

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



What makes a  
**long term**  
**SURVIVOR**

# PLWH/A News



ORGANISING THE TIME OUT ROOM at *The Party* has kept staff, committee members and volunteers busy over the last month. About 40 people made use of the room, which overlooked the party. Thanks to all the volunteers, in particular Chris Hordern who was looking after people as though they were on a 747, fluffing up pillows, and making sure everyone's drinks were full and the ashtrays never got dirty. *The Party* wasn't as well attended as hoped, and the *Time Out* room wasn't as crazy as it has been in the past, but as I was told, "*The Party* was too fantastic to take time out until Monday!"

The last month has brought not only plenty of rain but just as much controversy, starting with Clover Moore's comments to the *Star Observer* which amounted to an 'outing' of deceased MP Tony Doyle as not only gay but having died of AIDS. Moore appears to have made these comments without consulting those most directly affected. Everyone would like to believe that in the ideal world our sero status would be of no concern or special interest to the general public. There has been long and hard fighting and politicking to incorporate confidentiality into the National AIDS Strategy but outing a person once they have died opens up a whole new area of debate.

A complaint to the Anti Discrimination Board uncovered the outrageous discovery that Royal Prince Alfred Hospital has been using yellow arm bands to identify patients with infectious diseases, mainly those of us with HIV and Hepatitis C. This goes against all infection control principles, and creates a false sense of security among staff. After this ex-

pose Roger Garsia, Staff Physician in Immunology at RPA, said that maybe this practice is outdated and the hospital will consider stopping it. PLWH/A will be following up to make sure they do. Have you been tagged in this way while in hospital?

There have been more changes within the PLWH/A Committee. On the down side we say goodbye to John Garwood, our Treasurer, who has resigned due to work commitments. So if you have some knowledge of accounting and wish to become involved, PLWH/A is the place for you!

On the plus side, we have three new members on the Committee; it seems everyone is clamouring to spend their winter nights around the Committee table in the Oxford St. office. Mark Cochrane, young, enthusiastic, spunky and keen to be a part of the action joined in May, Rolf Petherbridge and Bill Whittaker joined in mid June.

Both Rolf and Bill have a wealth of history, skills and experience in activism. Bill is no stranger to PLWH/A, he helped found PLWA (NSW) and wrote the constitution with Dodge and Robert Ariss. Rolf is currently a member of the Commonwealth Government's HIV/AIDS Clinical Trials and Treatments Committee. Rolf and Bill are particularly welcome because of their expressed intentions to help formulate treatments policy, negotiate about clinical trials and treatments access and deal with the media on treatment and care issues. They are timely additions considering the lack of treatments activism and advocacy.

The next Positive Retreat will be held Monday 24 to Friday 28 July. There has been an overwhelming level of interest and it is almost full.

The retreats have developed a very good reputation, thanks to, amongst others, Ron Handley (aka Fanny Farquhar) who gave the Retreat he attended a rave review at the Lizard Lounge Luncheon. Claude asks me to remind you that this coming retreat is going to be a cold one so you will need to rug up. If you are interested in attending please contact the PLWH/A office on 361 6011, (or drop by) and ask us to send you an application. Even if you are not able to attend this retreat, several more are planned for this and next year.

— Vivienne Munro,  
A/convenor



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

Current committee

Vivienne Munro: A/ Convenor

Adam Davis: Secretary

Alan Brotherton, Mark  
Cochrane, Chris Horden, Peter  
Hornby, Rolf Petherbridge, Bill  
Rigney, Larry Wellings, Bill  
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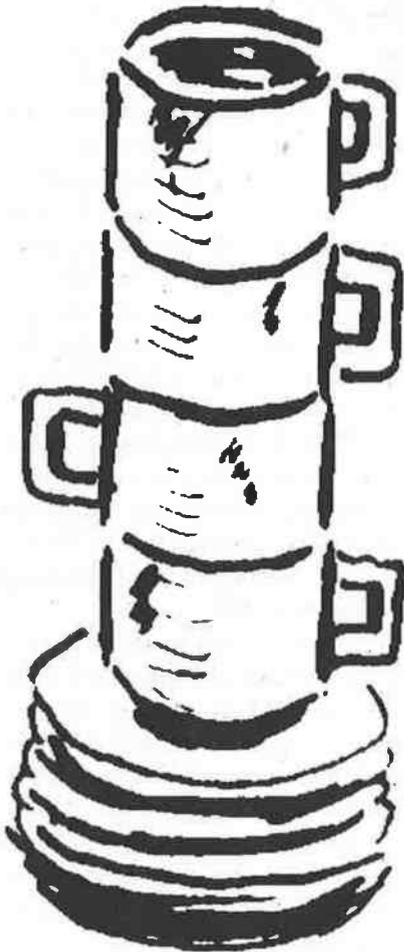
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## This month's cover

*By Phillip McGrath.* We have to confess . . . six black coffees before breakfast has *not* been shown to enhance survival prospects. For more reliable suggestions about what it takes to be a long term survivor, turn to page 24.

## 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 contact Jill Sergeant (Tuesday, Wednesday or Friday).

For advertising contact Paul Canning. Send contributions to: PO Box 831 Darlinghurst, NSW 2010.

**Deadline for the next issue: July 16**

If your venue/organisation is interested in distributing *Talkabout*, contact the editorial coordinator. Call the editorial coordinator on 361 6750 for the date and time of the next Newsletter Working Group meeting.

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## Briefs



● A panel of judges in X'ian, China has ruled that a man was defamed when he was erroneously diagnosed as HIV+. The ruling is the first HIV related court case in the People's Republic. The doctor involved was ordered to apologise to 70 of the man's co-workers, forced to undergo HIV tests. (*Advocate*)

● "Shared rights, shared responsibilities" is the theme of World AIDS Day (December 1) this year. The World Health Organisation's Global Program on AIDS (GPA) selected the theme after consultation with other United Nations and non-government agencies. "All people... have the right to be able to avoid infection, the right to health care if sick with AIDS and the right to be treated with dignity and without discrimination", says the GPA. "Individuals and families have a responsibility to protect themselves and others from infection. Governments have a responsibility to provide prevention and care services for all their citizens. The international community has a responsibility to support poorer countries in their efforts." (*WAD Newsletter*)

● During an unprecedented revolt at a hospital in Naples, over 50 patients with AIDS smashed windows and made violent protests against their standard of care. According to patients and nurses the hospital has been short of basic equipment, drugs and staff. The incident is thought to reflect on shortcomings in Italy's partial privatisation of health care. (*Body Positive UK*)

● A trial aiming to test marijuana's effectiveness in improving appetite and body weight, set to go ahead at the University of California, has been stalled because the National Institute of Drug Abuse has refused to provide the drug. Why? Because it's illegal of course! Also, President Clinton may be reluctant to support an illegal drug, even for trial purposes. (*Body Positive UK*)

● A US Appeals Court judge has ruled that thousands of haemophiliacs who contracted HIV through contaminated blood products may not file a class-action lawsuit against the companies that manufactured the products. Judge Richard Posner dismissed the lawsuit saying it could bankrupt the pharmaceutical industry. The ruling was cited as having other legal implications, particularly in lawsuits against the tobacco industry. (*Advocate*)

● A centre which will study HIV in Africa in comparison with the epidemiology of the disease in Europe has opened in Addis Ababa, Ethiopia. The Dutch government has footed the US\$8.1 million bill. (*WorldAIDS*)



## BGF does lunch

THE LUNCHEON CLUB, which has operated from the Lizard Lounge for nearly two years, amalgamated with the Bobby Goldsmith Foundation (BGF) on May 31. The Luncheon Club will keep its identity and continue to run as a separate service, but with the benefit of BGF's administrative support.

"The amalgamation addresses concerns both groups have had for some time with the fragmentation of the many community groups helping people living with HIV/AIDS, which has diluted volunteer commitment and put pressures on fund-raising", said BGF President Paul Gibbeson and Luncheon Club founder Carole Ann King in a joint statement.

United, the two groups hope to be more effective both in addressing the issue of poverty among people with HIV/AIDS, and in fund-raising for their activities. They plan "a radical re-education campaign to remind the community at large that there is still an AIDS crisis", said King and Gibbeson.

## Euthanasia bill

A VOLUNTARY EUTHANASIA BILL, developed by the AIDS Council of NSW, was launched on June 28. The Bill, described by ACON president Bruce Meagher as "safe and compassionate", has been developed after extensive consultation with community groups.

"It will enable competent adults who are terminally ill or who have a serious physical condition or illness which causes them unacceptable pain or distress to end their lives with dignity". Says Meagher.

Comprehensive safeguards are written into the Bill, including a requirement for two doctors to confirm the individual's diagnosis and prognosis; and a mandatory



"cooling off" period after the initial request for assistance is made, during which the person wishing to euthanase can change their mind. The Bill clearly stipulates that people considering euthanasia must be fully informed of all health care options, including palliative care.

"In legalising euthanasia, we will remove the secrecy, fear and hypocrisy which surrounds euthanasia and restore dignity to the people facing this decision. We call on the State Government of NSW to legislate accordingly", Meagher said.

"PLWH/A strongly supports the need for euthanasia law reform", says Acting Convenor Vivienne Munro. "We commend ACON for the work it has put into drafting this proposed Bill.

"The introduction of this Bill into Parliament can provide a legal framework for doctors to learn a new language for people in their care. The emotional traumas from botched suicides, people dying alone for fear of implicating their friends, the unheeded pleas from loved ones wishing to end their lives, must stop."

Vivienne told *Talkabout* that PLWH/A will continue to advocate and lobby to ensure that euthanasia law reform becomes a reality.

## Screamline

A NEW FREE CALL PHONE LINE offering support to women in NSW living with HIV/AIDS is finally underway. Amelia Tyler, then HIV Support Officer at ACON, identified the need for such a service after needs assessment of HIV positive women conducted by Megan Mkwanzani in 1991, indicated the isolation many Positive women experience. Amelia dubbed her idea "the Screamline", and in 1993, Vivienne Munro, then Women's HIV Support Officer, secured a grant from the AIDS Trust to make

this idea a reality.

The service aims to break down the isolation and loneliness experienced by Positive women, both in Sydney and the outlying areas of NSW. It also aims to inform women of appropriate HIV friendly services they can access in their area. Importantly, confidentiality and anonymity are assured.

A residential training course for Positive women wishing to staff the line will include, amongst other things, workshops on communication and listening skills, safe sex and IDU practices, basic medical and treatments information and peer support issues. The weekend will be facilitated by a counsellor who is well versed in the issues facing Positive women. Various workers with different areas of expertise in women and HIV will give talks and conduct workshops. The training weekend is July 22-23 and the places are filling up fast.

Kath Vallentine from Positive Women, has been employed on a casual basis to establish the *Screamline* which will operate out of the ACON offices. Any HIV positive women interested in attending the training weekend or wanting further information about the phone line, call Kath on 206 2085.

The *Screamline* will be launched in early August and the number will be 1800 630075.

Congratulations to those HIV positive women mentioned above who have worked — determinedly! — to get this vital service started.

## New women

*TREAT YOURSELF RIGHT* IS A NEW booklet written for women who have just been diagnosed with HIV or AIDS. It provides a range of info starting with an explanation of a positive test result, and covering treatments, opportunistic infections, general health issues such as diet, drug use and pregnancy choices.

As well as info on the



Photo: Mazz Images

**Happy birthday to Ankali, who turned ten in May. At the birthday party and Ankali poster launch were (L to R) Lee Furlong, Jenny Jagger, Anthony Earl, Inga Brasche & Lyn Hocking.**

antiretroviral drugs (AZT etc) it lists prophylactic treatments and a number of useful alternatives, such as echinacea and St John's Wort. There is also a nation wide listing of Positive support groups, PLWHAs and AIDS Councils.

The booklet was produced by the AIDS Action Council of the ACT, but the steering committee overseeing its development was made up representatives from NSW and Victoria as well. It's available from your local AIDS Council.

## Social research

AS REPORTED IN *TALKABOUT* LAST month, the National Centre in HIV Social Research is interviewing people participating in the 3TC/Loviride trial. The National Centre is now extending their research to include people who started taking 3TC under the Special Access Scheme (also known as 'open label') in May or June. If you fit this description, they'd like you to complete a confidential, self administered questionnaire. If you'd like to participate, call (03) 9418 6909 or

Freecall 1800 064 398 as soon as possible so the appropriate consent forms can be mailed to you.

The National Centre is also developing research projects on how different approaches to care affect PLWHA's quality of life; how people experience and handle long term survival; and care of the carer. A collaborative study of GP burn out has started under the wing of the Community HIV/AIDS Research Network.

These areas of research were prioritised after a consultation process involving NAPWA, AIDS Councils and PLWHA carer groups.

## Radio access

*ACCESS POSITHIV NEWS*, SYDNEY'S first radio program dedicated entirely to people living with HIV and AIDS, now has its own time slot on 2SER-FM. *Access*, which has been broadcast on *Gaywaves* since it started over a year ago, will now be broadcast Tuesdays at 9.30 pm. *Access* covers issues, services, news and personal stories relevant to Positive people, their friends, carers and families. Contributions are wel-

## Briefs



• The Housing Co-op initiative mentioned in the June *Talkabout* has prepared a submission for funds to the State government. For more info on the group, call PLWH/A on 361 6023.

• Camp Goodtime, the annual camp for children with HIV/AIDS and their families, will run for three to four days from September 22. Children of Positive parents also come to the camp. The camp is organised by the Prince of Wales Paediatric AIDS Unit. There is a training weekend for volunteers August 5-6. Anyone interested in caring for a child at the camp should call ACON Illawarra on (042) 26 1163, and leave your name and phone number.

• A new monthly discussion forum is being organised by the National Centre in HIV Social Research, Macquarie University. The forums will discuss current issues in the fields of social research, epidemiology, education and clinical research. In July there won't be a forum because the HIV/AIDS & Society Conference is scheduled for July 11-12. To find out more about the forum, or to suggest topics/speakers, call Julie Carruthers on 850 8047.

• A comprehensive guide to all HIV/AIDS services in the Central Sydney area was launched at a Gay Men Fighting AIDS (GMFA) Gaylife night on June 27. The guide contains both hospital and community based medical and nursing services, support and health promotion projects and after hours nursing services, as well as alternative therapies such as shiatsu. To get a copy, call 519 5202.

• Secondary school students are being asked to consider the wider impact of AIDS on our culture, society and economy, in a State wide education initiative launched on June 1 by Health Minister Andrew Refshauge. Students are encouraged to enter a poster competition with poster designs based on the slogan "AIDS Affects Us All". Alongside the competition is an education package centred around the Australian AIDS Memorial Quilt. For more info call Michael Reid, World AIDS Day Project officer on 350 2611.

• The Positive Injectors Group (PIG), a new group for lesbians and gay men, met for the first time on June 21. For more info about the group, call GLIDUP on 206 2074/2096.

• ACON's third annual beauty Mlle Bastille pageant (DCM, July 14) has been renamed in protest at the French government's decision to resume nuclear testing in the South Pacific. Renamed Ms Mururoa, the pageant, expected to be as fabulous as ever, will raise funds to subsidise nutritional supplements for PLWHA. Tickets are \$5 from ACON. There will be a stair-climber for easier access to DCM and the pageant will be sign interpreted.

come. Anyone wishing to volunteer time or send in info can call Steve Doherty or Shane Wells on 516 4772, Fax: c/o 2SER, 330 3099.

## Sharing the Caring

CARING FOR YOURSELF CAN BE DIFFICULT (appointments, clinics, collecting supplements), never mind caring for your lover or friends and family. With the progression of HIV disease this can get even more stressful. Sometimes you just need a break!

There is the possibility of a respite stay in a hospice, but sometimes another stay in a hospital environment can be the last thing on your list.

Where else can you get some extra help and a chance to retreat from the humdrum? How about a safe, comfortable and pleasant haven on Sydney's Northern Beaches? With your own room, space for your lover or a family member and a few friendly volunteers around the place to lend a hand. This is now available at Des Kilkeary Lodge (DKL) run by NorthAIDS.

Why spend time at DKL?

Perhaps living by yourself is difficult at the moment and there aren't enough people to help out or you just need a little bit of company.

Sometimes it might be time for a break from your carer, or equally your carer might need a break. For a family it can be a short break away together.

If you are from the country it could be a chance to have access to city services or visit friends and family in the Sydney.

Some people use DKL as a period of 'time out'— especially immediately after an illness. This can be time to regain some strength and confidence before going home.

But one thing is for certain, the service is here for you to use.

We are able to organise transport from your home to the Lodge and

back at the end of your stay. Volunteers can also assist you to get to appointments and clinics, or simply down to the beach or the movies.

If you live in the Northern Sydney area you are welcome to drop in to our Day Centre for lunch on a Friday. Or perhaps make use of our developing program of complementary therapies, such as massage and meditation. You are also able to order and pick up your supplies of Vitamins and Supplements as NorthAIDS is a secondary outlet for the ACON Vitamins and Supplements Service.

## Positively pregnant

■ Every year, an estimated 7,000 Positive women become pregnant and have babies in the US. The US Centers for Disease Control is in the process of drafting guidelines for the counselling and testing of pregnant women. (*World*)

■ The American Foundation for AIDS Research (AMFAR) is advising clinicians to offer AZT to all HIV positive pregnant women, since a trial in 1994 showed a dramatic drop in the rate of vertical transmission to the infants of mothers on AZT. Prophylaxis for MAC, PCP and toxoplasmosis is also recommended.

AMFAR also advises that there is no need to routinely perform caesareans on Positive pregnant women because there are risks associated with Caesareans and its value in preventing transmission is unknown. (*AIDS Clinical Care*)

■ Smoking cigarettes after the first three months of pregnancy increases the risk of the baby contracting HIV from the mother, particularly if the mother's CD4 (Tcell) levels are below 20%. (*WorldAIDS*)

■ *Talkabout* hope to publish an update on pregnancy later this year. If you'd like to share your story about a Positive pregnancy, call or write to Jill (details p.3).

## Benign HIV

AUSTRALIAN SCIENTISTS ANNOUNCED last month that they'd completed a description of the molecular structure and genetic components of an apparently benign strain of HIV. However their hope that the breakthrough will eventually lead to an AIDS vaccine is being disputed by other experts as well as AIDS activists.

The virus strain was first identified when six NSW people who had received infected blood failed to progress to AIDS. Melbourne's McFarlane Burnett National Center in HIV Virology has spent the last four years sketching the genetic details of the virus — which they have now patented.

It has been suggested, particularly in a report aired by the ABC's 7:30 Report, that AIDS vaccine development will now be sped up with potentially lucrative spin-offs for Australia.

Spin offs from vaccine development in the form of treatment for the already infected has been slow coming with only one Immunogen, or therapeutic vaccine, having been trialled.

— Paul Canning

## HIV clearance

THE FIRST DOCUMENTED CASE OF AN HIV positive child clearing the virus from his blood is thought to be a case of infection by a weakened form of HIV. University of California Researchers (UCLA) recently announced that the child, whose blood had shown evidence of HIV since birth, no longer showed any sign of infection. They suggest that the child's immune system was able to clear the virus somehow. All babies born to positive mothers have maternal antibodies to HIV, but in this case evidence of the virus itself was found, which makes the case remarkable. The researchers are studying the child's virus strain in case it can produce immunity without infection. (*AIDS Alert*)



Photo: Mazz Images

Ron Handley (left) and Hugh Monroe contemplate the food collected outside Aussie Boys, June 17.

## HIV on the road

THE NSW GAY AND LESBIAN Roadshow is a collaboration of government and community based organisations (including PLWH/A NSW), serving the lesbian, gay and transgender communities. One of the Roadshow's aims is to strengthen HIV/AIDS networks in country NSW and foster closer relationships between city and country groups.

The roadshow strategy is to hold a series of regional public forums designed to allow its target audience to identify their particular needs and concerns, and for city based groups to outline the services and support they provide.

The Roadshow has already visited Parramatta, Newcastle, Lismore and Dubbo, and will be in Wollongong on August 26. Dates are yet to be announced for Armidale, Albury-Wodonga and Katoomba.

Each local forum will be designed in consultation with local groups, who will also play a major role in coordinating and advertising the forum. For more info contact ACON Rural Project, 2062016 or Suzie at the Anti-Violence Project, 008 637 360.

## Food facts

POSITIVE RELIEF IS THE NAME OF THE working group set up at a meeting to address the food crisis among PLWHA pensioners on May 17. Positive Relief, which is dedicated to the relief of financial hardship of PLWHA, plans another public meeting for July 22. This meeting is intended to be an open forum for PLWHA to discuss their needs and opinions with representatives of the HIV/AIDS service organisations. For more details call Jim Belford, 206 2038 or Michael Glynn, 660 4190

Positive Relief has applauded the food collection day on June 17. Sponsored by Aussie Boys, Metropolitan Community Church, the Luncheon Club and Cafe 191, the collection raised a panel van full of groceries (worth \$2,000) and \$2,700 cash. Another food collection will be held soon. Volunteers, businesses and groups can contact Carole Ann King on 389 7477.

The cash raised will be used to buy more food, which will be distributed by the MCC through their Manna Food Hamper Project. The Manna Project is a food assistance project primarily for lesbians and gay men with category 3 or 4 AIDS.

## Briefs



● Kaposi's Sarcoma has recently been linked to a newly discovered Herpes virus. The identification of this virus is thought to be a major breakthrough because better understanding of the disease means scientists are in a better position to develop treatments for it. US researchers are optimistic to the extent that some think it will be possible to develop prophylactic (preventative) treatment for KS. TAT inhibitors and a pregnancy hormone (chorionic gonadotrophin) which appears to kill KS cells are among a number of promising potential treatments. (*Being Alive, The Australian*)

● A major study on d4T (Stavudine) in the US has shown that the drug is more effective than AZT in delaying disease progression. Side effects, however, are a concern, with some people unable to tolerate the drug. d4T, which was approved by the US Federal Drug Administration in 1994, is still being trialled in Australia. (*AIDS Treatment News*)

● Bush medicine may provide treatments for AIDS, even a cure. The medical research company Amrad is testing a range of bush medicine plants from Tiwi Island in the NT as possible treatments for HIV, cancer and other viral infections. Tiwi islanders use the plants for fever, swellings and stomach ache. Murray Tait, biochemist with Amrad, is "optimistic about what we'll find from these plants." (*The Canberra Times*)

● HIV may weaken people's immune system by destroying 'naive' T cells, according to Stanford University immunologist Dr. Mario Roederer. Naive (immature) T-cells are required for immune response to a new antigen (such as bacteria or a virus), whereas the mature T-cells can only react to specific antigens. Thus the destruction of naive T-cells means the body is more vulnerable to attack by new opportunistic infections (OIs). (*Journal of IAPAC*)

● A study of the medical records of 300 San Francisco patients under long term treatment with Traditional Chinese medicine has found that TCM is most effective for the following conditions: Weight loss, diarrhoea/loose stools, abdominal pain, nausea, headaches, enlarged lymph nodes and neuropathy. (*AIDS Treatment News*)

● The anti-cancer drug topotecan has shown in the test tube to be effective in inhibiting the growth of HIV. SmithKline, the manufacturer, have concerns about the drug's toxicity, but are embarking on two (US) trials of topotecan in people with AIDS related cancers lymphoma and KS. The company is also making the drug available for trials. These trials should indicate the drug's efficacy both as an anti-HIV and as an anti-cancer agent. If the drug does slow HIV's reproduction rate, this may be the key to slowing the emergence of drug resistant strains of the virus. (*Treatment Issues*)

This policy recognises the difficulties gays and lesbians have sometimes experienced with non-gay services. Positive people who are not gay or lesbian are encouraged to seek help from other care organisations. For more information call Rev. Greg Smith 332 2457.

### Pls update

INTERNATIONAL DRUG COMPANY Roche has committed to an expanded access program for their Protease Inhibitor (PI) Saquinavir beginning in "the second half" of this year.

Numbers will be severely limited (50 for Sydney has been suggested), with access to the drug decided on a "global basis". Top priority would go to people with advanced AIDS (CD4 counts <50) followed by those with higher counts who cannot tolerate or are failing on available antiviral therapy.

A local trial of Abbott PI Ritonavir was reported as effective in reducing viral load and increasing T-cell counts over the trial's period. However the company does not expect it to be available on compassionate access until 1996. A stage three trial to assess long-term benefits is just beginning.

— Paul Canning

### Don't spit

A SPATE OF LEGISLATION ACROSS THE United States is cementing AIDS hysteria into the nation's justice system. Positive Americans face tough penalties under the new laws.

In one case, prisoner Curtis Weeks, who spat on prison guards, was convicted in late 1989 of attempted murder and sentenced to 99 years. He's still in prison.

In another, more typical case, in 1991, Jeffrey Hanlon was accused by his ex-lover of having had oral sex with him without disclosing that he was HIV Positive. Hanlon was extradited to Michigan to face the charge under the state's new "AIDS Disclosure" law. County prosecutor Michael Riley said of

Hanlon "We're dealing with an AIDS pusher here . . . They're killing people, and they must be stopped."

An AIDS disclosure law is a criminal statute that makes it illegal for a person who knows he or she is HIV Positive to engage in certain activities without first disclosing this. At least 26 states have passed amendments to existing law making any potential transmission of HIV — intentional or not — a felony of the same magnitude as rape, assault or murder.

Michigan attorney Mark Brewer (who defended Hanlon), sees these statutes as being directed particularly against homosexuals. He and others opposed to the laws are concerned that they are fuelled by fear and irrationality and will do little to stop the spread of AIDS. (*Spin*)

### Budget Blues

CHANGES TO COMMONWEALTH MEDICARE funding for pathology (testing) announced in the budget and due to be implemented from July 1 were attacked last month by HIV/AIDS doctors. The policy change would have led to GPs being able to only charge the three most expensive items for "each episode" to Medicare.

Following the complaints the Department commenced a review with either direct subsidies to HIV/AIDS doctors or exemptions for HIV-related tests cited as likely outcomes.

Press Secretary to Carmen Lawrence, Brenda Conroy, described the impact of the budget changes as a "completely unintended consequence which we're anxious to correct to ensure that no PLWHA or practitioner is threatened."

Conroy also reported that the much-delayed audit into Federal treatments funding would report "within one to two months".

Another budget change, which dramatically raised the non-pensioner Pharmaceutical Benefit Scheme contribution, was earlier attacked as "appalling" by outgoing PLWHA/A Convenor Steven Ford.

— Paul Canning

# Talkback



## Red faces?

When the *Sydney Star Observer* quoted Clover Moore's remarks deploring the lack of cause of death in the eulogy for Tony Doyle, they also reported that he was gay and died of AIDS. One of the basic tenets of journalism is that you should only print confirmed information as fact. The *Star's* claims were and remain uncorroborated. I used to work in the editorial department of a Murdoch owned national daily newspaper; we would have blushed.

The theory of outing is that harmful hypocrites are exposed and prevented from doing further harm. I have not heard anything in this story to suggest that Tony Doyle was such person, so if the story is true, it is simply exposure.

I believe in maintaining confidentiality and respect for privacy in life and death. Removing the right to tell or not to tell your own story is disempowering.

The *Star* cannot boast about its turnover and circulation in one breath, and in the next claim the scandal was all the *Herald's* fault, because it is only meant for the eyes of a few hundred people in Oxford Street.

There are plenty of stories to tell about people who openly live with HIV/AIDS. The trouble is they are ignored by the gay and lesbian press. Dead AIDS fighting heroines and heroes are acknowledged upon payment of \$45 up front to put a death notice in the *Star*. Tributes to the living? Forget it.

Will the *Star* continue its crusade and expose every overheard recreational drug use, abortion, immigration overstay and sexual

adventure because these things are nothing to be ashamed of? But take care media workers, monsters often turn on their creators.

— *Jamie Dunbar*

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

## Notice

TPN: A letter has been received, not for publication, which claimed that total parenteral nutrition (TPN) was not being used for PLWHA in hospitals in Australia. In case you've heard the rumour, this is not the case. TPN is available to PLWHA, in fact one PLWHA has recently received TPN at RPA.

Reasons given for not using it extensively are that health care workers prefer to use the gut whenever possible for supplementary feeding; there are limited indications for its use in anyone; it is a very invasive procedure; there are concerns about infection risks; and expense.

As I mentioned in the article, TPN is not available for life support alone. It's possible that the indications for the use of TPN are either not broadly understood by PLWHA or need to be broadened.

Is this an issue that needs to be debated? If you have experiences of TPN, or comments on the issue that you would like to share, please contact *Talkabout*.

**Dementia:** An AIDS Dementia conference held in Sydney in June highlighted the fact that people are living longer, in greater numbers, with dementia and HIV/AIDS. *Talkabout* hopes to publish a feature on dementia in the September issue.

## Olga's Personals

Extremely healthy HIV+ guy with very positive attitude wants to be with that special guy with whom I can communicate well, cuddle and adore. If you like romance & cuddling up in front of an open fire while listening to Enya, call me. Me, blonde, 32, 181cm, 75kg and attractive - Offer - sincerity, honesty, romance, and commitment as lover or friend.  
#950605

### 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.

## with Complements

With Complements will be taking a much deserved rest for the month of July.

The next edition will be out at the beginning of August.

## Tribute



### David McDiarmid

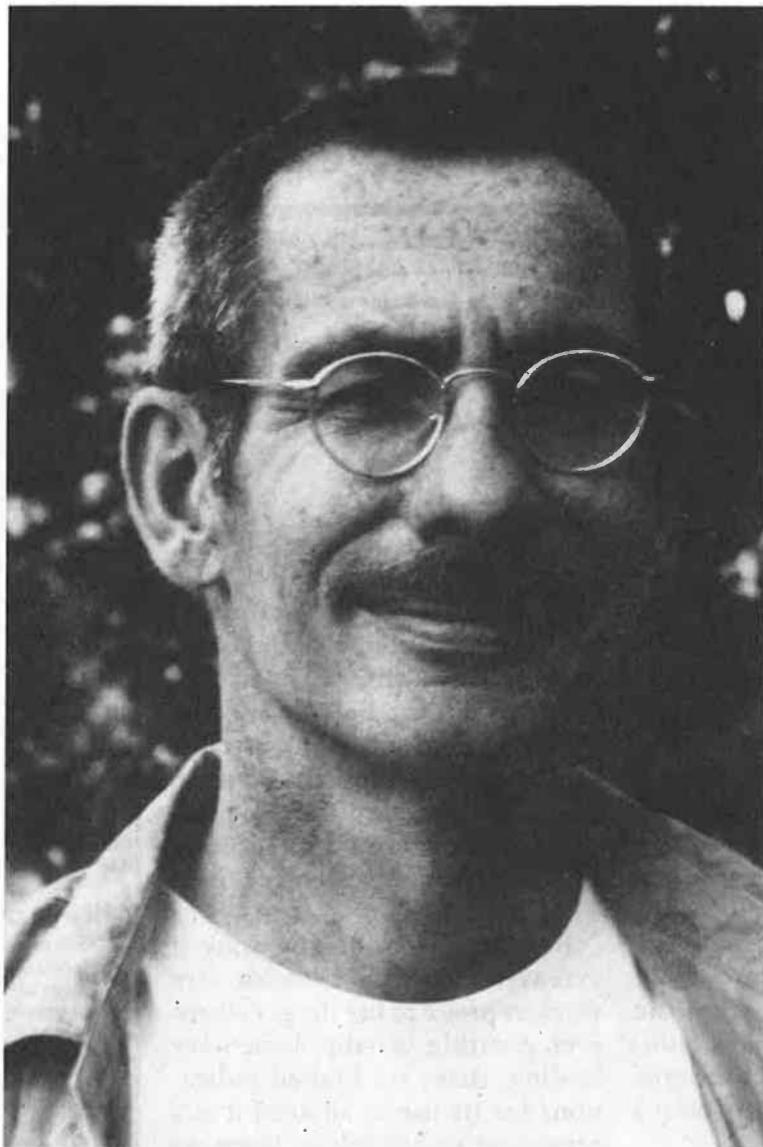
David McDiarmid is a hero.

He was a hero exploring the boundaries of the gay male sexual revolution in New York, Fire Island, San Francisco and elsewhere in the 70s and early 80s. For him, and for others like him, this was an investigation of the limits of what it means to be human.

He was a hero of the first days of Gay Liberation in Melbourne in the early 70s, living and exploring a new political consciousness and new notions of sexual and personal identity.

He was one of the heroes who took to the streets in Sydney in 1978 shouting "Stop police attacks on gays, women and Blacks", pushing the limits of what was politically possible and creating the environment and the relationships which were to lead to the beginnings of what is now The Sydney Gay and Lesbian Mardi Gras.

During the most masculinist period of gay maleness in the 80s he maintained strong and vital relationships with radical feminist and lesbian women, and continu-



ing a pattern he established in the 70s, was drawn to the political edges we were on. He was one of the gay men who *did* vote for the inclusion of the word *lesbian* in the title of Mardi Gras in 1987.

He was always ahead of the game politically, he was always part of what was to *become and emerge* rather than what was or is. For him life was a political, creative and communicative edge.

His work as an artist was always on an edge. His first solo exhibition, "Secret Love" at Hogarth Galleries in 1976 was an in-your-face exploration of sexual games and identities. Stylistically it explored graphical imagery from advertising and pornography, while at the same time revealing the fine drawing and painting skills which would distinguish his more recent gouaches exhibited at Syme Dodson Gallery in 1991, and the world famous safe sex posters done for ACON in 1992.

Apart from the political and stylistic edges of his work there was the edgy way he lived his life as an artist. He never saw himself primarily as a gallery artist. He

maintained an ironic detachment from the vanities and vagaries of the fine art world while being a major achiever within it. His work did not fit neatly into the art categories and trends of his time but traversed boundaries of the decorative, the 'serious', the political and the as-yet-uninvented.

David was a hero as a friend. He was the kind of friend who

always wanted you to be pushing things a bit further than you did last time, who expected his friends to have the same high standards of honesty, intelligence and ability to take risks as he did himself. He was extraordinarily generous and loving while having no patience at all with fools and cowards. He was on a creative and

courageous edge always, in living and in dying, and he made that edge extremely glamorous, exciting, beautiful, transforming, dirty, daring, and ecstatic.

— **Sally Gray**

*Sally Gray is a Sydney based Cultural Consultant. She was David McDiarmid's friend for 21 years.*

ACON Committee  
 Activist  
 Adorable  
 AIDS . . . living, thinking, questioning, fighting, understanding  
 Amateur Chamber Music Society  
 Barcelona  
 Brother  
 Cafe  
 Chose his own death  
 Clear  
 Computers  
 Cool  
 Cute  
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 Direct  
 Engineer  
 Family  
 Fishtanks  
 Friend  
 Hanggliding  
 Honest  
 In your face  
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**Neil Sanderson**  
 Pacifist  
 Pedant  
 People Living With HIV/AIDS  
 Poof  
 Redhead  
 Sexfiend  
 Socialist  
 Son  
 Sydney University Orchestra  
 Techno queen  
 Uncle



Vertigo Free  
 Viola Player  
*With Complements*  
**To us Neil meant:**  
 Frustration  
 Glory  
 Kindness  
 Love  
 Pride  
 Sadness  
 Total acceptance  
 Neil is dead now, we miss and cherish him.

— **Jamie Dunbar, Rob Lake**

## Poetry

### Candlelight 1995

We light a candle to show our hearts the way.

A marching sea of beacons  
 Warming ourselves with memories, with love.

In the silent flames we see their faces.

Longing to reach out to comfort, to hold,  
 to touch a part of yesterday  
 We are held back by death

They are the candles, showing us the way

Brave sentinels of courageous marble

Strong, proud and defiant in battle, in defeat.

In disease's wake they see us marching.

Struggling ceaselessly to stay afloat,

to swim to the 'morrow's shore.

They no longer fear of death.

We light a candle to show our hearts' unrest.

An ocean in the calm of the cyclone's eye,

Awaiting the devastation yet to come.

Behind night's darkest blanket they light candles

Placed in universal windows, for us.

Filling the night sky with memories, with love

— **Shane Wells**

### Wake-up

Today it is a toothbrush  
 (oral hygiene)

Yesterday my shoe-lace snapped  
 (thread of life)

Tomorrow a glass will break  
 (shattered dreams)

Every day  
 Something, at some point reminds me

I will die

Every morning, I open my eyes and

I wake up

Every morning, at some point after

I wake up again.

**Anon**

# It's alright I'm only dying ma...



Photo: of Jeremy (Stuart Bennett) by Ludwik Dabrowski, from the Not Fade Away episode broadcast Tuesday June 27 of the ABC's GP series.

by Paul Van Reyk

SOMETIME IN THE EARLY MORNING OF May 25, 1995, a huge step was taken by one of the smallest Parliaments in the world. The Northern Territory legislature legalised the right to medically assisted voluntary euthanasia for those with a terminal illness.

They did not go down the Dutch track of putting in place a defence to a charge of assisting suicide. They did not go the way of the Oregon legislation which would (when passed) allow a doctor to prescribe a lethal dose of drugs but not to administer them. They put in place a law which many people have been wanting for a long time: a law codifying how someone with a terminal illness can ask for and receive help from a doctor to end their life.

That's no small feat. The Sun-

day before, the Catholic church in Australia had priests read out a letter to parishioners condemning the proposed legislation. The Right to Lifers had been grabbing as much press as they could, falsifying the findings of a report on the Dutch experience to justify their opposition to the legislation. Palliative care specialists were drawing a very long bow by directly linking the lack of a palliative care facility in the Northern Territory to the support for legislative change, as if the same proposal has not been made in parts of Australia where palliative care has been available for some time. And all kinds of people were rushing to draw parallels between the legislation and the holocaust or 'ethnic cleansing'.

Death, it seems, still has the capacity to scare the hell out of a whole lot of people. Or maybe it's hell that has the capacity to scare the death out of a lot of people.

Well, I don't know whether Marshall Perron hummed the old Bob Dylan standard to himself, or whether any of the others who voted for the bill did, but their decision put death back into perspective for a little while, at least. Like 77% of the people of NSW want NSW politicians to do, according to the figures in the Herald-AGB McNair poll carried out a week after the NT law was passed. Like many of my friends who are people living with HIV/AIDS have done over the last 10 years. It's alright Ma . . . I'm only dying.

That's not to say at all that I'm one of those who the anti-euthanasia camp would want to paint as anti-life. I have the greatest respect for life, and so do those friends who've chosen euthanasia. But it's what you mean by life that matters in this debate. Talking with a friend of mine about his choice

about dying, he's clear that lying there waiting to die — without being able to independently carry out the simplest tasks like eating, washing, interacting with your lover and friends — may be life at some biological level, but it isn't life as he has learnt to value it.

And the crux of the issue is that

Victoria, South Australia, the ACT and the Northern Territory already have 'natural death' legislation. In NSW, *Dying With Dignity: Guidelines for Management* set out the conditions under which a health practitioner can agree to a patient's request to stop or withhold 'futile treatments'.

til the Dutch regulations we did not have a model for how we might go about codifying the practice, what protections we'd build in to prevent the infamous 'slippery slope' we hear so much about at the moment.

(You know, that's the argument that says that if you start off by letting me ask someone to help me die, then we're in for a round of 'cleansing', ethnic and otherwise. As Beatrice Faust said in *The Australian*, this stems from "a perverted view of the human condition: people are seen as naturally bad and likely to abuse even well-intentioned laws". She doesn't believe that. Neither do I, nor do other proponents of euthanasia, and particularly nor do many proponents of euthanasia who have every reason to fear the murderous use of the law, homosexuals among them. Alarming, recent developments in the debate are indicating that it may shape up into a conflict between black and white Australians precisely in the area of the abuse of law. Those of us working for law reform have to make sure that it doesn't.)

But now we have the Northern Territory legislation to look to, and there are proposals coming up in South Australia and the ACT (a re-tabling of a Bill that was withdrawn last year). With all of these proposals over the last year, the fact is that there has probably never been more debate about euthanasia. It's interesting that a week after the Territory law was passed, people were sure enough of their position to overwhelmingly support legislation throughout Australia. If there is a need for debate, it seems to me, and to others working for euthanasia legislation in NSW, that it should no longer be about whether there should be a law, but what the law should look like.

---

*Paul van Reyk is the author of  
Choosing To Die.*

***"It's not a new thing, though the way people have jumped on the bandwagon of calling for a full debate on the issue you'd think it had sprung new born from Perron's brain"***

no-one has the right to tell him he's wrong, and then keep him lying there to prove some point. For someone who is terminally ill or who has a degenerative condition, the right to choose how and when to die is a basic human right. I believe that, absolutely. To exercise that right freely, we need to have a range of options about dying and how we will live until we die. That range must include the right to continue with all available treatment; the right to cease active treatment with or without palliative care; and euthanasia.

No-one argues against the principle that within the bounds of what's available everyone has the right to be treated with every appropriate therapy, even the most aggressive therapy, until they die. All our treatment activism in HIV/AIDS is premised on this. And if it means taking a risk with experimental treatments, we've argued that that's our business.

Similarly, few people now oppose a person's right not to undertake any treatment or to cease treatment. The law supports that right. Medical treatment is viewed at law as an interference with your body. A mentally competent person, over a certain age (which varies from State to State), must give fully informed consent before someone can treat them. A person who treats someone without their consent may be liable for assault.

When someone chooses to cease treatment, they should have the right to the best palliative care available. Despite what's being said now by those opposed to euthanasia, no-one who supports euthanasia has ever proposed it as an alternative, in that sense, to palliative care. Certainly, people with HIV/AIDS will not stop calling for improved palliative care if and when euthanasia legislation is introduced in other States, as I'm sure Territorians will not. If anything, I think it is a strong argument for putting more resources into palliative care, to give people equity of choice.

But even palliative care specialists have in the past agreed that for a substantial minority of people with a terminal illness or degenerative condition, the best palliation available will still not be sufficient to provide adequate pain relief. And, if at the end of the day I am over being palliated, then, just as I have the right to say no to treatment, I should have the right to say no to further palliation.

So, it comes down to euthanasia. It's not a new thing, though the way people have jumped on the bandwagon of calling for a full debate on the issue you'd think it had sprung new-born from Perron's brain. The fact is that voluntary euthanasia is a well-established practice which has been argued about for years. It is true that un-

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

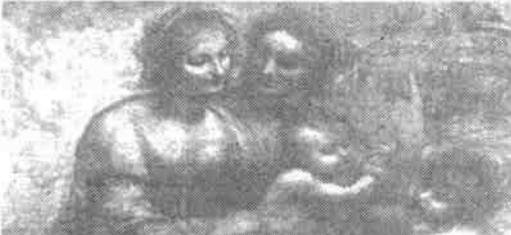
معلومات سرية مسجلة.  
هاتف رقم: 391 9971  
عيادات صحة جنسية مجانية وسرية.  
هاتف رقم: 350 2742  
خدمات مستشفى مجانية وسرية.  
هاتف رقم: 350 2955

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

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

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Điện thoại : 016 288 504  
Xung quanh vùng St George,  
Điện thoại : 018 479 201  
Xung quanh vùng Sutherland,  
Điện thoại : 018 277 717

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Liều Miễn phí và bảo mật,  
Điện thoại : 350 2742  
Những dịch vụ Nhà Thương Miễn phí  
và bảo mật Điện thoại : 350 2955



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DATE BOOKS FOR THE  
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IF YOU CAN HELP CALL THE  
DAY CENTRE ON  
(02) 357 3011



**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



YOU LIKE TO JUMP THE FENCE BUT YOU  
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- counselling
- treatment
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CARE -  
INCLUDING  
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- Community Nursing Care (contact your local community health centre or phone 550 6700)
- Dietary Advice & Consultations, ph 516 6111 page 6737
- Emotional Support and Counselling, ph 516 8131
- Equipment Lending ie: wheelchairs, walking aids, spenco mattresses & other home comfort aids, ph HIV O.T. 890 1222
- Gym/Exercise & Hydrotherapy Classes, ph 516 6111 page 6861
- Injecting Drug Users Counselling, ph 660 5455
- Mental Health Counselling, ph 560 4500
- Multicultural Support & Education, ph 516 6395
- Needle & Syringe Exchange & Delivery Service, ph 516 7703
- Pain Management/Palliative Care & On Call Nursing Service, ph 516 7755
- Relaxation, Stress Management & methods for maintaining your energy levels, ph 516 6111, page 2550
- Sexual Health Advice & Screening, ph 560 3057



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HIV CARE IN YOUR COMMUNITY

CENTRAL SYDNEY AREA HEALTH SERVICE

PROVIDING QUALITY CARE IN THE INNER WEST

For further information please phone David on 560 3057

# 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 us a call on 206 2014.



**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



## 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)



**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 Westacott, 231 2111.

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

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

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

**SEX WORKERS' OUTREACH PROJECT (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.



**Sydney Sexual Health Centre**

Needle syringe exchange  
**Sydney Hospital**  
 Macquarie St (near  
 Martin Place Station)  
 for an appointment  
 or information  
**223 7066**  
 \*no medicare card required  
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Services provided:  
 >STD test, treatment and  
 information  
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 bucks for this space, even less  
 for a year of repeats  
 Call Paul ☎ **361 6750**

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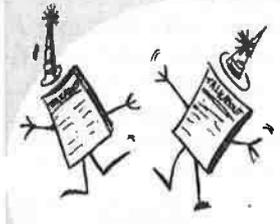
Dr Robert Finlayson ◦ Dr Ross Price ◦ Dr Mark Robertson  
 Dr Anna McNulty ◦ Dr Neil Bodsworth ◦ Dr Debbie Couldwell  
 Fellows of the Australian College of Venereologists  
 and Dr John Byrne

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 confidential-  
 ity (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!

Philip McGrath

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



**SYDNEY PLWHA DAY CENTRE** The Day Centre offers a safe space to PLWHA where they can relax amongst their peers in an informal, supportive atmosphere. We offer a range of services including: delicious lunches Tue-Fri; massage; acupuncture; reiki; feldenkrais; international healing; shiatsu; yoga & meditation; child care facilities; library; sewing facilities; pool table. We also have access to a retreat throughout the year. Advice and information also available. All our services are offered free of charge. Donations welcome. 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.

**WORLD AIDS DAY NSW** 350 2611

**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 17, 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.

**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.

**SUPPORT OF POSITIVE YOUTH** 360 2945

**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.

**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.

**YOGA** Posture, breathing, meditation with Miren. Sydney PLWHA Day Centre Tuesdays 2-4pm. 357 3011 for more info.

## OUTSIDE SYDNEY

### HAWKESBURY & BLUE MOUNTAINS

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

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

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

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

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

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

### CENTRAL COAST & HUNTER

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

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

**COASTAL CONNECTIONS** Gay & lesbian social group. (043) 65 3461. PO Box

**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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St, Darlinghurst

259, Toukley 2263.

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

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

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

**KONNEXIONS DAY CENTRE** 11am-3.30pm Mon for lunch & social. Lesley. (043) 23 2095.

**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. Lesley Digram (043) 23 2905. Suite 3, No6 Burns Cres, Gosford 2250, PO Box 2429 Gosford.

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

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

## **NEW ENGLAND & NORTH COAST**

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

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

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

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

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

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

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

**GRAFTON HIV/NESB WORKER** Sharyn Dilossa. (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.

## **W E S T**

**BROKEN HILL HIV/STD WORKER** Darriera 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.

## **Regional Health Service HIV/AIDS Coordinators**

### **CENTRAL COAST**

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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  
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### **ORANA AND FAR WEST**

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Ph: (068) 81 2222/2242

### **SOUTH EAST**

Greg Ussher  
Ph: (048) 27 3148

### **SOUTHERN SYDNEY**

Colin Clews  
Ph: 350 2959

### **SOUTH WEST REGION**

Dalton Dupuy  
Ph: (060) 23 0350

### **SOUTH WEST SYDNEY**

Mark McPherson  
Ph: 827 8033

### **WENTWORTH**

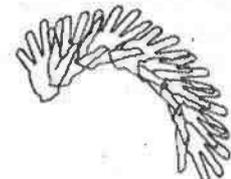
Elizabeth O'Neil  
Ph: (047) 22 2255

### **WESTERN SYDNEY**

Chris O'Reilly  
Ph: 843 3118

**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.





# Ankali: parachutes & best friends

*May 1995 marked ten years since the founding of the Ankali Project in Sydney, so it's timely to remind people about what Ankali actually does. Ankalis and Ankali clients share the secrets to the project's success.*

THE WORD ANKALI IS FROM A SOUTH Australian Aboriginal language and means friend. The Ankali Project is a division of Prince of Wales Hospital and is funded by the NSW Department of Health to provide emotional support services to people with symptomatic stage 3 HIV infection or an AIDS defining illness. The Project also provides emotional support services to partners, family members and friends of people in this situation.

The Project is staffed by five full time co-ordinators with backgrounds in Social Work, Psychology and Education and one full time Administrative Assistant. The last decade has seen 1,049 Ankali volunteers provide emotional support to 1,156 people affected by AIDS. Currently the Project has 224 emotional support volunteers, some of whom are themselves living with HIV/AIDS.

The Ankali Project's services and programs include:

- ⊗ The provision of trained, supervised and supported volunteers who provide one to one

confidential emotional support to people affected by AIDS.

- ⊗ Assessment, counselling, psychotherapy, bereavement support and referral services to people meeting the Project's referral criteria.

- ⊗ Bereavement support groups.

Limited staffing resources determine the frequency with which some ongoing professional counselling services can be provided. Lobbying for increased staffing needs to occur so as to ensure that Ankali can continue to provide a diverse emotional support service to people affected by AIDS as it moves into its second decade.

Ankali volunteers make an initial commitment of six months for up to six hours each week, including one hours attendance at a

weekly volunteer emotional support group meeting.

Ankali volunteers provide emotional support in the following ways:

- ⊗ Being non judgemental and objective listeners.

- ⊗ Providing permission to talk about issues and feelings that people in the client's friendship or family network may find difficult to hear.

- ⊗ Being a companion and sharing social activities.

- ⊗ Being available for phone support outside of office hours.

If you would like more information on the Ankali Project's services, please call our office on 332 1090.



*Peter and Deborah, his Ankali (see story next page).*

Photo: Mazz Images



## Peter & Deborah

*Peter Buckley has been an Ankali client since the service began ten years ago and has outlived at least three of his Ankalis, who were also HIV positive. Deborah, Peter's current Ankali, has been with him for three years. Peter thinks everyone should have an Ankali — if only there were enough to go around!*

*Deb, why did you become an Ankali?*

**Deb:** The whole idea of it appealed to me, because it was a community support organisation that was based on a one-to-one relationship where there was a contract between individuals as well as a contract between the volunteer and Ankali. I very much like the way that Ankali is set up. They train you, and having trained you they have very clear expectations about what you do as a volunteer and your commitment to the program while ensuring that you have ongoing support.

*Peter, why did you want an Ankali?*

**Peter:** I was diagnosed in 1985 and I was very lost and very upset. My very good friend Lesley Painter put me on the right track, at the time she was working at Ankali. That's how I became a client of Ankali. I've had six Ankalis.

It took Deb and I a bit of time to get to know each other, but we're very close now. She used to listen to me moan and all the rest of it. She's been very good and very patient with me.

I moved to West Ryde. I'm getting used to it but it's very lonely and Deb helped me through that. There were times that I was so sick, in the last year, that I've had to ring her up, because I just couldn't get out.

*What sort of things do you do*

*together?*

**Peter:** We go to the markets, we're going to see *The Phantom of the Opera* tomorrow night. We go to the street fairs and movies. That sort of thing

**Deb:** We're both very routine people, which is something we have in common. We come in to Oxford Street and have coffee, occasionally do some shopping. Peter shops and I advise.

**Peter:** I think we have a wonderful relationship. I know that she's always there for me, even if I had to ring late at night, though I've never done it. Deb's a very nice lady, I'm very pleased with her.

**Deb:** I've become fond of Peter. There's a very strong bond I think. We've just been talking about me going away at the end of the year for a couple of months. It's certainly been one of the things I've thought about a lot, [how it will affect Peter].

*Your Ankali's there to meet your needs, that makes it different to a normal friendship doesn't it?*

**Peter:** They've got to have a lot of tolerance to start with. I can imagine I'd be quite trying on some of them, because of the stress involved, with what the virus does to you. Usually you're not the same person from one day to the next. It's pretty stressful on the Ankali. A lot of people have had to give it up because of that.

It's like any friendship, but the person who's the Ankali knows the other person's going to die, even-

tually, and that'll probably upset them. I used to feel very upset about it all, but now I feel it's a relief sometimes and I will want to go, because of the pain and everything. The day will come when Deb will feel the same way. I hope she doesn't cry too much. That's what friendships are, they're love.

**Deb:** It is a very focused relationship. Peter and I'll often spend more time together than I would with my friends.

**Peter:** It becomes closer and closer. Deb's like a sister to me . . . maybe the best sister. You need good friends, and your Ankali becomes your best friend.

*Do you think your Ankali takes the pressure off your other friends?*

**Peter:** Most of my friends are dead.

*So she becomes even more important.*

**Peter:** Yes, that's what I used to cry about, isn't it? I've lost just about all of them. I'm now starting to come out again, meeting new people, trying to make new friendships. But it's very hard. At least I know I'm not going to lose Deb — not from the virus anyway.

*Deb, how do you feel about Peter's likely death — do you think about it?*

**Deb:** I do, and then I try not to, because you can't anticipate those things and you certainly can't anticipate what happens with the virus.

**Peter:** I keep bouncing back.

**Deb:** Since I've known Peter, there have been times when he hasn't been well, but there haven't been any hospitalisation. I know that before I was seeing him he had a very 'life and death' time in hospital.

Death's obviously the end point and even contemplating that is pretty dreadful, but it's the other things that people have to go through, like Peter said, losing all his friends, living in that almost constant state of grief. People like Peter are very gutsy people.





## Malcolm & Stephen

*Stephen and Malcolm met in February this year. Malcolm's partner Adrian had recently died and, while he'd had an Ankali help him through Adrian's illness and death, he felt he needed a change. A lot of things needed to change. In particular, although he was very happy with his previous Ankali, Malcolm wanted the support of someone who had been through a similar experience. Enter Stephen, whose partner had also died, several years previously. Stephen did the Ankali training about two years ago, inspired by Candlelight to put something back into the community that had supported him through his own partner's death.*

*Malcolm, how do you make use of an Ankali?*

**Malcolm:** I think Ankali means friend. That's a nice description, but it's a bit inaccurate. An Ankali is not really your friend, it's different. Private counsellor is more apt. People who choose Ankali's services might be misled if they think it means getting a friend.

With an Ankali you can do a whole range of things, like go to a movie, go to dinner, do housework together, swim together. You can't do that with a counsellor. It's different to a counsellor and different to a friend.

**Stephen:** It's different from a normal friendship. An Ankali is someone who's willing to listen and just be supportive of someone's decisions in their life. Sometimes in normal friendships you aren't able to do that. People want to tell you what to do and how to do it. I hope I respect Malcolm's own path and

don't impose my experiences.

Sometimes as a volunteer it's hard. It can be really tiring and draining emotionally, but you do have support from your group, so you're not alone with it. It's sometimes really hard to see somebody hurting. People have to have a place to express their grief.

**Malcolm:** I feel that I can cry in front of Stephen, and that's a big plus. I feel that I can talk about anything without him being judgemental. Your Ankali relationships can be intimate in that sort of way.

I've needed emotional support from Ankalis to cope with difficulties about seeing my partner deteriorate, and subsequently die. Fortunately I don't require emotional support to deal with HIV infection personally. If I was HIV positive my needs would be even more acute.

*Stephen, what sort of support do you get as an Ankali?*

**Stephen:** There's a regular support group once a week and outside of the meetings the group interacts with each other, particularly in times of stress. Sometimes it's difficult. The combination of what's happening in your own life and what's happening in an Ankali relationship can be stressful. Also your staff co-ordinator is always there.

*Can you tell me a bit about the training?*

**Stephen:** It's full on. It makes you look over your own grief issues. It puts you in touch with yourself, which is really important. You have to understand your own feelings. It helps you with practical skills, like how to listen. You feel like you've been through the wringer. I remember after the first training I almost stepped in front of a bus.

You form quite close links with other people that you trained with, solid friendships. It's the best training I've ever done for anything, not a pinch on anything I've done for

work.

*Can you talk a bit about having been an Ankali to several people?*

**Stephen:** All of my clients have been partners of people with AIDS and as time goes on, the need for support diminishes, the relationship changes. People move on. I still have some contact with both of my previous clients, more with my first client. I think we'll have a friendship for a very long time.

I suspect we will too. I really admire Malcolm actually, he's quite a strong person, I've got a lot of respect for him. He calls the shots, which is the way it should be.

As a volunteer you have to make sure you maintain the rest of your life. It isn't an open ended situation. There are boundaries around a relationship. Malcolm very much respects my time and space and the other parts of my life. My time is limited to an extent, Malcolm knows that, whereas in normal relationships, people consume it.

**Malcolm:** An Ankali can't be the total resource of one's emotional support. I get emotional support from a counsellor I've been seeing once a week from before Adrian died. We were seeing him together. Seeing him has been really helpful. I get some emotional support from friends, though I'm careful not to off load too much on them because a lot of them are grieving about Adrian as well. I've been going out to a lot of films, done a painting course, some yoga, swimming I do with Stephen.

I really look forward to the time we spend together. Before a session, I think what can we do together that will make me happiest. Between the two of us we've agreed to swim together once a week, we both want to do that. Although I like to suggest how we spend time together, it's also important to me that Stephen feels that he can say no if the suggested activity doesn't suit him.

**Stephen:** I went parachuting with a client.

*Interviews by Jill Sergeant*

# The **chance** to make a **difference**



*Since its launch on World AIDS Day last year, speakers from the Positive Speakers Bureau (PSB) have completed over 25 talks, reaching an audience of over two thousand people.*

*So far the majority of requests for a Positive Speaker have been from High Schools, but requests have also come from groups such as volunteer counselling organisations, youth groups and the Australian Institute of Environmental Health.*

*The PSB has the potential to grow and reach a much larger audience throughout NSW, not only in schools but in private and public sector organisations undertaking HIV/AIDS awareness programs. After more Positive Speakers have completed an intensive training course (run over three weekends in August), the PSB can be more widely promoted.*

*The PSB gives Positive people a voice and a chance to make a huge difference in people's lives. The PSB speaks to people for whom the myths, misconceptions and stereotypes of what it is like to be a person living with HIV/AIDS in the mid-nineties, may still exist. It is about educating, informing and reducing the fear and alienation that Positive people*

*experience, by making people in the wider community aware of the issues that we face, deal with and overcome. The PSB shows people that there is a clear message of hope, if we can continue to work together to overcome the fear and prejudice. If you want to play a part in spreading this message, the PSB is currently looking for more Positive speakers - positive in HIV status and in attitude. Whilst the training course (over three weekends) will be a large commitment in time and energy, the benefits are huge. Paul Maudlin, a current PSB Speaker, recounts his experience:*

I FIRST HEARD OF THE POSITIVE Speakers Bureau from the then Convenor of PLWH/A, Alan Brotherton, in September 1993. I was interested immediately and couldn't wait to find out more and become actively involved. It was a long wait until the very first community meeting the following April, and an even longer wait until training started in September 1994.

My first public speaking engagement was on World AIDS Day when, with another speaker, I ventured to the State's Central West to talk to 60 year 10 students, teachers and parents at Tullamore Central School. We were very well received and returned to Sydney confident that our first talk was successful. Above all, we helped to educate a group of young people whose attitude was "it will never happen to us out here".

Since Tullamore, I have gone on to speak to six very different groups of people. My speaking experiences have been challenging, rewarding and diverse.

For instance, my shortest talk was 30 minutes at Tullamore, and the longest was just on three hours at Kuringai /Hornsby Lifeline Counselling Service. The unit co-ordinator and I had to call an end to the proceedings as the volunteers were so enthusiastic.

At the Penrith Youth Health Centre I spoke to a group of young people who were doing a 36 hour voluntary peer education course on a diverse range of topics including HIV/AIDS. On my second visit I found that I was not only speaking but also facilitating the group of ten. This was great and a very different way of getting the message across. After our first coffee break, I split the group into two and we played games as a fun way to liven the group up for the second half. Afterwards, just for something completely dif-

ferent, I read the title page of my HIV journal to the group, followed by my account of the day that I was diagnosed. The evaluation forms that the group filled out on this session were truly inspiring. Most of the group agreed that they'd learned more about what it was like being Positive. They felt that it was better to have a real live person talk to them about HIV/AIDS than watching a movie or video.

Finally, my two trips to Nazareth College were challenging, especially faced with the prospect of talking to 20 Catholic school girls. On my second visit, to talk to the year 12 students my partner came along to see just what these talks are like. He, I am happy to say, was amazed at just how honest my talk was and at how many and varied the girls' questions were. Believe me, the questions were flowing thick and fast!

Following are just some of the questions they asked me:

Have you personally experienced any form of discrimination? Who was the hardest person to disclose your HIV status to? What did your kids say when you told them you're Positive; do they accept that you're gay? Do you get worried about getting sick, say

getting a cold? Do you think that famous people should disclose their HIV status.? Does your employer know about your status?

The second reason that I will always remember this visit was because after my talk I was approached by a dozen or so girls with questions that they either were too embarrassed to ask in the larger group, or didn't get the chance to. Three of these girls told me about their brothers being gay.

The other amazing thing to happen was that three other girls remembered my mentioning Ankali and wanted to know how they could become involved.

Sometimes I feel as if I've been touched by the good fairies because all of my talks have been a positive experience. One day I may come across a bad reaction, but as the saying goes, 'so far, so good'. I believe that I will be prepared for that eventuality. In the mean-time I will hopefully educate some people and stop some of the discrimination and fear that exists out there in the world at large.

*To find out more about the PSB and the Training Course, call David on 361 6864, Wednesday to Friday, between 10am and 6pm.*

## Positive Speakers Bureau Booking Form

Contact name.....  
 Organisation.....  
 Address.....  
 Telephone..... Fax.....  
 Number of audience.....  
 Please describe audience.....  
 .....  
 .....

Booking fee \$30 Speakers fee \$80 - \$120  
 Payment on invoice at time of booking confirmation (terms may be negotiable for non-funded community organisations)  
 Send to: PSB, PLWH/A Inc. NSW, PoBox 831, Darlinghurst NSW 2010  
 Telephone: 361 6864

# Long Term SURVIVING



*In the early years of the epidemic, we were told HIV would progress to AIDS and kill us in a couple of years, but ten years after the first HIV tests, there are people around who contracted HIV in the early 80s, or even perhaps the late 70s. For some, the prognosis is a lot better than we thought. Recent US studies indicate 12% of HIV positive homosexual men may remain AIDS free for 20 years after sero-conversion. Jill Sergeant summarises some of the factors influencing long term survival. Watch this space for more info in future issues.*

DID YOU KNOW THAT THE SCIENTIFIC HIV/AIDS establishment have a really odd name for people with HIV who remain well for many years? It's "long term nonprogressor". Scientists define this person as someone who's HIV positive but has been symptom free for eight to 12 years or has not progressed to AIDS. People who actually fit this description tend to use the term that you're probably more familiar with: long term survivor (LTS).

Naming the phenomenon is one thing; the question is: how can you live longer with HIV/AIDS?

Recent scientific and social research has come up with a variety of suggestions. On the scientific side, some factors found to be significant are:

- \* Age. On average, people who seroconverted in their teens or 20s progress to AIDS more slowly than people who seroconvert later in life.

- \* The strain of HIV. "Non-progressors" may have a weakened or defective strain of HIV-1. People who have HIV-2, another form of HIV mainly found in West Africa, progress to AIDS more slowly, however HIV-2 is extremely rare in Australia.

- \* Long term survivors' CD4 cells may be resistant to HIV.

- \* They may have a stronger immune system response to the virus than people who progress to AIDS more rapidly.

The last two factors may be due to unique genetic characteristics. San Francisco studies have shown that some people seem to have genetic protection against HIV. Pretty tough if you haven't got the right genes.

Infections are probably the major factor in progression to AIDS, because any infection can cause HIV to replicate more rapidly. The bad news is that common sources of infection are sex, drugs, food and travel. Unsafe sex or injecting practices may therefore cause more rapid progression to AIDS.

On the sociological side of the fence, lifestyle, psychological and emotional factors are perceived to be of equal, if not more importance than biological ones. This is often the experience of the experts themselves — the long term survivors. Chief among these factors is the perception that HIV/AIDS need not equal death. If you think that

it does, it may become a self-fulfilling prophecy. A more controversial version of this, becoming popular in Britain (and coming soon to an outlet near you) is the belief that HIV may have nothing to do with AIDS, so long term survival is not something to be surprised about.

If you're depressed about the implication of scientific research, that long term survival really depends on the luck of the viral or genetic draw, take heart from the fact that an intensive American study of long term survivors in the 80s found 14 characteristics (see box) that they all had in common, which have little to do with luck and a lot to do with attitude. And who's to say you can't overcome genetic bad luck with a bit of attitude? Be positive about being Positive and life might not be so negative after all.

Talkabout would like to publish your opinions about long term survival. Readers who identify as long term survivors — whether you use that term or not — are encouraged to share their stories. In the following pages, Jon Vincent kicks off what we hope will be a series of personal stories and informative features on this topic.

# Stand up and be Counted

*Diagnosed HIV positive in 1985, with a CD4 count of 497, Jonathan Vincent is the Positive half of a set of identical twins. Jonathan, who has lost four partners and a brother to AIDS, hopes that this article will encourage others to share their experiences of ten-plus years living with HIV or AIDS.*

ON MY BUSINESS CARD AFTER MY name I have the letters LTS. Inevitably this evokes the question from the recipient: what do these letters stand for? It is with pride that I explain that I am a Long Term Survivor of HIV, and I am vividly fierce about it. Perhaps that strikes you as a somewhat radical practice, but then again I feel we are all here to make a statement about our lives. We have to stand up and be counted. This does not necessarily mean calling attention to ourselves in public, as there are days for all of us when just getting around is

in itself a triumph, and anonymity a close friend.

Like me you probably have good days when it seems the very throng of humanity is parting for you to travel a smooth and direct path to your destination; on others you just miss the bus and the next one is not for twenty minutes which is simply too long to wait, so you go back home.

Living with HIV is certainly a roller-coaster ride. There are days when even the smallest collection of dishes in the kitchen seem mountainous, and you don't even have

*(Continues over page)*

## Characteristics of long term survivors

1. A sense of personal responsibility for their health.
2. A sense that they could influence their own health outcome.
3. A commitment to life in terms of 'unfinished business', unmet goals, or as yet unfulfilled experiences and wishes.
4. A sense of meaningfulness and purpose in life.
5. Found new meaning in life as a result of the illness itself.
6. Engaged in physical fitness, exercise and dietary work.
7. Derived useful information from, and supportive contact with, a person with the same diagnosis shortly after their own diagnosis.
8. Became altruistically involved with other affected persons.
9. Accepted the reality of the diagnosis in conjunction with a refusal to perceive the condition as a death sentence.
10. Developed a personalised means of active coping which they believed had beneficial health effects.
11. Assertiveness and the ability to say 'no'
12. The ability to withdraw from taxing involvements and to nurture themselves.
13. Sensitivity to their bodies, including psychological and physical needs.
14. Ability to communicate openly about their concerns.

(From previous page)

the energy to do up your shoe laces, so you curse the occasion you passed up buying slip-ons.

But on those other days when the weather is not hot enough to make you sweat too obviously, and you are feeling unusually energised, it seems, to quote the well known title of Paul Monette's book, that

***There is nothing wrong with being selfish or self-centred when it comes to dealing with this virus on a day-to-day basis. After all the only person that I am ultimately responsible for is myself***

you have 'borrowed back some time' to enjoy your existence on this earth. The bottom line for me is that every day on this planet over two million people die; some of them violently, others prepared to do so, but regardless of this the world keeps on turning. As long as I feel that I have something to contribute to society and more especially, our common gay humanity, I shall make the effort to say it.

Like me, you may often wonder "where have all my friends gone?" Perhaps you have been somewhat deserted by those you thought were close, who no longer visit or even call. Perhaps you were ostracised by family, sent novinas by your mother, or given subtle hints that you had sinned by people you thought were friends.

It has taken me a long time to rid myself of the guilt that comes with the positive test result, and perhaps like me you initially sought to blame someone else for an action that was ultimately your responsibility. My advice to you - take it or leave it — is to get over it and get on with it. You and I are not dying of, or victims of HIV/AIDS. I refuse to act that role, as knowing I am HIV positive has changed my life to make it so much more productive than it would otherwise have been.

In short, although I would not wish this condition on anyone for

any reason, for me it was the kick in the pants that I needed to focus on myself and the contribution I was making to this planet and humanity. The first thing that I have learned is that there is absolutely nothing wrong with the necessary narrowing of focus that this event brings to your mindspace. There is nothing wrong with being selfish

or self-centred when it comes to dealing with this virus on a day-to-day basis. After all the only person that I am ultimately responsible for is myself.

As an identical twin I have enjoyed a special relationship with my alter-ego, so in that regard I have never felt, perhaps like some of you, that I am dealing with this thing on my own. He is, and will always be, my most special friend and I treasure his company, trust and above all his unconditional love. So what, you may think, I am not so lucky. For me this is a privilege, but you too, no doubt, can cast your mind back to someone similar, whether

it be a family member, someone special with whom a brief encounter set you free spiritually. These moments, like the true friends that stick by you through all trials, are few and far between but they are a source of great comfort to me when things are not going as they should. Our lives are journeys and whether they are full speed ahead, or we are apparently stationary, either way we are travelling and tick-tock goes the clock regardless.

It may seem ironic to you, but every day of my life I see someone who I consider to be in a worse situation than myself. This is not a value judgement on my part, as I try not to make judgements on anyone anymore. What is more important to me is not where I was, or where I am going, but just that *I am*. And that in itself is a wonderful thing. You and I are alive and for that alone we should be grateful, glad, even exultant. By the time you have read this, some 30,000 people will have passed from consciousness on this planet. Aren't you glad you are still here? Onward and upward they say. But to quote the words of a crack-dealing millionaire in San Francisco, when it comes to living: *Attitude is altitude.*

**A t t e n t i o n**  
**All Women Living with HIV/AIDS in NSW**

Positive Women Sydney are offering a free residential skills and training weekend to HIV positive women on the weekend of July 22 & 23, 1995. This is a great opportunity to learn valuable skills and information in a safe atmosphere with other women who are also living with the virus.

An important offshoot of this course will be the establishment of a 'Screamline', a peer support toll-free phone line staffed by and for HIV positive women. Women in NSW will then be able to be in contact with other positive women for support, information & referrals. Hopefully, this will start to break down some of the isolation & alienation many women with HIV/AIDS experience. Importantly confidentiality & anonymity can be maintained.

You may like to do this course to become involved in the 'Screamline' or you may just find it helpful for yourself. You are welcome either way. But there are only a LIMITED number of places left for this free weekend...

**So, if you're interested, reserve your place now!!!**

**Call Kath on (02) 206 2085**



'Screamline' is a project run under the auspices of the AIDS Council of NSW (ACON)



## Fair Treatment



*Lucy's*

# little op

*There was a beautiful (God help anybody who questions this) young drag Queen named Lucy. She lived in the sun-drenched land of Coffs Harbour, high on the hill in a real palace. She would attend all the balls (no funny comments please) and her favourite haunt was at a banqueting hall entitled "Short Black" (not very regal is it?). Unfortunately an evil Queen back in the dim dark past (when Lucy was very naive — believe it or not) placed a curse on this poor girl so she had to take many magical potions and beauty preparations to try and counteract the curse. Iain tells her story . . .*

THINGS WERE GOING ALONG smoothly until one day . . .

Waking one bright Monday morning with an eye that felt like it had looked through one too many draughty keyholes, or peered through too much cheap mascara, Lucy decided to visit her beautician — sorry, doctor.

"Ah yes" he says in his 'Oh my God what is it now' voice, "A classic reaction to one of the many magic potions. Go and see the ophthalmologist and come back this afternoon".

I turn up at the eye place, I turn up in lots of unusual locations. The



Doctor called my name and what a vision. Young, handsome, dark deep eyes as if plucked out of a mural of the Bodhisattva. What is a girl to do!?! (I digress).

Not being able to look into the sore eye, he had a look in the good eye (too long a look) and Lo and Behold, CMV Retinitis was revving up its Harley (definitely no more Avon products). A sick note was written for me to take back to my G.P. that arvo. He made some phone calls, turned to me and said:

"Pack your silk negligee and marabou mules — leave the Starlet at home because I have booked you in to take 'the Waters' at the Coffs Harbour Hyatt (alias Coffs Harbour Base Hospital) for two weeks of luxury accommodation, all meals, share facilities (what, no royal suite?). Check in at reception at 09.00 hours tomorrow."

Next day . . .

Check in went smoothly, nice room with a view to the nice cottage — sorry, ocean. Very comfy but the curtains clashed with my jim-jams! Needless to say, a cast of thousands, all wanting to know which secret beauty therapies and magic potions I take, appeared from the tea room and before I could say Tiffany and Co. I was hooked up to 'The Waters'. Discman in hand and with a couple of good books I whiled away the hours. The food was good, I'll eat just about anyone — sorry, anything, although I must admit to having food parcels smuggled in — KFC, chocolates,

the usual — because I don't think they feed the nursing staff enough!

The following Saturday . . .

"We are taking you to theatre".

'Oh groovy. What's on? *Phantom, West Side, Miss Saigon?*'

"No. You are."

The cocktail I had before the show (I want the recipe) worked wonders and I missed quite a bit of the performance — not many in the cast but they were all stars! Half an hour (or so) later I was the proud owner of a Port-a-cath (Port to those of us in the know) to be used for the taking of 'The Waters' and anything else that needs to go in or out (steady). How wonderful, no more pricks in my arms! (Although I still have to put up with a few pricks at the balls!).

All the staff at the Coffs Harbour Hyatt treated me like a real Princess (the fact that I shaved every day didn't seem to faze them). I would recommend a holiday there anytime.

A week later I'm home and doing my own treatments. It's great to be independent, but this could not have been achieved without the teaching and guidance of the Good Fairies (Community Nurse Consultant and her loyal helper). They flutter in with lots of goodies to make things easy for self treatment,

**"We are taking you to theatre."  
"Oh groovy. What's on? Phantom, West Side, Miss Saigon?"**

coffee and cheery chat (and those days when you just can't, they can!) Hurrah for the Good Fairies!

Now here is where Lucy gets serious (don't laugh!).

Having a Port put in is a serious procedure. The need for sterility is paramount. Because it is accessing a 'direct line' to your subclavian vein, infection can be transmitted by poor technique and sloppy procedures, so if at any time you are given treatment by someone other than your usual medical practi-

**Catheters are devices used to supply treatments intravenously. There's quite a variety, which sort you get depends on how long you need the medication for.**

**The Port-A-Cath is a type of catheter used for medications which have to be administered regularly over a long period of time (several months). It's a more or less permanent fixture which is surgically inserted under the skin of your chest. This is usually done under a general anaesthetic. The Port-A-Cath provides direct access to a major veins near the heart.**

**In a variation on the theme, the Hickman's catheter has an external tube through which the medication is infused. This can be taped to the chest when not in use.**

tioner, and are not happy, *speak up!* If an infection sets in it could mean the removal of the device and possibly, if your system is a bit up the creek, it could mean your life!

I had to go to Sydney for a shopping spree, and treatment was due on a day I was there, so I thought (I occasionally do) that rather than

take all my Tupperware to Sydney, I would try out one of the big hospitals there. Unfortunately, the correct sterile procedure was not followed. I was struck so speechless (it happens sometimes) that I didn't voice my rights until after the treatment and they were about to gift wrap me. What I had to say was accepted and treatment finished as well as possible. They didn't bite my head off, so don't be intimidated by a uniform or a title (unless of course it's 'Your Majesty'), the

## The Port-A-Cath

**The Port doesn't have an external tube, so each time it's used the skin has to be pierced for access to the internal catheter (hence Lucy's concerns about the danger of infection when getting treatment).**

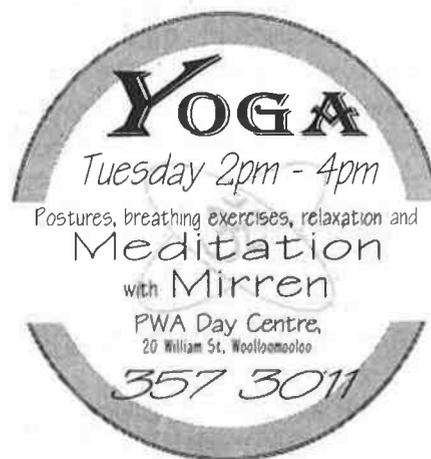
**Discuss with your doctor whether the Port or Hickman's (or neither) is best for you. Both are prone to infection. Unlike the Hickman's, the Port can only be removed under a general anaesthetic. The Port is, however, not as noticeable as the Hickmans. Both require constant care to prevent infection.**

**A useful article on permanent catheters appeared in AIDSx, August 1994. This is available in the ACON library, or, for a one year sub, send \$15 to PO Box 254, Darlinghurst 2010.**

patient has rights.

In conclusion, regardless of being a country town, we have facilities, experience and ongoing support as good as, quite possibly better than, most of the large centres.

So now Lucy is back in the Royal Mid-North Coast Court and having lots of fun flirting and turning down many dowries because she is loyal to her champion the Prince Regent. The only problem now is: no more off the shoulder ball gowns and no more cheap make up.



# Yum Cha on the cliff

THE YUM CHA GROUP, WHICH started in August 1993, is a support and social group for gay Asian men who are HIV positive. Michael Camit reports on Yum Cha's "Weekend Away".

In April the Yum Cha group decided to hold a weekend away in a Monastery (not necessarily for catholic purposes but simply because it was peaceful and *free* of cost!). We planned to relax, get away from the city, get to know each other better, support each other, meet new friends and become closer as a group. As well, we looked forward to some peaceful time for spiritual reflection and to have fun - we learned to abseil.

Because it was intended to be a 'getting to know you' weekend, workers from the Multicultural HIV/AIDS Project and volunteers from Supporting Positive Asians (SPA) also came along both to offer support and to get to know the

group better by participating in the various activities.

Many of the activities and games didn't require good English skills, and were a great way to break down the communication barriers. There were opportunities for people to share their 'strategies of communication' or explain their communication difficulties. People shared their plans and hopes; spoke of how HIV has affected them; and how they see the Yum Cha group. Preparing meals together also provided an opportunity for people who like cooking to share their skills in this area and talk about themselves and their culture.

One of the SPA volunteers taught us to abseil. Although abseiling was a fun activity, some people also took it quite seriously. One group member likened abseiling to his experience of HIV diagnosis: The first step is very scary, but after that it's made easier

by having the support of the group.

The Weekend Away was very successful. It gave us time to be together and get to know each other and welcome new members to our family. A variety of activities addressed the different issues and needs of everyone present. Everyone in the group would like to have another Weekend Away. Participants commented:

"The Yum Cha group has gone a long way since I started attending the group. We met once a week but until this weekend I really didn't know enough about the other people [in the group]."

"I have to admit in some ways I still hate [Yum Cha] because you all remind me of my illness, but this weekend has proven what I like about the group and that is: we have fun and we *live* and enjoy life (abseiling). We do other things too, not just talk about HIV all the time!"

Yum Cha is a service of the Asian Project of ACON. For more information please call Michael on 206 2080.

*Michael Camit is the Yum Cha Co-ordinator.*

## The weight gain Cookbook

*The Weight Gain Cookbook: Fattening and Fabulous*  
Dietitians' Association of Australia NSW, HIV/Oncology Special Interest Group.

*The Weight Gain Cookbook* makes food preparation and eating more enjoyable. The recipe instructions are clear and easy to follow with some interesting ethnic touches. They are suitable for summer and winter.

Photographs of the food stimulate and entice sometimes tired and jaded tastebuds and actually correspond with the recipes, (you'd be surprised, a lot of cookbook photos don't).

There are some good eating plans and strategies for people who either can't cook, are too busy or simply can't be bothered. It's easy to get bored with nutritional supplements, so the recipes that incorporate or adapt them offer some welcome ideas.

I tested out several recipes. The Almond Impossible Pie is to die for (sorry, black AIDS humour), and the Swiss Veggie Fritters impressed this meat eater (I think the crushed cornflakes are the secret). Each worked well with a minimum of thought and effort which, I think, should be the main aim of such a book.

*The Weight Gain Cookbook* also contains a handy conversion table for weights, measures and temperatures.

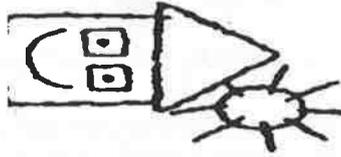
Some negatives: I found there aren't many vegetarian or microwavable recipes and there is no mention of the importance of clean drinking water or the dangers, for Positive people, of undercooked foods such as Steak Tartare, Sushi and rare steaks.

As a large majority of Positive people have problems with weight loss, poor appetite and digestion, I think this is a worthwhile publication and at \$7.50, a bargain.

*The Weight Gain Cookbook is available from Albion St Centre. Call 332 1090 to order.*

— Paul Farrag

## Service Update



# Sydney People With AIDS Day Centre

## What would we do without it?

KEEPING YOUR CHIN UP, WHEN DEALING with the myriad of personal issues that emerge as you adjust to living with HIV and AIDS, is a skill acquired with practice and experience. Appropriate information is also of crucial importance as we adapt to a way of living unique to HIV positive people reliant on government benefits. Learning how to make the community's support system work for us is an ongoing challenge, as the various services available change and develop.

One long standing haven in Sydney, which deserves to be recognised and commended for its growth, increasing flexibility and ever improving standards of quality, is the Sydney People With AIDS Day Centre.

This is the only place of its exact kind in Sydney. It would, of course, be unfair and ungrateful not to acknowledge the plethora of other magnificent AIDS agencies, but the fact remains that none can compare to the Day Centre in terms of its very nature and its welcoming, friendly atmosphere.

Despite a few inevitable shaky spells the Centre has persevered and remains unscathed and more devoted than ever before, catering for all people with AIDS and their carers.

Some HIV positive people have avoided the place over the years, naively reluctant to participate. But as the ever increasing number of new faces flock to the Day Centre, it is impossible not to notice their expressions of comfort and relief.

To many people this is a home from home. For many it has become

an integral, irreplaceable aspect of life. So much so, that the mere idea or the place ever ceasing to function would be unthinkable. Where else is there?

Gone are the days when the Centre was thought of as a place catering exclusively to gay men. Women and children (child care is available) also enjoy this marvellous collaboration of community effort. People of all ages and every variation of gender and sexual persuasion are welcome.

Funded solely by the Eastern Sydney Area Health Service, the Day Centre is open five days a week. Monday to Friday from 10.00 am. to 4.00 pm providing advice, information, activities and therapies in a supportive, informal and safe environment. Staffed by a dedicated team led by Co-ordinator Frank Guy (previously of The Sanctuary in Glebe) and long standing Project Officer, Robert, the Day Centre offers most services free. There are approximately 25 volunteer workers.

There are four floors, and mobility problems are catered for with stairlifts.

### Ground

The reception area is filled with useful information and service updates. There is also the tranquil library and the well equipped gymnasium, where personalised physiotherapist implemented training programs can be arranged (a letter from your doctor is required for this service). The trained physiotherapist is available Mondays 9.30 11.30 am.

Alex's creative hair design and

styling service is available in the hair-dressing room, Wednesdays, 10.30 am. — 12.00 pm.

### The First floor

This is a relaxing area with comfortable lounges, armchairs, goldfish tanks, computer games and magazines, even a pool table. A calming space where people can 'make themselves at home' and indulge in a generous selection of pastimes.

### The second floor

The terrace faces, through lush shrubbery, the city skyline. A perfect spot to take in some fresh air, languish in solitude or chat and socialise.

Inside in the attractive dining room lunches are served Tuesday — Friday at 1.00 pm. Hernan, who is responsible for the smooth running of this culinary realm, provides highly nutritious, first class cuisine. His meals are meticulously prepared and on par with those you might pay a fair price for in any Paddington brasserie.

In the corner is a baby grand piano (the last time I had lunch there I listened to Beethoven, played live) and a cage housing two beautiful birds. Tea and coffee making facilities are situated here, with a generous selection of biscuits. All the daily newspapers are at arm's reach.

### The third floor

There is a peaceful, healing atmosphere on this floor (and a bathroom with a real bath!) This is where the alternative therapies are available from skilled professionals who volunteer their time and caring. The



“you  
could  
hear

a  
“Pindrop!”  
“moving!”

“challenging!”

“Inspiring!”

“made

a  
big

difference!”

*Just a few things that people have said after hearing a speaker from the Positive Speakers Bureau (PSB) tell their story!*

*The PSB seeks to challenge and change people's attitudes to Positive people. If you want to be part of this important project, and feel that you can tell your story with frankness and honesty, we would like to invite you to attend a training course for new Positive Speakers. The training course, which will be held in Sydney, will run over three weeks in August.*

*Places on the course are limited to 15. For more details about the PSB and the training, please call David on 361 6864, Wednesday—Friday, between 10am and 6pm.*

**Speaking for  
Ourselves**



**POSITIVE  
SPEAKERS  
BUREAU**  
A Project of PLWH/A (NSW) Inc.

# Talkabout

## WHERE WE SPEAK FOR OURSELVES

practitioners include some of the best in Sydney. Call the Centre to book an appointment. Therapies available include acupuncture, massage, reiki and feldenkrais. Yoga and meditation groups are guided by Miriam every Tuesday 2.00 pm — 4.00 pm.

### Wait, there's more . . .

The Day Centre also organises boxes of fresh fruit and vegetables at a reduced cost from the Food Co-op. There are also sewing machines and overlockers on hand for repairs to clothing etc.

There are occasional day excursions to beaches and National Parks and the popular secluded Retreats in the Vincentian Fathers' country house at Gerroa, which cater for forty to sixty people, four times a year. Approximately three hours out of Sydney, the Gerroa Retreat is easily accessible by private or public transport and the Day Centre also organises transport. The next Retreat will be from October 23 - 26. A donation of \$35 includes Day Centre transport, food and accommodation at Gerroa.

Not too long ago complementary tickets for 'Jesus Christ Superstar' were donated to the Day Centre. In June tickets for 'Phantom' were on sale there for just \$25.00.

If you live in Sydney, or are just passing through and have not already experienced this place, support the Day Centre by letting it support you. Telephone for an appointment or simply turn up for an informal get together with a warm, welcoming bunch of fellow HIV positive cronies. (And for those of you who have had time out from the centre, believe me, it's better than ever before).

**Details:** 14 - 20 William Lane, Woolloomooloo, ph: 357 3011.

Ten minutes walk from Kings Cross, 20 minutes walk from Museum and St James Stations. 324, 325 or 327 buses from Circular Quay. The Day Centre now runs a bus from Glebe, Newtown, Central and Taylor Square at 11.00 am and 12.00, returning at 2.00 pm and 3.00pm. Call the Day Centre for pick up points. Tiffy's Transport can provide transport for therapy appointments (call 206 2040).

— Colin Burrough

Talkabout July 1995

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



Philip McGroth

PLWH/A Inc. (NSW) is part of a worldwide movement to empower people with HIV infection, their friends, supporters, family and lovers to live full, creative and meaningful lives free from fear, ignorance and prejudice. Help yourself and others affected by HIV to create a positive, friendly and supportive environment in which we can all live with HIV & AIDS — join PLWH/A.

### PLWH/A membership

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

### Talkabout annual subscription rates

Please note that *Talkabout* subscribers also receive the quarterly *With Compliments Newsletter* for no extra charge!

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

#### Organisations

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

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

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