

Talkabout

Newsletter of People Living With AIDS Inc.(NSW)

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**BOYCOTT THE
SAN FRANCISCO
AIDS CONFERENCE
IN 1990**

U.S. IMMIGRATION POLICY DISCRIMINATES AGAINST HIV POSITIVE PEOPLE

MENU

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Where we speak for *ourselves*

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BABS

SPECIAL NOTICE

**PLWA IS MOVING
FOR DETAILS
SEE PAGE 11**

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SOME COMMONLY USED ABBREVIATIONS

PLWA: People Living With Aids Inc. (NSW)

PLWAs: Primarily people who are infected with the virus. Also, sometimes used to include others *affected* by the virus.

ACON: The AIDS Council of NSW Inc.

NUAA: The NSW Users and AIDS Association.

Fatal attitude: Five tips to overcome negative AIDS thinking and get back into life

This article from an October edition of the U.S. newspaper, BAY AREA REPORTER, John-Michael Williams gives a few tips on how to take control of our own lives.

John-Michael Williams, a person living with AIDS, says his AIDS diagnosis "sure ruined my weekend". Williams, who says he refuses to die, offers five tips to help others survive and get their housework done at the same time. The first is not to die simply because you are told you will - the trash bin needs to be taken out. The second is to turn off the negative television news reports about AIDS and clean the bathroom. The third is to "get angry, damn it!" but channel the anger into energy and use it to keep you alive. The fourth is to help someone less fortunate than yourself, whether you tell them a new AZT joke, give them treatment information or share a new zucchini recipe that boosts the T-cell count. Helping others will get you out of your apartment and help you to stop thinking about yourself and your illness. The fifth and final piece of advice is to stop leaving the responsibility for your health up to your doctor.

"Stay informed! And take responsibility for your own life," Williams says.

A couple of drinks and a few laughs - people living with AIDS picnic

Terry Giblett

As a part of the World AIDS Day activities about seventy five people with AIDS, their families and friends gathered at Prince Henry Hospital for a picnic.

We were blessed with a beautiful day. Many thanks go to the Albury Social Club and to the boys from the South Pacific Motor Club who provided the food and helped to make the day the success it was.

It is hoped that gatherings of this sort can continue allowing people living with AIDS to come together and we look forward to seeing many more of you there at the next gathering.

A special thanks to Melinda at Prince Henry for all her help and organisation.

(Overheard at the picnic:
Well known AIDS activist and Living Legend: "Excuse me, I don't think we've met."
Mystery woman in dark glasses and very short hair: "It's me, Levinia (well known President of ACON)!
LL: My God Levinia, you've had all your hair cut off!
And so she had. - Ed.)

New Day Centre defies bureaucratic nightmare

David James

"Maitraya" is a Sanskrit word which means friendship. And there was plenty of it at the first Open Day held at the new Sydney Day Centre in December. There were one hundred or so people there, most of whom I didn't know. No matter - not only was I warmly welcomed by the co-ordinator, Irwin, but everyone I spoke to made me feel very much at home. The food was fantastic! A credit to the many volunteers who work so selflessly for the centre. The day was to have been a Grand Opening but this plan was thwarted by that familiar Bug Bear, Bureaucratic Bungling. Even THEY didn't stop us from having a good time.

The Centre is now located in two adjoining terraces in Bourke Street, Surry Hills. There is a very pleasant, garden at the back with plenty of shade.

There is a fully equipped kitchen, where good, nutritional meals are prepared. The Centre also has massage rooms, a quiet room, a lounge room, an upstairs terrace and plenty of places to just sit and read or chat.

An important feature of the Day Centre is that anyone who walks through the door is warmly accepted as one of the Maitraya Family. It doesn't matter who or what you are, what you've got or what you haven't got, or how you did or didn't get it; what does matter is that you are you and you're there at the Centre.

The Maitraya Day Centre is situated at 396 Bourke Street, Surry Hills and is open at present on Fridays. For further information contact Irwin on (02) 361 0839.

...on the way to the Forum

Robert Ariss

Another step was taken in the establishment of a national PLWA Forum recently with a meeting of representatives from each state and territory PLWA organisation around the country on December 1 and 2 in Melbourne. As well as assisting communication between the various groups, the meeting set an agenda for future action on a national level. The group established broad agreement on aims and objectives, including strategies for information sharing, political support between groups, advocacy on national issues such as treatment access and immigration, and building links with international PLWA organisations. The national group will seek funding from the Australian Federation of AIDS Organisations for a worker to assist in these activities. Full membership of that organisation will be sought. A representative was nominated to the Community AIDS Trial Network to provide input from the infected community on this important initiative (see *TALKABOUT* #5).

The group plans to be at the next National AIDS Conference in Canberra in August, and is advocating a nationwide boycott of the international conference in San Francisco in protest at the U.S. immigration laws which discriminate against people with HIV.

Representatives meet again in February to elect office bearers and to ratify the agreement.

PLWA is pro-testing

PLWA (NSW) recently adopted a policy on HIV testing and health monitoring which led to a challenge to the AIDS Council of NSW to more vigorously encourage people at risk of HIV infection to take the anti-body test and continue to monitor their health if positive. This move comes after close consideration of strong evidence that early medical intervention and lifestyle changes can delay the onset of HIV related illnesses. ACON has thus adopted a similar policy. The Council is planning an education program to raise awareness about the benefits of knowing your antibody status and level of health, and options available to prevent illness, such as prophylactic treatments for various opportunistic infections like PCP.

Mardi Gras

PLWA will be participating in the 1990 Gay and Lesbian Mardi Gras parade together with the "AIDS Workers" contingent coordinated by the AIDS Council. Volunteers are needed at the Mardi Gras workshop from January to help with the building of towers, flags and things to carry in the parade. Come along and exercise your creative urges!

Any people with AIDS who are unable to walk the length of the parade can ride on the Scissor lift which will feature in the centre of the contingent. Otherwise the usual viewing room will be available.

If you would like to participate in the PLWA section of the contingent, and/or can lend some time helping out with constructions, cloths etc, please contact Nicholaas on (02) 211 0499.

PLWA sets up links with RPA Hospital

The new AIDS unit of the Royal Prince Alfred hospital, Sydney has established an agreement with PLWA (NSW) to work together to receive and reconcile complaints about services to people with HIV at that hospital. Complaints will be received both informally for those not wishing to pursue matters in detail, or formally and pursued through existing channels such as the NSW Health Department's Complaints Unit or the Anti-Discrimination Board.

If you have any problems regarding treatment or services received at the hospital because of your HIV status please contact Stuart Linnett (AIDS Unit Social Worker) on (02) 516 8131, or Don Carter or Robert Ariss (PLWA) on (02) 281 7549.

If you have any complaints or problems at all which result from your known or suspected HIV status, PLWA may be able to assist. Please contact us for advice and help.

TERRY BELL Died 15.12.89

Terry was a tireless and astute contributor to the fight against AIDS. His work on the PLWA committee, as writer and editor on gay and AIDS issues, as political agitator, his advice and friendship to so many people will be greatly missed.

Terry was an example to all.

Human Rights Commission to Handle HIV/AIDS Discrimination

From January 1990, the Human Rights and Equal Opportunity Commission will be able to accept complaints relating to discrimination in employment on the grounds of:

- medical record
- HIV infection
- imputed (assumed) HIV infection
- sexual preference

The Commission will be able to investigate and conciliate complaints. However, the Commission does not have the power to make enforceable orders, such as an order to reinstate an employee or to pay compensation. The Commission may make representations on behalf of a person who has suffered discrimination and bring the parties together to attempt to negotiate a settlement. It may attempt to educate the employer. If the employer does not cooperate and no settlement is reached, then the most that the Commission can do is make a report to the Attorney General documenting the complaint. Complaints are conciliated in a private, informal process that does not involve having to be represented by a lawyer.

It should be remembered that people in NSW may also complain to the state human rights body, the NSW Anti-Discrimination Board, about HIV/AIDS related discrimination. The Board receives complaints not only in relation to discrimination in employment but also in accommodation, education and the provision of goods and services.

Complaints can be lodged to the Anti-Discrimination Board on the grounds of homosexuality, presumed homosexuality, and 'impairment'. The Board accepts AIDS/HIV related complaints on the assumption that AIDS/HIV can be considered to be 'impairments'.

The advantage of complaining to the Anti-Discrimination Board rather than to the Human Rights Commission is that the Board may refer matters to a Tribunal if conciliation fails. The Tribunal can then make enforceable orders, such as ordering the person who has discriminated to change their conduct or practices or ordering the payment of compensation.

There may also be advantages in complaining to the Human Rights Commission rather than complaining to the Anti-Discrimination Board. For example, the Human Rights Commission will be able to investigate discrimination on the grounds of assumed infection. The Anti-Discrimination Board does not clearly have this power. Further, there are many exemptions which apply in the case of complaints before the Board which may not apply to complaints made to the Commission.

...people should complain to both (the Board and the Commission).

It is important that both bodies be made aware of the extent of the problem.

In practice, people should complain to both bodies. Even if the Commission decides that the matter would be more effectively dealt with by the Board (or vice versa), it is important that both bodies be made aware of the extent of the problem. This gives the Commission and the Board a better argument for extending their powers to deal with HIV/AIDS related discrimination.

People who wish to lodge complaints should put the complaint in writing. The Commission and the Board are able to assist you in putting a complaint together. It costs nothing to lodge a complaint. You can send a complaint by mail or lodge it in person at an office of the Board or the Commission.

WHERE TO COMPLAIN

Human Rights and Equal Opportunity Commission
 Level 24 American Express Building
 88 George St
 Sydney
Postal Address:
 PO Box 5218
 Sydney
 NSW 2001
 Phone: (02) .229 7600

NSW Anti-Discrimination Board
 Level 11
 Bent St
 Sydney 2000
 Phone: (02) .224 8200

Branches:

NSW Anti-Discrimination Board
 4 Crown St
 Wollongong
Postal Address:
 PO Box 67
 Wollongong 2500
 Phone: (042) 26 8190

NSW Anti-Discrimination Board
 and Floor State Bank Building
 9 Hunter St
 Newcastle 2300
 Phone: (049) 26 4300

**JOIN US IN
 THE FIGHT
 AGAINST AIDS:
 SUBSCRIBE NOW !**

NAME : (please print)

MAILING ADDRESS:

POSTCODE

PHONE:

DO YOU AGREE TO HAVE OTHER MEMBERS
 KNOW YOUR NAME AND ADDRESS: YES /NO

ARE YOU PUBLICLY OPEN ABOUT
 YOUR MEMBERSHIP? YES /NO

ANNUAL SUBSCRIPTION RATES ARE :

MEMBERSHIP OF
 PEOPLE LIVING WITH AIDS INC. (NSW) \$2.00

SUBSCRIPTION DONATION
 TO TALKABOUT (individual) : \$10.00
 (Optional for people receiving benefits)

SUBSCRIPTION DONATION
 TO TALKABOUT (organization) : \$20.00

ENCLOSED : \$ _____

I WISH TO APPLY FOR
 MEMBERSHIP OF P.L.W.A. INC. (NSW)

I WISH TO SUBSCRIBE TO TALKABOUT.

Please forward all subscriptions to:
PLWA Inc. (NSW)
PO Box 1359
Darlinghurst NSW 2010

**Please make all subscriptions to TALKABOUT and
 memberships to PLWA Inc. payable to:**
PLWA Inc.

SIGNATURE _____

DATE _____

U.S. immigration policies are an international outrage

Terry Giblett

Last year the American Government through its Immigration Department started to enforce its new HIV laws in relation to travellers entering the United States.

This policy requires that anyone who is HIV positive reveal their status on application for a visa. APPROVAL OF THE VISA IS AT THE DISCRETION OF THE EMBASSY IN THE COUNTRY OF APPLICATION. Further, the U.S. Immigration Department requires that the individual's passport be stamped "HIV POSITIVE", and that the authorities at the point of entry retain the right of veto and refuse entry if they consider the person a "danger to society"!

...the U.S. Immigration Department requires that the individual's passport be stamped "HIV POSITIVE", and that the authorities at the point of entry retain the right of veto and refuse entry if they consider the person a "danger to society"

People with AIDS can enter for holidays, treatments or for conferences such as the Sixth International Conference to be held in June 1990 in San Francisco. However, there exist no confidentiality arrangements for this law and it clearly is meant to discriminate against people with HIV.

People with HIV have already had this law used against them whilst trying to enter the United States and in some cases

people with AIDS have been detained or returned to their point of origin without being allowed to enter.

In response to this archaic and fascist legislation, AIDS groups around the world are seeking an international boycott of the San Francisco conference. It is hoped as we get people to stay away from this very important conference, or at least threaten to do so, the American Government will be forced to change its mind.

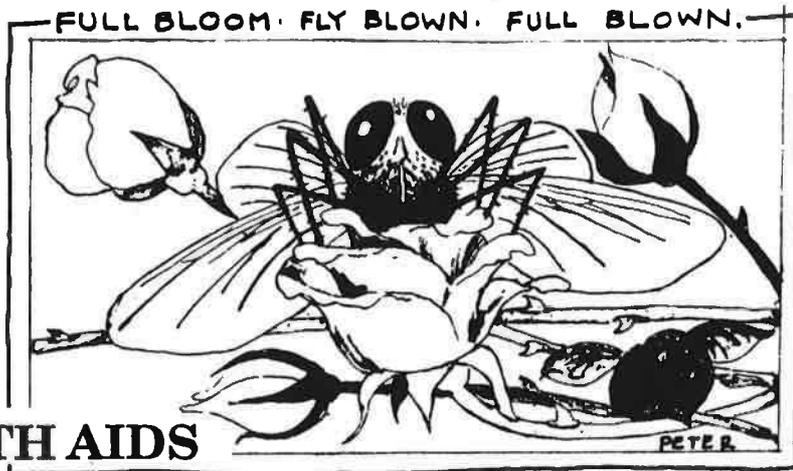
You can assist by writing to your local Member of Parliament to draw more attention to this issue and by encouraging your doctor and everyone you might know to join the boycott.

Conferences like this are invaluable for us, however they mean nothing if people with the virus cannot attend freely and democratically express their needs. This legislation is yet another attempt by an insensitive and uncaring government to exclude the voices of people with AIDS around the world. We need your support so start talking to your friends and start writing those letters!

STOP PRESS

BRITISH MEDICAL ASSOCIATION JOINS AIDS BOYCOTT

THE BRITISH MEDICAL ASSOCIATION'S FOUNDATION FOR AIDS HAS WRITTEN TO PRESIDENT BUSH ADVISING HIM THAT IT WILL BE BOYCOTTING THE CONFERENCE BECAUSE OF THE U.S. GOVT'S DISCRIMINATORY IMMIGRATION POLICY. THE DIRECTOR OF THE FOUNDATION, JOHN DAWSON ADVISED BUSH THAT "THERE IS NO PUBLIC HEALTH RATIONALE FOR RESTRICTING INTERNATIONAL FREEDOM OF MOVEMENT IN THIS WAY."



EXPLODING WITH AIDS

Don't you loathe the label "full blown"
 Makes me feel like there is a continuous blow-fly
 hovering, assisting the decomposure of life,
 shades of childhood outhouses and the hole
 in the ground of my hippie days.
 Full blown predators waiting, biting and watching.



I am told I am full blown.
 Where do they get off making up these words?
 At least in Bulgaria they would put me in a nice sheltered workshop,
 and the anger swells and rises.
 Can you maintain a full day's work?
 Like you've been thrown on the shitheap of society.

Maybe full blown means I am no longer as rational??
 perhaps this is the onset of dementia??
 or just a plea, a cry for understanding, no sympathy.
 But I don't want my life ruled by doctors and nurses.



No, I don't have the same energy levels,
 but gained a greater capacity for love
 refusing to live my life in fear as hard as I can.
 I may be angry and often bitter and twisted,
 haven't we all felt these emotions?
 But I will never accept the label "full-blown"
 as I already have enough aliases in my collection.



SIMON DE ROME
 17.11.89

LETTERS

Disabled People's International

Dear friends,

May I congratulate you all on the informative editions of your magazine, and specifically to see so many people doing for themselves, survival.

You may be pleased to know that I pass on your newsletter to my Secretariat at Disabled People's International NSW Inc. (DPI), where I hope information is passed onto others, so as to bring a greater understanding of people living with AIDS and people with disabilities (PWDs) in general.

I am at present compiling information in respect of refusal of goods and services by businesses such as Licensees, Estate Agents and the like. I would be pleased to hear from people with AIDS who may have experienced such discrimination.

Recently having been elected as an Individual Delegate for DPI NSW Inc. on an open gay ticket, I have been seeking redress of access problems generally in the fields of housing issues, rights of PWDs transport needs, including special vehicles and access to them, discrimination towards people with disabilities whoever they are, Housing and Community Care (HACC) issues in the Eastern Suburbs (representatives of user groups are needed as consultation is essential to get extra funds for this area) and networking throughout NSW and Australia.

Disabled People's International NSW Inc. is a peak organisation. As a delegate I can take on organisational

issues or individual issues advocating on behalf of others who may not be strong enough to make themselves heard.

I would therefore like you to know that I am available to anyone who feels I can help them with an issue on an individual basis. I can be contacted on (02) 552 1411 - leave a message with the Secretariat to contact me, or a telephone number where I can contact you. I call in daily to the Secretariat.

Do keep that information coming. We people with disabilities often lack information generally. It is important for the ignorant to learn from those who know that we help ourselves.

Yours in friendship,

Sincerely,

MICHAEL J. WINTER
INDIVIDUAL DELEGATE,
DISABLED PEOPLE'S
INTERNATIONAL NSW INC.

Women and AIDS

Dear Editor,

On behalf of the Women and AIDS Working Party I would like to congratulate the Newsletter Working Group on their latest edition of Talkabout. It's encouraging to see that PLWA (NSW) Inc. is interested in addressing the issues with regards to Women and HIV / AIDS and that it has begun to do so in such a public and educative way.

All of our members found the Women and AIDS issues interesting and informative, as did many of our colleagues and we look forward to assisting and supporting you in further editions.

Yours sincerely,
PRISCILLA McCORRISTON,
CONVENOR

We are not alone

The professionals have categorised me as being in the 'low risk' category – but is anyone low risk anyway? This issue affects society as a whole and society as a whole needs to realise that HIV affects people – real living and breathing people.

Dear PLWA

I am a twenty year old heterosexual male. I have never used intravenous drugs and I have never had a blood transfusion. I am not infected with HIV.

My education regarding AIDS began with the NSW Department of Education – I guess I was lucky I had a few teachers who took it as a personal challenge to educate one hundred seventeen year olds about how you contract/prevent HIV infection. I am completing a tertiary course this year this year and my 'AIDS education' has continued through this. A seminar I attended given by Paul Young inspired and encouraged not only my support for people living with AIDS, but for the education of professionals who deal with these people.

I have been continually amazed at how little my fellow students (some of whom will be in contact with people living with AIDS) know about the disease and what people living with AIDS are facing in society. I know I could also be accused of ignorance because my first hand experience stops at being tested – but for these people, after several seminars on hiv to still need to ask what AIDS stood for!!! These will soon be professional people who claim they are educated about HIV and people living with AIDS.

A fellow student and I recently presented another seminar on AIDS, this time trying to address some of the social issues concerning people living with AIDS. Only after this disease was related to actual people and their lives was any interest aroused. From an 'outsider' to the people living with AIDS lifestyle, HIV has become too clinical. I call it the 'It Could Never Happen To Me' syndrome. The professionals have categorised me as being in the 'low risk' category – but is anyone low risk anyway? This issue affects society as a whole and society as a whole needs to realise that HIV affects people – real living and breathing people.

I guess need to tell any of you any of this – I just though you might like to know that a person living without AIDS is supportive of you and ready to lend a hand.

Keep up the good work.

JACQUI FRASER

WE'RE ON THE MOVE!

PLWA and ACON are moving to bigger, better, brighter, taller and more accessible premises!

**From MONDAY FEBRUARY 5th,
our address will be:
188 Goulburn Street
Darlinghurst.**

This is near the corner of Pelican Street, behind the Koala Motel (easy to find, possums!)

NEW TELEPHONE NUMBERS:

PLWA:	(02) 283 3320
TTY:	(02) 283 2088*
FAX:	(02) 283 2119
ACON:	(02) 283 3222

* For deaf and hearing impaired people

Boo and hiss

I write with dismay concerning the comments expressed in Peter de Ruyter's article, "HIV = Death" (*TALKABOUT* #5). I congratulate him for dedicating his time as a frontline alternative therapist working with people living with AIDS for some years now; but I was saddened by the incredible negativity which pervaded his article.

Mr de Ruyter keeps contradicting himself. Comments such as "live while you can and deal with death when it eventuates" make me question what, if any, positive message he gives his PLWA clients. Other tasteful and cheerful messages suggest that people in "high risk" groups who choose not to be tested are "burying their heads in the sand".

Surely such a comment reinforces doom and gloom theories about HIV which run contrary to growing orthodox medical opinion that it is an infection which is chronic and manageable just as diabetes is a chronic and manageable condition.

I read the article over and over and could not shake off the feeling that Mr de Ruyter believes that HIV really does equal death, no matter how early one is tested or what positive lifestyle changes are implemented. He puts down AZT, (which I, along with 50% of other PLWAS, cannot take) but does not offer any alternatives except for vague comments about "successful Natural Therapeutic ways" of

immune modulation. Why attack PLWA for taking AZT when it is all we have Mr de Ruyter? Why not attack Albion Street (clinic) for its hopeless record in testing new drugs and treatments?

He advocates herbs, acupuncture, diet and vitamins – but at what financial cost when so many of us are struggling to survive on pensions and benefits. When PLWAs are no longer able to work (the majority) because of low energy levels and their desire to keep healthy, sane, and stress levels associated with coping financially can be negative. This negativity can occur regardless of whatever positive measures they are taking to stay healthy and alive for longer.

Rather than "facing issues of death if you have not been tested, tell me who wants to face issues of death if they are

Who wants to face issues of death if they are feeling fit and healthy? A recent California study of gay males who tested HIV positive between 1979 and 1988 showed that only 48% went on to develop AIDS. This means that more than half of those people do not have AIDS! So you see we are not all going to die!

feeling fit and healthy? A recent California study of gay males who tested HIV positive between 1979 and 1988 showed that only 48% went on to develop AIDS. This means that more than half of those people DO NOT HAVE AIDS! So you see Mr de Ruyter, we are not all going to die.

I agree with him that there are now support groups

available, (though still not enough, especially away from inner Sydney), but I think Mr de Ruyter is overlooking the fact that many, many more gay men are now being tested (and we are still 89% people with HIV). Consequently, we can take early measures resulting in positive steps to stay healthy. Gay men are finally

being affected by the virus as they begin to lose close friends to AIDS.

After reading your article Mr de Ruyter, you will never see me in your waiting room. Maybe you wrote the article to provoke my reaction and that of many other people living with AIDS with whom I have discussed it. As it seems to be a thinly disguised promotion of "natural therapies" why didn't you include a list of what you charge PLWAs?

Once again, we are not all going to die from AIDS!

PAUL YOUNG

SHARE ACCOMMODATION

The Community Services Unit of the AIDS Council of NSW has set up a SHARE ACCOMODATION REGISTER for people affected by HIV / AIDS and others seeking accomodation.

People who are seeking to share accomodation with others or who have accomodation they would like to share or rent with somebody, can contact the Community Services Unit, fill out a questionnaire and be put in touch with appropriate share situations.

This FREE service is not restricted to people infected with HIV.

For more details please phone the
Community Services Officer on
(02) 212 2728.

PLWA COMMITTEE
MEETINGS ARE HELD
ON THE FIRST
THURSDAY OF THE
MONTH AT:

**188 GOULBURN
STREET
DARLINGHURST**
6.00pm - 8.00pm

All members are welcome.

AIDS COUNCIL OF NSW INC HUNTER BRANCH

MANAGEMENT COMMITTEE VACANCY

The Management Committee is seeking to co opt an additional member nominated by people living with AIDS who live in the Hunter Branch area.

The Committee, in conjunction with PLWAs, has called a public meeting for this purpose. Due to the earthquake, the venue for the meeting has yet to be established.

For information about the meeting
please contact

Gail on (049) 51 6179
or Sydney ACON on (02) 211 0499
(02) 283 3222 after 5/2/90

World AIDS Day - telling the world or well kept secret?

David James

Friday, December the First – World AIDS Day. For me it was a day of contrasts – people knowing and not knowing, understanding and not understanding.

I began my day as usual with breakfast and the SYDNEY MORNING HERALD. A front page AIDS story was promising – this is the day when we tell the world about AIDS. So, in the state of anxiety which I reserve for forays into the unknown, I set off to Darling Harbour and the launching of World AIDS Day and the unfolding of the Memorial Quilt. It's no coincidence, I suppose, that these launches are held by the water: last year it was Walsh Bay, this year it was Darling Harbour. Next year – Parramatta River, Bankstown Swimming Centre?

At Darling Harbour the Exhibiton

Hall was a buzz with friends hugging friends, strangers greeting strangers (some of whom they would later hug as friends?), people putting last minute touches to displays, students from Vaucluse High School selling World

AIDS Day badges and outside were The Dignatories waiting for their collective entry. Permeating this scene was a strong sense of common purpose. In the hall were stalls as varied as the NSW Police

display with its face masks and rubber gloves in green or white (what strange semiotic is at work here?) and the NSW Users and AIDS Association with their helpful information about how to shoot up safely. In contrast to the hubbub among the stalls were the Quilt panels in a vast, otherwise empty area nearby waiting quietly with their memories to unfold.

Time to spread the word about stopping AIDS. The Dignatories were carefully placed on the stage according to some arcane formula. The rest of us surrounded the area containing the Quilt panels. Thinking back on it, it was at this time that the Quilt seemed to me to be at its most powerful. The power of stillness of loss, of remembering. On with the speeches. That champion of all, Ita Buttrose made us all feel at ease and important with the warmth of her welcome. Ita was followed by Thelma O'Con – Solorzano, Director of the United Nations Information Centre. This was followed by speeches by Shadow Health Minister Andrew Refshauge who talked about his friends who had died from AIDS, Health Minister Peter Collins who said he wasn't going to talk politics but

Health Minister Peter Collins said he wasn't going to talk politics but instead told us what a wonderful job the Government was doing by spending large amounts of our money on stopping the spread of AIDS

instead told us what a wonderful job the Government was doing by spending large amounts of our money on stopping the spread of AIDS and, finally, the State Governor, whose name escapes me but whose grey suit will remain forever in my memory, talked

often about "AIDS victims" – much to the barely concealed annoyance of many of the cognoscenti.

The ritualised unfolding of the Quilt is a powerful and moving spectacle

There were two groups of four people who walked quietly from folded panel to unfolded panel and stood silently while the names of those whose lives are honoured by that panel were spoken out. They each then took a corner and unfolded the panel and raised it so as to seemingly release into the room the memory of those who died. This process was repeated until all the panels were unfolded. The groups who unfolded the panels consisted of both men and women of varying ages as well as students from Vacluse High School.

As the focus of World AIDS Day '89 as young people it was good to see these students participating so actively. I was, however, disappointed that there were not hundreds of young people here. I asked the people from Vacluse how they came to be involved. They said that educating themselves and their peers about AIDS was a project that they had decided to take on. They told me that they had had very mixed reactions from other students at their school.

When I left Darling Harbour I headed out to Parramatta. There was no evidence there of World AIDS Day. I spent an hour or so in the lunch hour sitting in the main street feeling as though I had a secret. Of course I should have had badges, leaflets, condoms, something to give out to people. I got a bit depressed by my oversight. I started wondering what sort of impact do events like World AIDS Day have on the general community. Sure, there was good coverage of the Darling Harbour events on the TV news; but the TV news is just another thing to consume. Is it, alone, likely to stir people to action. "It alone", because I fear that the TV news is all most people would have seen of World AIDS Day.

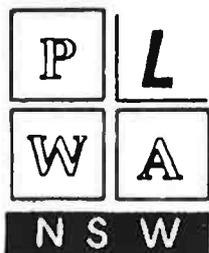
Perhaps next year it might be worth putting our resources into a number of events in different suburban and regional areas as well as Darling Hills and Surry Harbour. We have, after all spent a great deal of our collective energy convincing ourselves and trying to convince others that AIDS is not a gay plague.

A DECLARATION OF THE RIGHTS AND NEEDS OF PEOPLE LIVING WITH HIV INFECTION.

THE MANIFESTO OF PLWA Inc [NSW]

Proclaimed on WORLD AIDS DAY
1 December 1989.

Based on
« Le Manifeste de Montréal »



The full Declaration of Rights will be published in the next issue.

SERIAL

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The Clinic

Neil arrived at the clinic at St Andrew's Hospital at 9 o'clock, the earliest he had been out of the house since his last visit a month before. His clinic visits had become a lifestyle ritual; waiting and waiting in clinics and doctors' surgeries. He had become used to the regular battle to get decent sleepers, while the doctors had been only too keen to pump him full of AZT.

Dressed in his usual bright colours, Neil looked around at the growing crowd of assorted others living with AIDS. He was sure he'd never seen any of these people before, which was surprising to him as he'd been a regular at the clinic for three years now. Sitting opposite Neil was a stunning young man, black hair, tight white T-shirt barely containing an array of rippling muscles. He looked edgy, uncertain. Was he waiting for a sick friend? Neil wondered.

They looked at each other.

Contact.

"Hi there."

"Your name's Neil, isn't it?"

"Yep, that's me. How do you know me?"

"From T.V. Talking about AZT a long time ago."

"Right. Are you waiting for a friend?"

"No. This is my first time here. I'm going to start on AZT today. God, wait till my family finds out about it. They don't even know that I'm gay. Do you think I should take AZT?"

"You look too fit to have the virus - but, hang on, what's your name first?"

"Gino."

"Italian?"

"I was born here, but my parents came from Italy."

"My only advice about AZT is to take it for six months and have lots of regular checks in case of hidden side effects."

"Yeah, I've heard about side effects. But that's the least of my worries at the moment. My lover left me six weeks ago. As he walked out he said I'd given him AIDS. I always thought we were negative, so we never had safe sex. Shit."

Turns out he's known for two years. Now he's living with some hot young blonde."

"You look fine to me."

"I work out."

"I can tell."

"And run ten K's a day. Want to go to the Gay Games and run in the '5000', but after all this I feel like giving it all up."

"Why? It seems to be keeping you in good shape."

"Yeah, well...It's great to meet you Neil. I know heaps of people with AIDS you've helped by being so sort of up front about it. I reckon we need that sort of support."

"Thanks Gino. It's good to get a bit of positive feedback for a change."

"Oh well..."

"go to the games, Gino. It's really important to have goals and ambitions like that. It keeps you sane, keeps you healthy." Keeps you looking pretty too, thought Neil.

Dr Sparkle stuck his cupie-doll smile round the corner. "Gino."

"Good luck, kiddo and ask lots and lots of questions."

Gino felt encouraged.

"Thanks. You're great. I was terrified when I first walked in. Now I feel heaps more relaxed. Must get your phone number."

Neil felt enthusiastic.

"Go for him Gino."

Neil quickly scribbled down his number and left the piece of paper at the desk.

"Excuse me sister, the young man who just went in dropped this."

"I'll give it to him when he comes out."

"Thank you, sister."

As he turned from the desk, Neil noticed a new arrival. A man he knew from somewhere.....where? He couldn't quite place him. First visit, Neil thought. The man looked shit scared. Sat down and stuck a newspaper in front of his face.

"Where do I know him from?"

After two and a half hours of waiting Neil became more and more agitated. He was at the clinic an hour before most of the others. He was certain of it.

"Why do they do this to me," Neil thought, not for the first time.

"Thank Christ, here's Rebecca."

Rebecca staggered in holding her forehead. Somehow, her walking stick seemed more and aid to stability than to mobility. Once a sex worker with a former fondness for the needle, Rebecca was one of Neil's favourite 'clinic friends'. In her thick German accent she complained of splitting headaches.

"But Neil, have this", slipping a silver foil

into his pocket, 'I haven't sleep for two week. Pure Colombian White. Is beautiful...you like it.'

"Don't you think that might be causing the headaches, Beccy?"

"No darling. It helps me lot. How long you wait?"

"Nearly three hours now. What for? To tell my fucking life story to some dick-head who doesn't know and doesn't really care."

"Neil, why you don't complain?"

She jumped up and screamed to everyone in the room, "When you going to see him?"

"Beccy", thought Neil, "You're fabulous."

"You're next, Neil."

The attractive, young blonde doctor was waiting.

Neil hurried in.

To be continued.

This is the first part of our serial. It was written by Paul Young. Future episodes will be written by different people. We would like as many people as possible to contribute. The plot will unfold according to the whims or fantasies of each writer.

If you would like to write an episode, please contact us.



HIV/AIDS WORKSHOPS FOR WOMEN

The Family Planning Association of NSW Education Unit has scheduled five different 3 hour workshops for women during the first half of 1990. Each workshop explores specific issues for women in dealing with HIV/AIDS, and each will be offered more than once during February to June 1990, some at FPA Broadway, some at FPA Parramatta. A two day workshop for health and welfare workers on educating women about HIV/AIDS will be held at Parramatta in May. There is a small charge for all workshops, negotiable in appropriate circumstances. Please contact the FPA Education Unit on (02) 211 0244 for further details and early registration.

ALL THAT RUBBER, ALL THAT TALK: SAFE SEX FOR WOMEN

A 3-hour workshop designed for women to explore barriers to communication about safe sex practices and strategies for overcoming these barriers.

BOTHERED & BEWILDERED? HIV/AIDS ISSUES FOR WOMEN

This 3-hour workshop looks at some of the broad issues HIV/AIDS raises for women, and allows participants to clarify much of the confusion individual women experience.

EDUCATING WOMEN ABOUT HIV/AIDS

Designed for health and welfare workers who work primarily with women, this workshop provides basic HIV/AIDS information, including transmission in pregnancy. The workshop will look at strategies to educate women about safe sex practices both on an individual client level as well as in groups.

COUNSELLING COURSES FOR DOCTORS AND NURSES HIV/AIDS COUNSELLING SKILLS

The seminar provides basic information on HIV/AIDS transmission, prevention and management.

FEMALE FUTURES: WOMEN, AIDS AND PREGNANCY

A 3-hour workshop giving an overview of research and commentary on HIV-positivity and pregnancy and the issues this raises for counselling for women who want children now and in the future. It aims to equip participants with clear guidelines to assist in effective decision making.

PERSPECTIVES, PROSPECTS, PRACTICALITIES: WOMEN AND AIDS

A 3-hour workshop which explores the political, medical and social realities of HIV/AIDS for women.

It also highlights specific difficulties women encounter in dealing with HIV/AIDS.

SAFER SEX IN RISKY TIMES: COMMUNICATING AND NEGOTIATING ABOUT SEX

DAMNED DAMS AND OTHER DELIGHTS: SAFE SEX FOR WOMEN

A 3-hour workshop designed specifically for women who have sex with women.

In memory of Terrence Bell

Robert Ariss

As a student of philosophy, Terry well understood the power of language, persuasion and argument. His influence through the use of language was formidable and furnished many of us with difficult moments of confrontation and challenge. But, as a great man, currently out of fashion, once said, "the philosophers only talk about the world; the point is to change it." With regard to his exhausting work in AIDS, it is tragic that Terry's efforts may not have saved his own life. It is certain, however, that the knowledge, skill and inspiration with which he provided us at PLWA, will have an impact on many people with HIV/AIDS and their supporters for years to come.

Terry made his appearance in the PLWA movement here in Sydney one year ago, just as we were establishing ourselves. It was characteristic of Terry's style that his perception of and influence on political activity and organizations were firm and consequential, yet he stubbornly insisted on remaining aloof from the internal machinations of such organizations. This was, I now understand, much to Terry's advantage. It was as a vitally interested member, yet one sufficiently distanced, that he was able to present us with the gift of such powerful and disturbing critiques, as well as sound advice and assistance on practical matters such as writing press releases and lobbying governments. His hobby horse, correct democratic process, constantly frustrated those involved in the day to day machinations of community organisations. His own personal demand was for ever-increasingly radical efforts to

destroy the absolute power that profit-interested, technocratic drug companies and their government allies hold over our lives.

Terry's resolve was to fight to protect and expand the rights of gay men and people with HIV/AIDS, despite the formidable obstacles and effort that requires. Sadly, the kind of treatments and health care he envisioned did not evolve in time to save him. But his life was given to those many who remain to struggle against this frightening enemy. My only hope is that we can continue Terry's struggle, to do justice to the clear path he has laid down for us.

Terry Bell was a great gift, and a sad loss, for all who believe in the highest ideals.

SEMINAR: AIDS, DISCRIMINATION AND THE WORKPLACE

The NSW Anti-Discrimination Board is currently running a community and workplace education project, funded by the NSW Law Foundation and the AIDS Bureau. The project is designed to inform management, trade unions and AIDS organisations of rights and obligations under Anti-Discrimination, Industrial and Occupational and Health and Safety Laws in relation to HIV-infected persons and persons with AIDS in the workplace.

As part of the project, the board is piloting a series of seminars with the end goal of producing a set of high quality education materials. Following the launch of the seminar program and kit, the package will be offered to employers and trade unions as a major component of the Board's ongoing AIDS discrimination in the workplace prevention strategies.

The first seminar is
being planned for March 1990.

AIDS IN THE NEWS

A new line in reporting

Leigh Raymond

On World AIDS Day under the headline 'The killer that is gathering in our best and brightest', an article in the SYDNEY MORNING HERALD examined the effects of AIDS on Australia's artistic community. It listed some members of that community who had died of AIDS: drama therapist Aldo Gennaro, dancer Suzi, writer and critic Dave Sargent and others. They were people of promise, like producer Ashley Gordon, who brought, among dozens of productions, Sugar Babies and Elizabeth Welch to Australian stages. Or like director John Tasker, people who had been in theatre since the sixties and played a significant role in developing Australian culture. All those who had died were relatively young; all would, under other circumstances, have looked forward to many years making culture. So far, the report noted, our 'superstars' were untouched, but some of our 'great stars' were HIV positive. One interviewee spoke of the 'diminishing sense of camp' in the arts, a growing seriousness; others of ostracism following disclosure of having AIDS.

The tone of the article was sympathetic; indeed it is the first time, from memory, that the Herald has actually presented the sympathy-loss-tragedy theme in its treatment of AIDS news. It takes up a theme which has begun to be expressed publicly at funerals and memorial services (by Jeannie Little at Ashley Gordon's for

example) where the actual social and cultural impact of the death of (according to the Herald) over 800 people in Australia is beginning to be felt as a phenomenon not simply of personal loss and grief, but in a wider sense. The people who are making Australian culture are dying of AIDS and their deaths are having a significant and obvious effect on Australian culture.

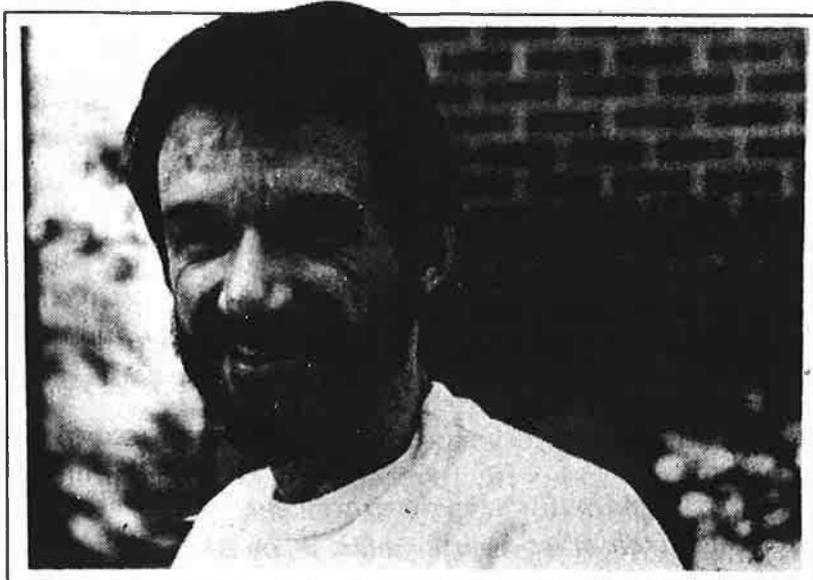
The ground has shifted slightly away from the ideology of 'general population', 'risk group' and transmission categories to the more sympathetic humanism of social tragedy

Within mainstream middle class public culture, the arts are now accepted as an important industry, a \$4 billion industry a recent advertising campaign proclaimed. They are, in fact, such an everyday part of that culture that the threat to production, viability and development of Australian culture. Through the Herald article, and an earlier one in the Melbourne AGE, AIDS has become a cultural issue not merely of representation, but of the prosperity and well being of Australian culture. The terms of public debate about AIDS have undergone a subtle and important change. The story of AIDS has become a story of loss, of social tragedy, of a threat to something which many Australians benefit from directly and indirectly - the arts. The ground has shifted slightly away from the ideology of 'general population', 'risk group' and transmission categories to the more sympathetic humanism of social tragedy: the medical discourse is being set up at least partly in opposition to the cultural; and the consequence is that the issue of cause and source implicit in the medical

discourse (and indirectly, blame) is displaced by the cultural, in which promise, achievement and cultural loss (our artists who have died) are important. While this change is significant, the Herald article doesn't really explore how the sense of cultural loss works and it creates distinctions within the artistic community which undermine its apparently positive approach. The article states that no one who has died of AIDS in Australia so far was a great artist. Leaving aside the issue of what makes a great artist and whether there are such people at all, the article fudges on what is actually meant by an artist having promise. There may have been among those who have died people who would have become great artists or superstars. Death from AIDS has deprived our culture of these people, their potential and their work. In cultural terms the article, perhaps inadvertently, sets up the question: which is the greater loss - the death of an artist who has achieved greatness or the death of an artist (or a group of artists) whose greatness can never be demonstrated because they did not have time to develop a mature body of work? The question ought not to be posed in either/or terms, yet the article implicitly asks us to make a value judgment, a preference about one or the other. The important issue is the loss to culture of both, not whether one is more important than the other. By concentrating partly on the future death of great artists, the article undermines its own strategy of sympathy; it also loses direction in relation to the overall loss to Australian culture of a

whole group people in the artistic community - stars are made to appear more important.

The article doesn't define sufficiently clearly the way in which artists or cultural workers make culture. The sense of loss is related to work produced, but in cultural terms the sense of loss is actually much more complicated. In the case of Ashley Gordon, the theatrical producer, for example, his work was to produce theatre. The theatrical company Gordon Frost will continue to produce theatre but the productions will probably be different from those they would otherwise have chosen. How different? Running through their productions was a strong thread of popular camp culture which found expression not only in the productions chosen (Sugar Babies, Beach Blanket Tempest, Elizabeth Welch to name only three) but in the people who were chosen to work in them. Gordon gave Jeannie Little her theatrical break and he nurtured others. His work was one of the ways by which camp was produced in the mainstream commercial theatre. And he helped to take gay and



Dave Sargent

Photo by Gary Dunn

AIDS-related subjects into mainstream theatre too. These themes may continue to be taken up by mainstream commercial theatre; the point is that one of the principal agents who would have ensured their presentation is dead, and that the opportunity that his position and work offered no longer exists in the same way that it did before. Others may fill his shoes but their feet will be of a different size.

On a more intimate scale, it is worth looking at the work of Dave Sargent. Sargent held many jobs: he edited CAMPAIGN magazine and GAY INFORMATION, taught film, wrote film criticism for the SYDNEY MORNING HERALD, children's stories and poetry and managed a bookshop. His work was about the complex dissemination of ideas about gender, sexuality and representation. His achieved work was largely about laying the groundwork for larger projects, often other people's, about talking things through, about spreading the word, about bringing people together. The effects of this kind of work are tangible, but impossible to quantify; they are most easily recognised by their absence.

This new theme in news reporting is, despite its limitations, a useful form of representation in the media discourse around AIDS. It will coexist with other, less sympathetic themes and treatments, which are newsworthy; and it will be interesting to see who widely and how deeply this form of representation is used by the media - whether it gets from the broadsheets to the tabloids, and how it happens.

Leigh Raymond is a Sydney writer, raconteur and social observer whose laugh is an (officially) unrecognised national treasure.

Community Support Network

Graeme Bray

The Community Support Network's roots go back to early 1984 when a group of gay men banded together to care for a friend with AIDS, in his home. During the course of that year the network became more formalised and, as a wholly voluntary group of predominantly gay men, began training others in the basics of home care for all people living with AIDS (PLWA's). Community Support Network (CSN) continued as a completely volunteer organisation, financially supported by the Bobby Goldsmith Foundation, until late in 1986 when the vital importance of CSN's work was recognised by State and Federal Governments, which have since that time provided funding under the umbrella of the AIDS Council of NSW. Since its beginnings CSN has trained five hundred volunteer carers.

CSN's function is to provide PHYSICAL care and support for people living with AIDS, so we concentrate on acquiring and using practical skills

CSN enters the 1990's as a broadly based community organisation with over two hundred men and women working actively as volunteer carers. The huge diversity of these people, together with much greater practical involvement and support from the families, partners and

friends of PLWA'S has produced quite a different working environment for today's CSN carers.

To become a CSN carer you must first attend an information / orientation evening and then participate in an interview in order to assess your suitability to undergo an intensive forty-hour training course. CSN training courses are conducted regularly (approximately every 6 - 8 weeks) and in a variety of formats. The primary objective of the course is to prepare volunteers for caring by building confidence in a variety of practical skills, coupled with a thorough working knowledge of the basics of infection control and transmission. CSN's function is to provide PHYSICAL care and support for PLWA's, and so we concentrate on acquiring and using practical skills (e.g. basic nursing procedures, lifting, massaging, etc.), with less emphasis on the psycho-social aspects of HIV and AIDS. Emotional support and counselling for PLWA's is provided by the Ankali Project volunteers (contact: 02 332 4000) who are specifically trained in this area.

If you are interested in finding out more about CSN and feel you would like to join the Network as a carer please call CSN on (02) 283 3222, our new number after 5/2/90.

New carers are always needed.



PLWA 1990 - fffrantic flows the Don

The position of Administrative Support Officer for Peple Living With AIDS Inc. has been made full time as a result of recent funding.

This year will see some major changes as ACON will soon be moving to new premises in Goulburn Street, Darlinghurst. PLWA will have an office in the new building along with the Community Service Unit of ACON and other community organisations. Level access to a lift will overcome difficulties experienced in our present location by those with mobility problems. I am most delighted at this improved access.

The new premises will provide our growing AIDS organisations and services with suitable accommodation for the coming years. The Community Services and Education Units of ACON and some community based organisations will now be located together. Please come and visit. Many services available and volunteers are always needed to keep them going.

My work hours will basically be from 10.00am to 6.00pm, Monday to Friday. Because some duties take me away from the office and I work to a flex-time system I may not always be in the office. However, I can assure you that the service you require of PLWA Inc. will now be greatly enhanced. My job, so far, has been quite formidable as we have established an administrative procedure from scratch which would have been a massive and expensive task without the help of ACON. This means that our energies can now be directed to the aims and objectives of our Association as the major force representing people living with AIDS/HIV in NSW.

Don Carter

GLOSSARY OF AIDS TERMS

AIDS (Acquired Immune Deficiency Syndrome): defined by the Centre for Disease Control in Atlanta, USA (CDC) as "The presence of a reliably diagnosed disease at least moderately predictive of cellular immunodeficiency, in the absence of an underlying cause for the immunodeficiency or of any defined cause for reduced resistance to the disease". It is believed to be the primary aetiological agent of AIDS is HIV.

AIDS Councils: community based organizations, originally established by gay men, providing advocacy, support and care to people with AIDS/HIV, and AIDS education to the gay and general community

AIDS dementia: Officially Group IV-B HIV infection. Symptoms include memory loss, visual disturbances, motor impairment and personal changes.

Anemia: Condition of having a low number of red blood cells.

Antibody: Immunoglobulin (blood protein) produced by the immune system in response to foreign antigens in order to neutralize them. The antibody produced in response to HIV is ineffective in neutralizing the virus in the long term but serves as a marker for the presence of the virus. Antibodies can take up to 3 or more months before being detectable by the available tests, hence the "window period".

Antibody test: Actually 3 tests done simultaneously to detect antibodies to HIV in the blood.

Antibody positive /Ab positive/ sero-positive: those found to be positive to, or have antibodies to HIV present in the blood. Those found to be Ab+ are at risk of developing ARC or AIDS though the probability of progression is unknown. Estimates range from 30 - 100%

Antibody negative /Ab negative /seronegative: those found to be negative to, or not have antibodies to HIV, ie. to not be infected with the virus

Antigen: any foreign substance in the body which stimulates the production of antibodies.

Antigen test: a test to detect the presence of HIV antigens in the blood.

Antigen positive: a positive antigen test result, interpreted to indicate an increased risk to developing ARC or AIDS.

Antigen negative: a negative antigen test result indicating no free HIV present in the blood. Interpreted to indicate low risk of developing ARC or AIDS.

ARC (AIDS Related Complex): formally "category B", now Group III and Group IV-A HIV infection. Includes LNS (see below) and a range of non-specific symptoms including diarrhoea, night sweats and undulating fever.

Asymptomatic HIV infection: state of being infected with HIV but showing no expressions of immunosuppression. Those with asymptomatic infection appear healthy but are capable of transmitting the virus to others through blood, semen, vaginal fluid or breast milk.

Bisexual men: Those men who have sex with other men, as well as women, but who do not necessarily identify as gay or with a gay community.

Candidiasis (Candida): A yeast like infection caused by *Candida albicans* infecting mucus membranes, skin and internal organs. A common opportunistic infection in people with HIV.

Category A, B & C: Previous classification system to describe the progression of HIV disease. Roughly, category C is asymptomatic infection, B is ARC, and A is full AIDS.

Category I, II, III & IV: New classification system for HIV infection introduced in 1988. Roughly, I is sero-conversion illness, II and III are asymptomatic or minor infections, and IV is major opportunistic infections corresponding to full AIDS.

Community AIDS Trial Network (CATN): New initiative in Australia to test new treatments for AIDS with the assistance of GP's and community groups. Based on models established in the US.

Cytomegalovirus (CMV): A virus related to the herpes family of viruses. A common opportunistic infection manifesting as mild flu like symptoms. Thought by some to be a co-factor in the progression of HIV disease.

Co-factors: Substances, elements of lifestyle or environment which are thought to possibly contribute to the development of HIV disease eg. recreational drug and alcohol use, poor diet, high stress or repeated viral infections.

Cryptococcosis: Potentially fatal opportunistic infection in people with HIV caused by an infectious fungal agent. Manifestations include headaches, blurred vision, confusion, depression, agitation or inappropriate speech.

Cryptosporidiosis: Diarrhoea causing protozoan parasite.

Demantia: Loss of mental capacity, caused by HIV or other infections in PWA's.

Gay: Term used by men who have sex with men whose homosexuality is a positive component of their self identity.

Haemophilia: Hereditary blood disorder which prevents adequate blood clotting due to a deficiency of Factor VIII, a blood coagulation factor. People with haemophilia in Australia were at risk of HIV infection prior to April 1985 when the blood supply was secured through routine HIV testing of the national blood supply.

Hepatitis B: Liver inflammation caused by the Hepatitis B virus.

Herpes: Inflammation of skin caused by herpes viruses. Herpes Simplex Virus (HSV) I & II are common opportunistic infections in people with AIDS, the dormant virus being activated by immunosuppression.

Heterosexual men & women: heterosexuals are at risk of HIV infection through IV drug use, blood transfusion where the supply has not been screened, or through heterosexual sex where body fluids are exchanged.

HIV (Human Immunodeficiency Virus): previously known as HTLV III or LAV, a human retrovirus considered by most to be the main cause of AIDS.

HIV Infection: State of being infected with HIV as indicated by a positive HIV antibody or antigen test. Initial infection is frequently accompanied by a brief flu like illness (Group I) followed by a period of asymptomatic infection of variable duration (Group II) to mild immune impairment possibly accompanied by opportunistic infections (Group II & III) to severe immune impairment (Group IV).

Homosexual men: Men who predominantly or exclusively have sex with other men. Numbers are estimated at 5-10% of adult men in western countries. Some sexual practices engaged in by some of these men, particularly unprotected anal intercourse, are high risk factors in terms of HIV infection.

HTLV III: Name originally given to HIV by Dr Robert Gallo of the US National Cancer Institute.

Immune deficiency (immuno-deficiency): Inability of the immune system to resist infection. In AIDS and HIV related illness this is caused by immune suppression due to the action of HIV.

Immune suppression (immunosuppression): Inducement of immune deficiency, either deliberately (eg in transplant operation to prevent rejection) or by disease, drugs, stress, ageing, malnutrition or other factors.

Immune system: The body's mechanisms to resist infection. Lymphocytes, a class of white blood cells, recognise and destroy antigen. In HIV related illness, a subset of T-cells is affected by HIV causing immune deficiency.

IPU: Individual Patient Usage. Use of an unapproved drug can be obtained through this system in Australia on special application by your doctor to the Commonwealth. Foscarnet is one drug which has been made available this way.

Intravenous Drug Use (IVDU): Injection of non-prescribed, recreational drugs such as heroin, cocaine or speed. Estimates put the Sydney IVDU population at 15 000. HIV can be transmitted to IVDUs through the sharing of unsterilized needles and syringes.

T

HIV infection among IVDUs has been described as the "second wave" in western countries, following on from infection among gay men.

Karposi's Sarcoma (KS): One of the most common opportunistic infections in people with HIV disease. Thought to be caused by the Epstein Barr virus. Manifests as raised red or purple blotches on or in the body. Treated with chemotherapy or interferons.

Lymph Nodes: Site of the production of lymphocytes, primarily in the groin, neck and armpits.

Lymphadenopathy Syndrome (LNS): Inflammation of the lymph glands, common in HIV related illnesses. Persistent Generalized Lymphadenopathy (PGL) is a symptom for ARC.

Lymphocytes: White blood cells which recognise and destroy infection. B-cell lymphocytes produce antibody, and T-cell lymphocytes activate parts of the cellular immune system in response to foreign substances, particularly viruses.

Lymphomas: Malignancies of the lymphatic system, sometimes seen as a complication of HIV related disease.

National Health & Medical Research Centre (NH&MRC): Federal research establishment which conducts clinical drug trials for HIV infection and other AIDS related studies.

Opportunistic Infection: Infection induced by a compromised immune system.

Parallel Track: Newly proposed method of testing promising new drugs for AIDS by matching subjects progress against those in standard clinical trials, rather than a controlled placebo. In theory will help quicken the development of new treatments.

PLWA: People living with AIDS. The commonly accepted term to apply to those with HIV infection. Sometimes used also to include the affected, meaning friends, lovers, carers, family etc. "PLWA" advocacy and support groups were first established in each state and territory in Australia in late 1988.

Perinatal transmission: The passing of HIV from mother to unborn child either through the umbilical cord during pregnancy or through breast milk.

Peripheral neuropathy: Disorder of the nerves leaving extremities of the body numb. Sometimes associated with some treatments for AIDS, including AZT.

Persistent Generalized Lymphadenopathy (PGL): see Lymphadenopathy.

Placebo: An inactive substance used as a control in an experiment. Placebo controlled trials are the standard form of testing for experimental new drugs against HIV infection.

Pneumocystis carinii pneumonia (PCP): Opportunistic infection most common in people with AIDS. Caused by a common parasite, pneumocystis carinii, infection is life threatening in immuno-suppressed patients.

Prognostic Indicators: Clinical tests which indicate an increased likelihood of progression of disease. Tests for AIDS or ARC include Lymphocytes (T4 & T8), antigen and antibody, beta-2-microglobulin, platelet counts, haemoglobin counts and Erythrocyte Sedimentation Rate (ESR). Taken together such tests provide a more reliable indication of progression than if done in isolation.

Prophylaxis: Treatment to prevent a disease before it occurs.

PWA: Person with AIDS, usually category IV.

PWARC: Person with AIDS related conditions, category II or III with symptoms.

Retrovirus: Class of viruses including HIV. A historically recent medical discovery, retroviral replication works in the reverse to other pathogenic viruses by converting RNA to DNA in the host cell.

Sero-conversion: The time at which antibodies to an infectious agent become detectable in the body, in HIV infection often accompanied by a flu-like illness. Colloquially, the time of infection.

Sero-positive: see antibody positive, Ab+

Sero-negative: see antibody negative/ Ab-

STD (sexually transmitted disease): HIV is sexually transmissible, but may also be transmitted through blood to blood contact, or peri-natally.

T-cells: Specific set of lymphocytes targeted by HIV which activate the immune system against infection.

T8-cells (T-suppressor cells): Lymphocytes which regulate the activity of T4 cells. The ratio of T4/T8 cells is a measure of the efficiency of the immune system.

T4 cell count: measure of the state of the immune system based on the number of T4 cells present in the blood. An average count ranges between 600 and 800 per 1000 mls. A count less than 200 indicates severe immunosuppression and qualifies a person for AZT treatment.

Window period/incubation period: The time between infection and sero-conversion. An infected person can test antibody negative in this period because no (or insufficient) antibodies have been produced by the immune system to be detected by the HIV antibody test. The average window period for HIV is approximately 6 weeks.

PLEASE ADVISE US OF ANY ERRORS, OMISSIONS OR NEW TERMS.

CONTACT LIST: AIDS ORGANISATIONS AND SUPPORT GROUPS

ACCOMMODATION: Share Accommodation Service can be contacted on (02) 212 2728.

AFAO (AUSTRALIAN FEDERATION OF AIDS ORGANIZATIONS): Umbrella organization for Australian state and territory AIDS Councils. (062) 47 3411

AIDS COUNCIL OF NEW SOUTH WALES (ACON): The Council provides services in education, welfare, support and advocacy in relation to HIV / AIDS to the gay and general community.

68 Sophia Street, Surry Hills 2010 Phone: (02) 211 0499

ACON Hunter Branch: PO Box 124 Islington 2296. Phone (049) 61 2786

ACON North Coast Branch: PO Box 63 Sth. Lismore 2480. Phone (066) 22 1555

ALBION STREET AIDS CENTRE (SYDNEY HOSPITAL AIDS CENTRE) : Main Sydney clinic providing HIV testing, counselling, and support groups for people with HIV infection. Also conducts experimental AIDS treatment trials. Also "Just Positive" and "Being Positive" Support Groups.(02) 332 4000

ANKALI PROJECT : A volunteer based project providing emotional support to people with AIDS, their partners and loved ones. Administered by the Sydney hospital. (02) 332 4000

BOBBY GOLDSMITH FOUNDATION : A charity organization, established in 1983 in the name of the first Sydney man to die of AIDS, providing financial and material assistance to people with AIDS. (02) 281 1097

COMMUNITY SUPPORT NETWORK (CSN) : Trained volunteers providing practical home care. A volunteer based organization providing home care for people with AIDS. Established in 1984. In Sydney contact (02) 212 2728

CSN WOLLONGONG: Contact Trish Regal

CSN NEWCASTLE: Contact Andre Hope C/- ACON Hunter Branch. (049) 61 2786

DAY CENTRES:

KATOOMBA (HAERE MAI): Operates every Wednesday from 10.00am–4.00pm for meditation, lunch, creative activity and just getting together; and on Sunday for lunch unless some other activity has been planned for that day.

Contact (047) 82 1359 – Kevin or Greg, or (047) 82 2119 – Bill.

NEWCASTLE (KARUMAH): Operates every Friday from 11.00am – 4.00pm at the Citadel Hall, corner of Granger and Pearson Sts., Lambton. CONTACT: Randy (049) 57 2358 or the Hunter Branch of the AIDS Council on (049) 61 2786.

SYDNEY (MAITRAYA) : Daytime recreation/relaxation centre for people with AIDS run partly by volunteers and funded by the NSW Department of Health.
396 Bourke Street, Surry Hills 2010.
Enquiries: Irwin Diefenthaler (Co ordinator) (02) 361 0893.

DEAF COMMUNITY AIDS PROJECT: Contact Colin Allen at ACON(Sydney).

EUTHANASIA: Voluntary Euthanasia Society of NSW Inc. PO Box 25, Broadway, 2007. Phone (02) 212 4782.

EXTREME FUN and EXTREME PLEASURE CO. :

Peer support group for young men under 26 who have sex with men. We run a number of workshops, drop-ins and outings with the emphasis on fun.

CONTACT: Brent or Tim for further information between 3 – 6 most afternoons on (02) 211 0499.

FRIENDS OF PEOPLE WITH AIDS : A peer support group for friends, lovers, partners and spouses of people with AIDS. Provides emotional support. Please phone to indicate attendance.
Nigel, Albion Street Centre, 150 Albion Street, Surry Hills 2010
332 4000 1st & 3rd Wednesday of every month. 7.30pm

HOSPITALS:

PRINCE HENRY (SPECIAL CARE UNIT):

Anzac Parade Little Bay, (Sydney). Phone (02) 694 5237 or (02)661 0111

ROYAL NORTH SHORE HOSPITAL:

Pacific Highway St.Leonards(Sydney). Phone (02) 438 7414/7415.

ROYAL PRINCE ALFRED HOSPITAL AIDS WARD:

Missenden Road, Camperdown, (Sydney). Phone (02) 516 8131.

ST VINCENT'S HOSPITAL 7TH FLOOR SOUTH (AIDS WARD):

Victoria Street Darlinghurst (Sydney). Phone: (02) 361 2236 or (02) 361 2213

PARENTS GROUP(AND RELATIVES) : A support group for the parents or relatives of people with AIDS. Please phone to indicate attendance. Lesley Painter, 2nd floor 276 Victoria Street Darlinghurst 2010 332 4000 Every 2nd. Thursday 12.00 – 1.30pm.

POSITIVE WOMENS SUPPORT GROUP: Contact Pam Blacker at ACON(Sydney).

LIVING WELL SUPPORT GROUPS: For long term HIV positive gay men.
Contact Terry Giblett: (02) 212 3980

METROPOLITAN COMMUNITY CHURCH (MCC) : International gay church. The Sydney chapter of MCC originally established the CSN.

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NATIONAL HEALTH & MEDICAL RESEARCH CENTRE: Federal research centre conducting trials for AIDS treatments and other AIDS related research. Phone: (02) 332 4648

NORTH COAST "POSITIVE TIME" GROUP: A support and social group for PLWAs in the North Coast region. Contact ACON North Coast Branch for details.

PENRITH PLWA SUPPORT GROUP: Support, information and referrals. Phone Wendy at Penrith Youth Health Centre: (047) 21 8330. Meetings are held weekly.

QUILT PROJECT: Memorial project for those who have died of AIDS consisting of fabric panels and completed by friends and lovers of those to be remembered. Phone 211 0499

SACBE - EL CAMINO NUEVO : A group to educate the Spanish speaking community about AIDS. SACBE is also a Spanish speaking community support network. Contact Pedro Manzur (02) 211 0499

SYDNEY WEST GROUP: A Parramatta based support group. Contact Pip Bowden (02) 635 4595

TRANSFUSION RELATED AIDS : A support group for people acquiring HIV through a blood transfusion. Please phone to indicate attendance. Parramatta Hospital, Marsden Street, Parramatta. Contact Jenny: (02) 262 1764 Pam: (02) 635 0333 ext.343 Meetings are held on the last Tuesday of each month.10.30am

TRANSPORT SERVICE FOR PLWAs (in Sydney area): Contact CSN on (02) 212 2728.

PLEASE LET US KNOW OF ANY RELEVANT CONTACTS FOR THE NEXT ISSUE .

POSITION VACANT

People Living With AIDS Inc. (NSW)
Newsletter Co-ordinator

We require an experienced person to produce our bi-monthly newsletter, *TALKABOUT*. The person will be dynamic and will be required to encourage contributions, edit copy and design and layout the newsletter, as well as arrange for its printing and distribution.

The successful candidate will have excellent verbal and written communication skills, as well as an ability to type. It will also be necessary to have a good knowledge of computer operation.

The position is part-time, consisting of 14 hours per week

Salary is pro rata based on \$28533 for 35 hours per week.

Ring Lloyd Grosse after 10.00am on (02) 211 0499

for further information, duty statement, selection criteria etc.

All applications should quote position number 90/NCP, be marked "In Confidence" and sent to the Executive Director, ACON, PO Box 350, Darlinghurst, 2010 by 12 February, 1990.

ACON is an equal opportunity employer.

ACON has a policy of non-smoking in the workplace.

PLWA is an independent organisation representing the interests and advocating for the rights of the HIV infected and affected in NSW. PLWA Inc. is affiliated with, and receives its funding through ACON.

DICK RACEY UNDER COVER COCK! BY BABS.

