about 100% which is not a good thing as it may give rise to increased ddI toxicity. DDI also reduces the drug's effectiveness.

Oral ganciclovir after IV induction may become the first line of maintenance therapy for people with systemic (through the body) CMV. In the case of CMV retinitis intra-ocular treatment with ganciclovir injections followed by implants into the eye (neither of which is as bad as they sound) along with IV induction plus oral ganciclovir appears to be the way to go.

Coming back to preventing CMV in the first place, other promising research suggests that oral ganciclovir at doses of 3,000 mg/day can reduce the incidence of CMV retinitis by about 50%. In other words a CMV positive person stands a better chance of not developing CMV retinitis if taking oral ganciclovir as a preventative.

The drug is made by Roche and as it is already approved for IV use we shouldn't have to wait for lengthy processes of approval in its new formulation as is often the case with a completely new drug. Ganciclovir is also expensive (ganciclovir implants cost \$5,500). Cost, apart from the delays in the approval process, is going to create some difficulties. However Roche, and the governments and clinicians are going to find it very hard to wear the pressure from people with HIV who do not

wish to go blind.

One possible solution to this financial difficulty has recently appeared. Some research has suggested that a rise in viral load of CMV antibodies might be a good predictor of the probable development of CMV disease. If CMV viral load testing were instituted it would be a sophisticated method to assess the need for prophylaxis. It would also be a more effective and less costly way of reducing the incidence of CMV disease in the community. In fact the NCHECR in Sydney would like to institute a trial to see if increased viral load of CMV is an indicator of progression to CMV disease.

So what can you do to help prevent getting CMV? If you are HIV and CMV positive and have a CD4 cell count less than 100 with a previous AIDS diagnosis or if your CD4 cell count is less than 50 with no previous AIDS diagnosis, discuss oral ganciclovir with your doctor. It is a potent

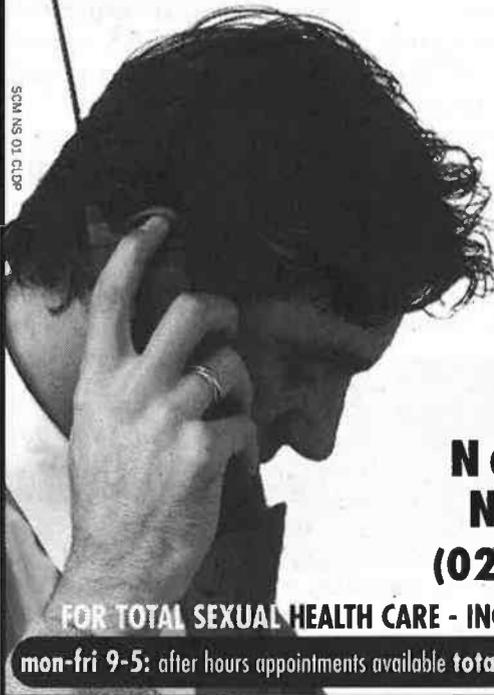
drug with strong side effects and its use requires careful consideration and assessment by both patient and doctor. It may not be medically or personally appropriate for everyone.

At this point your doctor might ask what is the point, as the drug's manufacturer claims it is not available. According to Roche, ganciclovir will be in Australia "real soon now" and will become available under the CTN Scheme after approval by various ethics committees.

The point is to put pressure on the drug company to have it available in Australia now. It is already available in the US. We also need to ensure that the various ethics committees involved, which are mostly hospital based, act quickly to approve the use of this drug both for maintenance therapy and preventative treatment.

*\* Peter Hornby was until recently the Treatments Officer at ACON.*

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## Service Update



### Bobby Goldsmith Foundation

THE BOBBY GOLDSMITH FOUNDATION (BGF) has been providing financial support for people with advanced HIV and AIDS for over ten years. For many people BGF has become a household name. The majority of BGF funds are provided to help people who are disadvantaged as a direct result of HIV illness to meet their daily living needs. BGF provides assistance with rent, power, gas and telephone and is increasingly being asked to provide assistance with items such as non NHS pharmaceutical bills and other essentials.

BGF also provides, on a loan basis, essential household items such as fridges, washing machines, microwaves, heaters, fans, televisions and videos. BGF gets these items through fundraising and specific donations. BGF works closely with the Metropolitan Community Church to ensure that they reach the people who most need them.

BGF used to be the main agency assisting people with HIV/AIDS to remain in their private rental accommodation, by paying a proportion of their weekly rent. The Department of Housing Special Rental Subsidy (SRS) has reduced the amount of money BGF spends on rental assistance, but the savings BGF has made in this area have been

more than outstripped by the increasing demand for financial support in other areas.

So how much money does BGF give out?

In 1994, nearly 4,000 cheques for client assistance were issued at a total cost of \$332,000 (unaudited). More money was spent on client assistance in 1992 (\$383,852) and 1993 (\$435,329). Fortunately 1992 and 1993 were particularly good years for BGF fundraising which meant we were able to keep up with the demands for client assistance. For various reasons, 1994 was not a particularly successful year for fundraising. Thankfully, the effect of the SRS meant that BGF did not have to cut back on other forms of assistance.

We are providing more and more one-off payments to help clients secure a lease. These clients have no resources and are being encouraged to accept the SRS which means moving into market rental accommodation.

In 1994 rental assistance was 33% of total client assistance expenditure compared to 68% in 1992. The increase in demand for other assistance from 1993 to 1994 was 22%. What this means is that we are still spending a lot of money just providing

basic assistance and the demand continues to grow. To be able to maintain this, we have to spend more time and effort trying to convince people to keep supporting us and basically give BGF money.

We are always short of essential equipment such as fridges, TVs, microwaves and washing machines. For the first three months of this year, we received donations of 38 items of equipment and have had 47 items returned. All of these have been reallocated to clients. In addition we have purchased nine fridges and five washing machines. However we are still in a situation where we have a waiting list for all appliances and the demand and waiting lists continue to grow.

Where does the money come from?

BGF collects money from a variety of sources. Mardi Gras has always been a big event on the fundraising calendar, unfortunately this year the income was down because of the very bad weather on the day of the parade. BGF also runs *Shop Yourself Stupid* where Oxford Street and King Street in Newtown are turned into a shopping gala.

A number of fundraising events throughout the year, from stage shows to the full range of entertain-

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ment events, are organised by BGF. There are also the old favourites like the BakeOff at the Oxford Hotel, the BGF Christmas card and the BGF Collection Tins. BGF relies heavily on the goodwill of promoters and entrepreneurs to make ends meet.

We also receive money, property and material goods from bequests. People who have seen the good work of the foundation can remember BGF in their Wills. It was a bequest of \$500,000 which launched the BGF Supported Accommodation Project. Some people like to make specific bequests which specify what the money must be used for, while other people leave these spending decisions up to the organisation.

What is The Supported Accommodation Project?

We have been working with the Department of Housing to get a supported housing project under way. We are looking at a development which will house about ten people with advanced HIV in self-contained one bedroom units. Importantly, the facility will be able to provide assistance with things like meals and cleaning.

So How Can I Help?

BGF is always looking for money and white goods such as fridges. The needs of our clients are always changing. Over the summer months we often need fans, then in winter we need heaters and money to help clients pay larger power and gas bills. The thing we need most is money.

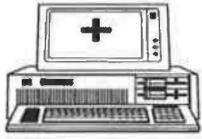
At the moment BGF needs money to buy equipment, particularly fridges, washing machines and TVs. We provide all our clients who need one, with bar fridges, but increasingly we are being asked to provide bigger fridges. This is because a number of our clients need to keep their medications refrigerated, are unable to shop daily for fresh food, and also so they can have frozen prepared meals on hand.

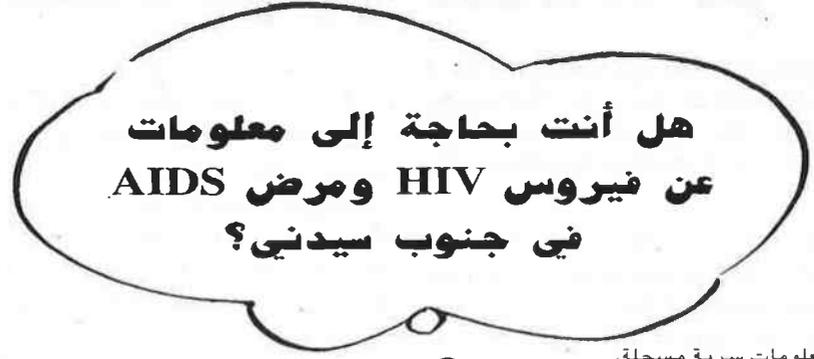
It costs about \$500 to buy a reasonable sized fridge and we like to buy new fridges for our clients. We, like other organisations, have found that unless second hand items are in

good order they can present no end of trouble. The last thing we want to do is lend a client a faulty fridge and then have problems with spoilage, damage and inconvenience, plus the increasing cost of repairs.

If you can help or if you want more information about the Foundation please give the office a ring on 360 9755, 9.30 - 5.30 Monday to Friday.

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## Review



# A fresh approach to grief

*Recovering from the Loss of a Loved One to AIDS: Help for Surviving Family, Friends and Lovers Who Grieve*, By Katherine Fair Donnelly.

THIS BOOK IS IDEAL FOR ANYONE who is going through any of the many stages of the grieving process. It takes a fresh, realistic and practical look at how to deal with grief.

Make no mistake though, it is not a 'how to' book written by academics who 'know best'. The beauty of this book comes from the fact that it contains many personal accounts from survivors who are grieving the loss of someone to AIDS.

Through personal accounts you will be exposed to and enlightened by the different responses that people have to grief. I found it refreshing in that I could identify with many of the stories in the book and this made some of my most erratic and often hidden emotions seem reasonable. Why were they now reasonable? Because others had experienced and shared them.

*Recovering* emphasises the need

to reach and talk about your grief and provides many different avenues to do this. Talking about one's experience of loss is the common denominator of most of the stories. It is inclusive of the many dynamics that AIDS presents with sections for survi-



vors grieving the loss of lovers/life partners, parents, husbands/wives, brothers/sisters, friends, children and people who hide their grief.

Many suggest that to help the grieving process along we must go to a group or talk about it with a friend or counsellor. Whilst I agree with this I also know that

for many people this may not be possible. That is why this book is such a valuable resource. You can read it at your own pace and confront your emotions when you're ready. It is ideal for overcoming the initial isolation that may be encountered after the

death of a loved one. After reading it I felt that many issues I had buried, I could now deal with. I would thoroughly recommend this book to anyone in any stage of grieving for a loved one lost to AIDS.

*Recovering* is American, and hence the resource section with contact numbers is not entirely appropriate. If you are looking for bereavement groups or counselling I suggest that you contact your local AIDS

Council, PLWH/A organisation, social worker or counsellor to find out what services are available in your local area.

It's available from the Bookshop Darlington with a copy also located in the ACON Library.

— Les Szaraz.

Graphic by Jane Shepherd from *We Will Miss You All: AIDS In The Family* by Noerine Kaleeba (WASN, Zimbabwe, 1991).

Tonight's the night  
 "I am ready" they whisper  
 their colour filled eyes close.  
 Wipe the smile from their

faces  
 and replace your laughter  
 with tears  
 it is time for the paleness of  
 their skin,  
 it is time.  
 Rub the colour from their  
 eyes  
 and make them still,  
 still and calm.  
 You try to smile.  
 Your eyes were once filled  
 with hope but now with tears.  
 You are silent now and so are  
 they,  
 let go of your sadness.  
 You still try to be strong for  
 their sake.  
 Why?  
 Your heart is heavy,  
 but their hand still in yours  
 feels  
 light and weak.  
 Your tired eyes close  
 lay down your head on their  
 still body,  
 turn off the machine and  
 sleep.  
 Against their cold skin and  
 white complexion,  
 you feel the passion,  
 happiness, fear, anger and  
 life  
 drained from their body.  
 Now still but once alive  
 and filled with laughter and  
 tears.

Larna Burgess, aged 13



NEW TITLES

*Breaking The Surface* Greg Louganis with Eric Marcus (Random House). \$45.

*A Dance Against Time: Brilliant Life of a Joffrey Dancer* Diane Solway (Pocket). \$39.95.

*The Hurry-Up Song: A Memoir of Losing My Brother* Clifford Chase (Harper Collins). \$39.95.

*Immune Power: A Comprehensive Treatment Programme For HIV* Jon D. Kaisef. \$19.95

*Jugular Defences: An AIDS Anthology (Poetry)* Edited by Peter Daniels and Steve Anthony (Oscars Press). \$19.95.

(New Titles compiled by Graeme Aitken at The Bookshop)

# Talkabout

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Phillip McGrath

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Please have names to be read on the night in by Friday 12 May 4.30pm

## **VOLUNTEERS NEEDED**

to assist with the 1995 Candlelight AIDS Memorial  
Phone 206 2022



AIDS TRUST OF AUSTRALIA



**UNITED IN REMEMBRANCE, HOPE AND ACTION**

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