

No. 61 December/January 1995/96

Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆



**Shared Rights
Shared Responsibilities**

PLWH/A News



AS THIS ISSUE OF *TALKABOUT* GOES to press we at PLWH/A are gearing up for AIDS Awareness Week and World AIDS Day.

Someone once said to me "Every day is World AIDS Day for a positive person!". While this is all too true, AIDS Awareness week is an important opportunity to remind all Australians that complacency is our biggest enemy. There is still much to do to secure better treatments and care for those living with HIV/AIDS. We must also urge every Australian to do everything possible to prevent more HIV infections.

HIV treatment and care continue to be high on the agenda of PLWH/A. On November 11 and 12 we attended a Summit organised by the Australian Federation of AIDS Organisations (AFAO) on treatments and casemix. The meeting was useful in identifying some of the issues that community groups need to tackle in the coming months — removing red tape preventing access to combination antiviral therapy; drug funding; improving knowledge among PLWHA about treatment options, and the impact of case mix on care for people with HIV.

There has been a lot of discussion in the media about the introduction of casemix and its impact on the quality of hospital and other care for people with HIV. Basically, casemix is a new way of funding hospital and care services.

PLWH/A welcomes assurances from NSW Health Minister Andrew Refshauge that full consultation will occur with interested parties before case mix is introduced into NSW.

The AFAO Summit also

endorsed a paper prepared by PLWH/A Committee member Rolf Petherbridge on ethical and planning issues around HIV clinical trials. This very valuable paper includes discussion on some of the conflicts between the need of people with HIV to have prompt access to new, possibly life-saving drugs, and the need for clinical research to answer questions about how well new drugs work. The paper has provoked some lively debate among doctors and community groups! Anyone interested in the paper can obtain a copy from the PLWH/A office.

Rolf and I also attended the recent Australasian Society of HIV Medicine (ASHM) meeting in Queensland. Some of the take-home messages from the many Conference presentations were: early, aggressive treatment of HIV disease is recommended; the new viral load tests will be a crucial tool in clinical management of HIV; combinations of HIV antiviral treatments are better than single therapy. I was particularly taken by a comment from Dr Vella, a visiting Italian specialist, who said he had calculated there are 816 possible combinations of HIV antiviral drugs (both approved and experimental drugs). Who would have believed this a few years ago?

The ASHM meeting also provided opportunities to talk to doctors, nurses, government officials and researchers about key treatment issues affecting people living with HIV/AIDS.

PLWH/A has just received a copy of the Report on PLWHA Day Services by Anne Malcolm and Lesley Goulburn. The report looks at day programs for people

with HIV and related issues. We will be making a submission to the NSW Department of Health on this Report by the end of December. If you would like to read the report, please contact the PLWH/A office.

This is the last report from the 1994/95 PLWH/A Committee. A new Committee was elected on November 28 at the annual general meeting. A report on that in the next *Talkabout*. Copies of the PLWH/A Annual Report are available from the office.

Thanks to all those who provided support and encouragement to the PLWH/A Committee over the past 12 months. Special thanks to the PLWH/A staff team for all their efforts.

— Bill Whittaker, Convenor



People Living With HIV/AIDS (NSW) Inc.

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Henry Forrester: Treatments Officer

Jill Sergeant: *Talkabout* Editorial Coordinator

Sandy Thompson: *Talkabout* DTP/

Advertising

Post: Box 831, Darlinghurst NSW 2010

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

Darlinghurst

Phone: 361 6011

Talkabout: 361 6750

Fax: 360 3504

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This month's cover



By Robert Herbert. *The World AIDS Day logo: Shared Rights, Shared Responsibilities. While Talkabout doesn't always address the World AIDS Day theme, this year we felt it was sufficiently thought provoking to canvass a few opinions from PLWHA. Our 'vox populi' starts page 23.*

As well, World AIDS Day presents an opportunity to think more broadly than the local community. See page 14 for the start of our coverage of the recent conference in Thailand, and page 30 for a report from Zimbabwe.

Talkabout

Talkabout welcomes unsolicited contributions. However, we cannot accept responsibility for manuscripts and photographs or for material lost or damaged in the past.

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 Sandra. Send contributions to:
PO Box 831, Darlinghurst, NSW 2010.

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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



● The needs of PLWHA in communities with inadequate resources are different to those in affluent societies, the 3rd International Conference on HIV/AIDS in the Asia Pacific was told. Eric van Praag from the World Health Organisation listed their primary health related concerns as: access to supportive primary care, financial assistance for daily needs, security, material assistance for such things as food, soap, clothes and helping hands.

Most people have limited access to care, no early treatment of common illnesses, limited information about sexual transmission and self care. Van Praag said that 50 - 70% of beds in major hospitals in Thailand were occupied by PLWHA, partly as a result of fears of discrimination if they sought care in their local communities.

Annie Madden, President of the Australian IV League, reports that injecting drug user (IDU) issues were given low priority at the conference, despite high HIV prevalence in the region. There were no sessions addressing the needs and issues of HIV positive IDU.

HIV prevalence among Thai IDU has increased from 1.2% in 1988 to over 50% in 1994. In Rangoon, Burma, 75% of IDU test positive and there are infection levels of up to 80% in parts of India.

At an informal level, groups working with IDUs formed a regional "IDU HIV and Harm Reduction Network", which will aim to actively involve IDUs in its programs and provide information and support through the region. (*Echidna*)

● HIV Infection has accounted for about 85% of deaths in British haemophiliacs since 1985. In 1991-2, 81 per 100 positive haemophiliacs died compared to a death rate of 8 per 100 in HIV negative haemophiliacs from 1985 - 92. (*AIDS Clinical Care*)

● An eighteen month study conducted by Johns Hopkins Uni. in the US, has found that improving access to care improves PLWHA survival time. The study, which enrolled 1,372 people in a primary care program, found that demographic differences in survival (eg. race, gender, injecting drug use and poverty) disappeared when people had equal access to quality care. (*AIDS Clinical Care*)

● HIV rates in Uganda, East Africa, may be declining. A 5 year study from the country's south west has found that HIV prevalence had dropped by 80% in young men, 62% in teenage girls and 34% in young women (20 - 24). This is thought to be due at least in part to the presence of the study in the area, which created more awareness among young people. However, a decline in the rate of increase of HIV among pregnant women has already been reported at several ante-natal clinics. (*AIDS Analysis Africa*)

Day programs

THE RECENT REVIEW OF DAY programs for Sydney PLWHA has published a report on its findings with recommendations for a future, more effective day program. The review found that the existing day programs were fragmented, sometimes duplicated each others' services and were under-used for a number of reasons, including location and lack of consumer focus. There is also a need for a program to reach more isolated groups of PLWHA.

The review identified some essential components of an appropriate day program as: food services, activities, entertainment, complementary and traditional therapies and skills based activities, such as retraining and opportunities for employment. Location, accessibility, extended opening hours and a welcoming environment were also important elements. The review recommended that child care should be available.

The review concluded that the most appropriate model for a comprehensive day program in the Sydney metropolitan area would be a single centre with a range of satellite services. Organisations and groups currently providing day programs would be integrated into an expanded program.

Finally, the review recommended that the inclusion of PLWHA in the planning and monitoring of such a program would be critical to its success.

The Review's steering Committee is awaiting comment on this report from the community (the deadline is December 15). After that, the Committee will submit both the report and any comments received to the AIDS Branch of the NSW Health Department, which will consider the recommendations. So if you'd like to see this dream become a reality, send your comments to the Day Centre Review Steering

Committee, PO Box 350 Darlinghurst 2010.

KM1 update

THE KM1 HERBAL TRIAL IS RAPIDLY recruiting participants and expected to begin in January. However very few women have so far applied to be on the trial. Trial director, Jan Kneen-McDaid encourages women to enrol.

A new feature of the trial is PAVE (Photos/graphs of Adhesions for Visual Evaluation). This process is a valuable tool for measuring changes in the size of skin conditions such as KS, or herpes, and lymph problems.

Anyone who has registered for the trial should collect their information sheets as soon as possible from PLWH/A Inc. or the Sydney Day Centre. Confidentiality of participants is guaranteed. For more information call Jan on 552 2243.

Yum Cha

YUM CHA, THE SUPPORT GROUP FOR HIV positive Asians, meets every Wednesday night for information and mutual support. Topics to be covered in December/January include new drugs and trials, aromatherapy, legal and financial jargon and wellbeing. Also planned are a Christmas picnic and, in January, a cultural night where you can share your homeland's cuisine and culture.

Call Matthew Hua on 206 2080 for more info. If you want to get involved, Matthew will introduce you to the group.

Country conference

DUBBO, IN THE CENTRAL WEST OF the state, will host the first conference about HIV and AIDS in rural NSW. More than 250 people are expected to attend the meeting from March 28 to 30 next year.

Reflecting current national priorities, the conference will

address issues affecting gay men, people living with HIV and health workers in rural areas. Other sessions will focus on Aboriginal people, injecting drug users and broader rural communities.

The conference is one response to the recent evaluation of the national HIV/AIDS Strategy. Organiser Tony Westmore said "the evaluation warned against complacency even though we've been quite successful in reducing the number of new cases of HIV and in caring for people who live with the virus.

"The program is likely to cover issues including the provision of appropriate health services; the role of social networks in care and education; discrimination and fear. Its also an opportunity to share successes and extend contacts.

Isolation of one sort or another affects most of the people likely to attend the conference and the development of lasting networks is one goal of the conference."

The conference is being organised by a diverse group of people based in rural NSW, including people living with HIV, nurses and health educators. Speakers will be drawn mostly from country areas. Several related events including an art exhibition are to occur simultaneously.

For more information call Tony on 041 925 6339.

NorthAIDS Annual Report

NORTHAIDS INC., A COMMUNITY organisation on Sydney's North Shore which operates Des Kilkeary Lodge, has just released its first annual report. NorthAIDS began operating in 1994 in response to the need for a day centre for PLWHA in the northern suburbs. The day centre and a small supported accomodation project (five beds) are both located at Des Kilkeary Lodge.

In the Annual Report, Chairperson Guenter Plum reports that



Carole Ann King (bottom right) and other party goers celebrated two years of great meals and good times at the Luncheon Club's birthday party in September.

PHOTO: JEFF HUDSON

the organisation "is already beginning to make a difference to the lives of people with HIV/AIDS". NorthAIDS has been strongly supported by the local community. Its services have been used not only by northern suburbs PLWHA (about 750 HIV positive in the area), but also by a large number of people from other parts of Sydney.

There is a growing number of regular visitors for the Friday lunches or coming for short stays, and a large pool of trained volunteers.

Key issues facing the organisation are how to extend current services and make them more accessible to PLWHA generally and more desirable to PLWHA in the northern suburbs specifically.

NorthAIDS thanks ex Committee members (the late) Sr Sinead Clonan, Pat Kilkeary and Mark Reisman, and their first Coordinator, Paul Armstrong, who left at the end of September.

Women's retreat

AFTER AN EXTREMELY SUCCESSFUL debut retreat for positive women last year, Positive Women are pleased to let you that retreat

number two is finally in sight!

This retreat will take place from Friday, January 19 till Monday, January 22. It will be held at the beautiful Kyabra Station in the southern highlands of NSW.

The retreats are an ideal opportunity to sample a host of complementary therapies, to have time out with your partner and kids, meet other positive women, be thoroughly spoilt and pampered, and just get away from the everyday humdrum of the city.

We will take care of transport and childcare, and the retreat costs you absolutely nothing — so what are you waiting for?

For an application form, or more info, please call me at Positive Women on 206 2058, Mon-Wed.

— Jacqueline Frajer

Northern news

THE NORTH COAST WILL BE BUSY around World AIDS Day with Quilt displays in Ballina (Ballina Fair, November 30) and Casino, (Woolworths Shopping Centre on Friday, December 1 from 9am to 3pm), and red ribbons fluttering in Lismore, Byron Bay, Mullumbimby, Nimbin, Ballina, Casino, Kyogle and Coraki.

Briefs



● The Treatments Now! Collective, a new activist group, have begun a fax campaign targeting Federal Government offices, demanding that the Government approve immediate access to ddI, ddC, 3TC, d4T and Saquinavir, regardless of T cell counts, accelerate the drug approval process and overhaul drug trials.

● As *Talkabout* went to press there was a busy hum of activities during AIDS Awareness Week, November 24 - December 1, including an unfolding of the AIDS Memorial Quilt and the AIDS Trust's annual Food and Wine Fair on Nov 25, a celebrity soccer match promoting HIV/AIDS awareness among multicultural communities and a school poster competition display, as well as numerous smaller local events throughout the State. The week is to culminate on December 1 in a Luncheon Club picnic at Green Park and the World AIDS Day Awards at Paddington Town Hall (see pp. 18-19).

● Professor Peter McDonald, of Flinders University, warns that some patients with HIV are receiving second class treatment because surgeons insist on putting them last on surgery lists. Surgeons rely on the practice to help prevent the spread of infections between patients, but it can result in the delay of treatment. He urged patients who found they were always put last to complain to hospital authorities. ACON welcomed this move, but the Royal Australian College of Surgeons defended the practice. (SMH)

● In November, both Democrats and Greens committed themselves to supporting a Third National AIDS Strategy. This already has Labor support, and AFAO executive Director Ralph Mclean was meeting Liberal/Coalition representatives as *Talkabout* goes to press.

● 'Two men', a program of dance solos and duets by Patrick Harding-Irmer and Derek Porter, will be playing at the Performance Space December 14 - 17. The Wednesday Dec. 13 performance (8pm) will benefit BGF. Tickets are \$20. Call 319 5091 to book.

● The Churches AIDS Pastoral Care and Education Program is holding a national conference in Melbourne, May 16 - 18, 1996. The theme will be "The spiritual response to HIV/AIDS". For more details call the CAPE Centre (03) 9824 0100.

● The National Centre for Childhood Grief is planning to open a specialist centre designed to meet the needs of children who are grieving. In order to have the first centre open by early 1996, the National Centre needs to raise \$500,000. To become a foundation friend of the NCCG, make your \$25 cheque payable to Foundation Member National Centre Childhood Grief and send it to PO Box 108 Dulwich Hill 2203. Ph: 569 9311.

Lismore locals can attend an evening celebration, "Living in the time of AIDS", a night of fun and frivolity. Arrive at 5.30pm for the ideologically sound barbecue catering to the cravings of flesh eaters and flora-eaters alike, hang around for readings by Stand Up poets and other local wordsmiths, performances by Sista Web and presentations from 6.30 - 8.30pm. DJ Heidi will spin hot music to keep those happy feet grooving and moooving from 8.30 till the witching hour. All this for \$5 at the Lismore Club in Club Lane.

On December 2/3 there will be a Workshop for Gay Men Living with HIV and/or AIDS. Facilitated by Grieg Philpott — Psychologist. Cost: \$20 per person. Time: 9.30 to 5.30pm each day.

ACON's Byron Bay Outreach will be held December 4 and 18 from 10am to 3pm.

On December 5, visit the ACON Complementary Therapies Expo from 11am to 5pm at HOME. Members pay \$3.00 (\$5.00 to others), for the Expo, which includes a great lunch.

For more info about any of these activities, call Glenn or Di at ACON on (066) 22 1555.

Housing update

THE MAJOR FOCUS OF THE PLWH/A Housing Portfolio has been to find ways in which more appropriate housing can be found or built for PLWHA as well as improved dealing with the Department of Housing (DoH).

With assistance from the Association to Resource Co-operative Housing (ARCH) we have prepared a booklet outlining a proposal for "HOPE House", an HIV/AIDS co-op.

The planned BGF Housing Project, which will have ten units for PLWHA, will be completed in 1996. An architect has been appointed, the Development Application (DA) has been approved and extra funds have been

obtained.

ACON's Fred Oberg continues to assist PLWHA to find suitable housing and lobbies housing bodies on our behalf. He and I are part of a Special Needs Working Party for the Housing Assistance Plan. This working group meets to determine the needs of special groups including people with HIV/AIDS and encourages more joint ventures similar to the Waverly Council's provision of six units for HIV/AIDS accommodation.

An evaluation of the Special Rental Subsidy scheme was undertaken by DoH Liverpool which reported that the scheme was working and that an increase to \$4.5 million (including \$1.2 million for the BGF project) was recommended.

'Badlands' has been re-born as Foley House, still providing short term accommodation for (up to 12) drug users in need of temporary housing. Foley House is currently fully occupied. There are plans to provide longer term accommodation of up to 12 months at another location.

— Bill Rigney

Crypto concerns

AN ARTICLE IN THE NOVEMBER *Talkabout* may be too complacent about the risk of cryptosporidiosis in public pools. The only reason that Australia has avoided an epidemic of crypto similar to the 1993 Milwaukee outbreak that affected 400,000 people — and contributed to the deaths of around 100 PLWHA — is luck.

Although there is some protection from a potential outbreak through regular monitoring of NSW water for faecal coliforms, actual monitoring for crypto does not happen and the latest information the NSW Health Department has is two years old.

The outbreak traced to a Sutherland pool earlier this year, which was referred to in the news

story, caused the Health department to warn that two thirds of the state's public pools and spas are "potential health hazards".

The then Mayor of Sutherland, Genevieve Rankin, was sufficiently spooked by the outbreak that she called on the government to launch an education campaign which would inform people how they can avoid coming into contact with crypto. Crypto can be avoided by boiling all drinking water (including bottled water) and avoiding tap water in such sources as ice in drinks.

I was told in August by the NSW Health Department that they have ignored Rankin's suggestion because "we're pretty satisfied that we don't have a problem".

Unfortunately, there is a problem with an approach that plays down early warning systems or the issuing of information to those most at risk. There is the danger of a serious outbreak getting out of control extremely quickly if the outbreak is in the water supply.

The present system, according to the Health Department, relies on reports of illness. They admit this would result in a "small lag period" before the extent of any outbreak could be recognised.

Because the bug is highly infectious, this 'window' could conceivably result in many thousands of people becoming infected before a single warning went out. Although most would be relatively unaffected, potentially there could be a severe impact on PLWHA.

Although cases of crypto here are low, there have been a number of cases in Central Sydney recently, according to HIV/AIDS doctors I've spoken to. The point is that there is nothing being done to ensure that there aren't more cases or that the "small lag period" is closed up.

— Paul Canning



Photo: Mazz Images

Unfolding of the AIDS Memorial Quilt at Darling Harbour on November 25.

Chat fest

The 1995 NSW Health Promotion Conference in early November was notable for a debate sparked off by Gary Dowsett's opening address, on the meanings of "community", "empowerment" and "peer education", which he argued were no longer useful conceptual tools for HIV/AIDS educators, and may in fact obscure how educators and projects actually functioned.

At the Key Issues for PLWHA session, Garrett Prestage of the SMASH Project reported on the high rate of safe sex practised by positive gay men and discussed the kinds of safe sex negotiations these men undertake both in relationships and with casual partners.

Tony Rance, of NUAA, delivered two impassioned papers drawing attention to HIV positive IDUs' experience of discrimination, particularly in relation to their access to adequate pain relief, and calling for the Government to fund the specific equipment needs of positive users, in particular, bacterial filters and sterile water.

Shortly before the Conference, a new group was formed, Women in the National Strategy (WINS).

Members of this group attended a women's satellite meeting which developed a response to the Evaluation of the Second National Strategy.

The bulk of the Conference focused on prevention education strategies and was not distinguished by a large presence of positive people. However in two sessions, Care and Support for PLWHA, papers were presented on the successes, experiences and recommendations from a variety of the services and groups available to positive people, including CSN, Screamline, the Albion Street Centre and the HIV Support Project.

Welcome to . . .

HENRY FORRESTER, THE NEW PLWH/A Inc. (NSW) Treatments Officer who started work in mid November. Unlike treatments officers in other organisations, who provide information to consumers, Henry's role is exclusively to campaign and lobby on treatments issues — a first for HIV/AIDS organisations in Australia. His appointment will ease the heavy workload of the PLWH/A volunteers who have been doing this work.

Briefs

X Doctors and AIDS groups have called for marijuana to be made legally available to people with conditions such as AIDS and cancer. This has since been followed by a call in Parliament by state MP. Ann Symonds for the Government to introduce medical necessity as a ground for the use of marijuana, and to improve access to dronabinol (a marijuana derived drug) in the meantime.

● Washington: A new treatment for AIDS has been successfully tested in monkeys. Known as PMPA, the drug stops monkeys contracting AIDS and limits the spread of the disease in those infected with SIV, the monkey equivalent of HIV.
(*The Australian*)

● A long term Chicago study of 82 women found that Candida esophagitis and PCP were the most common AIDS defining conditions, and that survival rates were comparable to a similar study of men. Average survival time after an AIDS defining condition was 27 months.
(*Focus*)

● A small US study of people using fluconazole as a long term therapy for fungal infections has found that although the drug is free of major side effects, 29 out of 33 people (on 400mg daily for an average of 7 months) experienced hair loss. This began at 3 months and was reversed if the drug was stopped or the dose reduced by at least half.
(*AIDS Clinical Care*)

● More on fluconazole: Researchers report that 5 - 8% of people on long term fluconazole will go on to develop candida that is resistant to the drug. This has to be treated with intravenous amphotericin B, a highly toxic antifungal drug.
(*Being Alive*)

● Prominent San Francisco AIDS Physician Paul Volberding believes the best antiviral combination to start with (at 500 CD4s) is AZT + 3TC. After a 50% drop in CD4, you switch to AZT + ddC or AZT + ddI or d4T alone. If there's another drop by 50%, you switch to another of these combinations. (*Being Alive*)

● *Being Alive* reports a long term (6.8 years) US study of 281 men has found that three nutrients were associated with non-progression to AIDS: niacin, vitamin C and vitamin B1. *Positively Aware* reports that a small French study (21 HIV+ and 21 negative children between 2 - 9) confirms that HIV+ children have lower levels of micronutrients. Researchers said that increased micronutrient levels could help positive children stay healthy, but cautioned against automatic use of supplements. Deficiencies were found in lycopene, retinol, tocopherol, transthyretin and serum albumin both before and after the children developed AIDS. Lower CD 4 counts were also associated with lower vitamin A.

This position will be funded for six months by a member's generous donation. It's to be hoped that funding will be found to enable this essential task to continue after that time.

Henry comes to us with a excellent qualifications and experience in biomedical research, as well as more recent experience with the Department of Community Services Strategic Policy and Planning Directorate.

While he's a newcomer to treatments lobbying and activism, Henry is certainly no stranger to HIV, more than 14 years on from seroconversion. As Treatments Officer he's motivated chiefly by altruism. "I'm interested in helping people", Henry says, "not in money or the corporate world. That's one of the reasons I was interested in this position."

There are many aspects to Henry's role, but his prime responsibilities will be to liaise with drug companies and government in order to try and hasten the process of getting promising new drugs — such as the protease inhibitors — available (through trials and compassionate access), approved for marketing and funded. Of course this isn't a one man band; he will be supporting the PLWH/A Treatments Working Group and will be encouraging national co-operation between HIV/AIDS organisations in order to strengthen the campaign.

"I hope I can bring some sanity to the job", says Henry, referring to the conflict and tension that currently bedevils the relationship between all players in the treatments access game. "I've got my list of priorities and it doesn't include shouting at people. I see my job as working behind the scenes, building contacts with drug companies and the government and encouraging co-operation rather than being confrontational. But if necessary, if I do find the government or drug companies are blocking the process, I won't hesitate to get



Photo: Mazz Images

into more heavy activism".

Researching treatments and compiling an information database, and getting accurate treatments information out into the community via both the mainstream and community media and community forums, are other important tasks. Expect to see more treatments news and debate in *Talkabout*, for a start.

Henry is particularly interested in working on the treatments needs of women and injecting drug users (IDU), both of whom he realises are "marginalised within an already marginalised group". He's keeping in touch with both NUAA and the Women's Project at ACON.

Henry has been using AZT since 1988 with nothing but good health to show for it. But satisfaction with AZT — and disdain for what he describes as HEAL's "misinformation" and "confrontationist tactics" — have certainly not blinded him to the value of complementary therapies. After all, he acknowledges, many drugs originate in the natural environment. Henry's already committed to assisting Jan Kneen McDaid with the KM1 Herbal Trial and will be listing information on complementary therapies in the treatments database. "My job is serving the community", he says, "and a lot of people in the community are interested in alternative therapies."

— Jill Sergeant



Lemonaid?

I WAS ABSOLUTELY FLABBERGASTED to read your Gloria's Food article in October 1995. It really does your readers a disservice.

The article may sound scientific (all that talk of acidity and alkalinity) but the facts are much more mundane. Lemons do not contain any magical weight gain properties. The answer to gaining weight lies in the number of calories consumed.

1 lemon, 1&1/2 cups of water, 1/2 teaspoon honey and 1 tablespoon of oil together total 210 calories, ie, less than a vegemite sandwich.

Certainly vitamin C (of which there is plenty in lemon juice) helps in the absorption of iron but this is not weight gaining. The oil in the mixture, rather than improving assimilation, can actually make diarrhoea worse.

As tempting as a potion may be, the only way to gain weight is to consume enough macronutrients, ie. carbohydrates, proteins and fats, to supply your daily energy needs and then some extra to lay down new store of fat and muscle (if you are exercising.) This is done by increasing or modifying food intake or adding nutrient dense supplements, of which lemon juice and oil is not one.

— **Caroline Brooks**
(HIV specialist Dietician)

Ed: Witness the clash of different schools of thought on healing. Peter de Ruyter, the naturopath who was consulted about this recipe's legitimacy before its publication, responds: "The success of the lemon drink has nothing to do with calories; it works by altering the body's bio-

chemistry, which can result not only in weight gain but also in improved wellbeing generally. I've had clinical success with the majority of my HIV positive clients who have used this drink. While diarrhoea may be a problem for a small number of people, the drink is safe, simple, cheap and effective, that's what counts."

Yes to AZT

I AM WRITING IN REPLY TO AN article in the November issue, written by Ms Vivienne Munro, regarding the use of AZT in pregnant HIV positive women and their newborn babies to reduce the risk of transmission of HIV from mother to infant. The article contains information that is misleading and unfortunately is likely to confuse rather than inform people.

ACTG 076, a very significant trial, was conducted in an attempt to reduce HIV transmission from mother to baby. AZT or placebo was commenced in the 2nd trimester in pregnancy, ie. after 14 weeks, when the crucial organs are already developed. AZT was given to the mother up until delivery of her infant and then to the baby for six weeks after delivery. The trial results found that with this use of AZT, the transmission of HIV was reduced from 25% to 8% (the transmission rate in Australia is 25% despite the interpretation of the transmission rates quoted). The trial was prematurely terminated on the basis of these results which emerged during routine independent checking of the progress of the trial. It was concluded that to continue this trial would have been unethical.

There was a suggestion by a Michelle Murrain that it is inappropriate to give pregnant women AZT. However in fact, no severe side effects have been reported. The only significant side effect reported during the trial is a reversible anaemia. "Enlarged arteries" in children born to mothers who have taken AZT has not been reported. Long term side effects are merely conjecture, whilst the effects of HIV infection are well reported. It is important to remember that congenital abnormalities can occur in any population, HIV positive or not.

At the Paediatric AIDS Unit, we believe and recognise that it is every pregnant woman's right to be made aware of the results of the trial to facilitate informed choice. Ms Munro tells us that anecdotally women who choose not to take AZT in pregnancy are being given the impression that they are irresponsible mothers. All the women who have been referred to us have taken AZT and have done so by choice. No woman has declined AZT but would be supported should she decide against taking AZT. All of their babies are HIV negative at this time. Perhaps these babies could have been HIV negative had their mothers not received AZT. We will never know.

continued on page 36 ➤

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**

Tribute



Amelia Menia (nee Tyler)

I FIRST MET AMELIA THROUGH HIV Support at ACON when she was working with Andrew Morgan and Terry Giblett and I was doing a support group.

Although Amelia was paid to do education and support work, it was the passion and commitment she brought to the job which made a difference, together with the fact that Amelia always looked totally glamorous and was an HIV positive woman working with gay men.

Amelia always seemed to have a great presence and energy. So warm and sensual — easy to be near — so sexy and inviting.

In those days, there was a feeling that ACON was not a safe environment for positive clients and Amelia was like a bright star beaming you up to the second floor and saying, "You're safe here, you're not alone, your story is important and you have a right to be here." But she was a lot more than a welcoming mat.

Sometimes Amelia would call herself "the fat little controller". And yes she could be bossy and stubborn but always with good purpose and usually to get us back on track.

Amelia was a wonderful communicator, actor and performer to the end.

Amelia used to say that she felt intimidated by intellectuals and often felt inferior and out of her depth. She got over that when she left work.

But when it came to saying things as they were, there is no-one else I know who could get right down there on the ground, get real and tell it like it was. No matter whether it was in groups, at facilitator trainings, through her talks for CSN or Ankali or in meetings, Amelia always got through to people. They understood the issues, they received her knowledge and, often, felt it where it hurts. Amelia had real presence. And whether or not you agreed with her or even liked her you certainly couldn't ignore her.

You know, Amelia often used to joke and say that she felt like a "gay man in a woman's body". An identity crisis if ever there was one. But to me that says a lot.

It tells me that Amelia took the time to listen, observe and learn. To educate herself about any outstanding lifestyle issues for gay men that she hadn't ticked off and put down to experience. It tells me that Amelia did her job well and gave as much of herself to gay men as to women or herself. She did not discriminate against anyone when it came to offering someone in genuine need her love, care and support. It tells me that it was extremely hard for Amelia as a heterosexual woman with HIV to access services, treatments and a peer group unless she jumped the fence and did something for herself. And that was to become part of something bigger than herself and her usual peer group. She became a community leader for positive people.

My relationship with Amelia was very special to me and lasted through all of our ups and downs.

I have never experienced a more complete relationship with a woman or another HIV positive person. Throughout our friendship I always felt love and acceptance and I developed a trust with Amelia that could not be shaken.

Amelia gave me a special place in her heart where I knew my love for her would never be abused or violated. She was always a loyal and loving friend and I felt completely safe with her. There were times I felt like I had no-one else to turn to. Times when I felt like a damaged child in need of a mother figure. Regardless of the reason, she was always there. In a strange way I feel like I have lost my mother. My safety was like that with Amelia.

The times I treasure the most are the times we spent alone together. Amelia was so giving of herself, her beautiful energy and her time. They were very special times for me which I will cherish forever. It was not so much the amount of time we spent together as the quality of our time together. Amelia was a perfectionist. And I appreciated the care and attention she gave to detail. Little things to make sure you were comfortable and at home — lights, music and action. Such a perfect hostess.

I don't know whether it was the actor in her or the goddess, but the stage was always set and there was mood and atmosphere. She paid attention to her environment and to me when I was in her home. And I felt safe.

I have learnt a lot from Amelia and I felt like she was one of my

most important teachers. She taught me how to start living my life with HIV/AIDS. No amount of theory could replace that. I will remember you forever.

You were always finding ways of telling me to "be yourself, be gentle on yourself, you have a right to be here". And I will keep trying to.

Smudged lippie — never!

BELIEVING THAT SOMEONE LIKE Amelia has died is hard — she had such an incredibly strong spirit, not just full of life, but larger than life.



After Amelia died, I went around to see her. She looked so beautiful all laid out in her wedding dress on her raised bed. She looked like a princess on a podium. And to me darling, that's exactly what you were.

— Peter Canavan

Peter read these words at Amelia's funeral.

Amelia was never afraid to speak out publicly, putting a face to women with HIV and AIDS. She paved the way for many positive women, being the first in so many things: the first positive woman worker at ACON, the first woman co-convenor of PLWH/A Inc. (NSW), and first woman on the committee of

ANCA. Because of her high profile, she was also the first peer that other positive women had ever set eyes on — and what an ideal to strive for! She was also the first positive woman to be involved in the highly public "We want safe sex now!" campaign — as well as being first out the door for a dance party!

As well as giving incredible support and being a pioneer and role model for women with HIV and AIDS, Amelia contributed an incredible amount of energy into supporting the gay community, and educating the wider community — giving "positive unconditional regard" for all people with HIV and AIDS, and insisting that providers of other services to us show that same respect.

Amelia gave many talks and presentations and people who have attended these have never forgotten her — she confronted her audience and brought them to where she was. At the end of her presentations, the audience not only came away with a greater knowledge and awareness, but a genuine wish that this incredible woman would go from strength to strength — they were behind her all the way!

Amelia never let complications get in the way of making her dreams come true — she knew what her wishes were and fulfilled them, right up till the moment of her death. She was glamour personified, and death was not going to change that! We could imagine her saying something like "death is no excuse for smudged lippie, darling!"

We would like to thank you Amelia, and to honour you, for your work, your honesty and inspiration, not to mention the black humor we loved so much. Your eternal spark of life will stay alive in every one of us that you loved and cared for.

— With love, Positive Women

Outstanding Contribution Award Winners



The World AIDS Day Outstanding Contribution Award acknowledges phenomenal effort in contributing to care, support or education in the HIV/AIDS pandemic in NSW. It was originally intended that only six be presented, but the field of candidates was so good that the steering committee opted for seven instead. A big thank you to:

The Bobby Goldsmith Foundation

BGF is a community based charity providing financial assistance to people with advanced HIV and AIDS with the aim of maintaining their dignity and quality of life. Since 1984, BGF has helped over 1,750 people and currently provides assistance to over 700 clients.

Lloyd Grosse

For more than ten years Lloyd has demonstrated his commitment to HIV/AIDS through his work for a wide range of service, support and fundraising organisations including BGF, ACON, the AIDS Trust and Kids With AIDS. Lloyd has been in two public campaigns as an openly positive person.

Gerald Lawrence

Gerald has been involved in HIV/AIDS for the best part of ten years, as a paid worker, but most-

ly as a volunteer behind the scenes. Gerald has played an often pivotal role in many organisations and projects, including CSN, ACON, The Quilt, PLWH/A Inc (NSW), The Candlelight Memorial, HIV Support Project and Positive Speakers Bureau.

The Luncheon Club

A stupendous thank you to the Exchange Hotel, the entertainers, volunteers, sponsors, supporters and of course the patrons of the Luncheon Club. The Luncheon Club is about caring, sharing and supporting one another to live with AIDS, not die with AIDS.

Vivienne Munro

Vivienne, who wears many hats both locally and internationally, has been a pioneer and role model for women with HIV for many years, over and above her duties as Women's HIV Support Officer

at ACON. She has always made time to give enormous support to friends and colleagues, always knowing what to do to help.

Darriea Turley

Darriea is a 'legend' in the Far West for her challenging social action in establishing the needle and syringe exchange program, the STD/HIV counselling service and the Peer Education Project. Darriea has made a tremendous contribution to care, support and education in the region, despite geographic isolation.

Bill Whittaker

For many years Bill has been tireless in his efforts to ensure that treatments are available to people with HIV and AIDS. Every one of the many organisations and projects Bill has been involved with has benefited from his passionate commitment, clear thinking, his leadership and negotiation skills.

World AIDS Day Service Awards

PRIDE: Carmen Byrne, Larry Singer, Quilt Project Sydney, Act Up, Tony Carden. ILLAWARRA AHS: Tracey Simeon, Warwick Drew. CSN ILLAWARRA: Trish Regal, Joyce Gibson. CSN SYDNEY: Nicola Addison, Clare Oldfield, Peter "Bon" Bonsall Boone, Sergio Mendoza, Garry Waters, Yasushi Hirai. NORTH WEST AHS/TAMWORTH HEALTH SERVICE: Gunnedah & District HIV/AIDS Support and Education Group, Wayne Thompson. MULTICULTURAL HIV/AIDS EDUCATION & SUPPORT SERVICE: Soccer NSW, Club Marconi, Maria Petrohilos, Amal Charitable Association, Paige, Larry Wellings. AIDS TRUST: Steve McIntyre, Peter Grogan, Chris Puplick. CENTRAL COAST AHS: Chris Hoyer, Positive Support Network, Andrew Morgan. LOWER NORTH COAST HEALTH DISTRICT: Forster High School, Alex. WESTERN SYDNEY AHS: Patricia Kennedy, CSN West/Blue Mountains. THE QUILT PROJECT SYDNEY: Catherine McGettigan, The Hon. Justice Michael Kirby. CSN WEST/BLUE MOUNTAINS: Anne Tierney, Outreach Fundraisers. SOPY: Glen Goldsmith and Jason Nolan, Phillip Shipton, Jeannie Little, Peter Davidson. ANKALI: Cathy Boland, Robert Browne, Ian Fink, Margaret Goggin, Geoffrey Hemphill, Mark Jones, Judy Playfair. SOUTH EASTERN HEALTH DISTRICT: Lennie Wellington, Goulburn/Mulwaree HIV/AIDS Taskforce. CENTRAL WEST COMMUNITY HIV/AIDS

PLWH/A Inc (NSW) Service Award Nominees

World AIDS Day Service Awards are offered to individuals or organisations that have made efforts beyond the call of duty in HIV/AIDS education, care or support. Nominations for these awards have been made by HIV/AIDS organisations and services throughout NSW. The following people have been nominated by PLWH/A for Service Awards.

David Crawford

David has been involved in HIV/AIDS care since 1989, when he first joined the team at St Vincent's 17 South Ward (as it was known then). He is now responsible for the Nursing Team at Cahill 17.

Thank you David, for playing a crucial role as part of the team of people who have delivered one of the best HIV/AIDS services of its kind in the world.

Jamie Dunbar

Many people are no doubt familiar with Jamie's powerful and moving photographs that have since the 1980's provided a colourful and dramatic visual history of the many faces of Sydney's response to HIV/AIDS.

Jamie's impressive body of work also includes the first Australian 'Positive Sex' campaign, which was developed by the late Andrew Morgan.

Jamie is now a registered nurse with the team in the AIDS Ward at Royal Prince Alfred Hospital.

Jamie, thank you for your commitment, passion and love — you are one in a million!

Paul Farrag

Paul has been a volunteer with PLWH/A for the last couple of years. In this time he has greatly contributed to the smooth running of the PLWH/A office and performed many of the small and large tasks that need to be done continually in an effort to maintain the overwhelming workload at a manageable level.

Paul, thank you for your commitment, support and good humour in those many difficult situations.

Kirsty Machon

Kirsty is a journalist, writer and a committed AIDS activist (among many other things!).

As an activist she has played an unrelenting role in making people and organisations take note that some things needed to change — and helped to have them changed. As a journalist Kirsty has contributed to the process of empowering plwha by providing very valuable information in her stories.

Kirsty, thank you for making sure the important issues are fully explored and at times exposed.

Amelia Menia

It is with great sadness that we have to present this Service Award posthumously.

Amelia was involved with PLWH/A in a number of roles for a number of years as an advocate and representative for the rights of all positive people, co-convenor, and most recently as one of our most popular Positive Speakers.

Amelia had a very long and impressive list of 'first positive woman to...' and will be remembered by those who were fortunate enough to have experienced her warm smile and sharp wit as a very special human being.

Thank you for your pioneering work.

Newtown School of Performing Arts

The Newtown School of Performing Arts has been a client and supporter of the PLWH/A Positive Speakers Bureau since before it was officially launched.

We would like to acknowledge the Sex Education Program run at the school by a very dedicated team of teachers.

Thank you for providing a program that will not only serve your students very well but that takes important steps in the fight against discrimination.

TASKFORCE: Chairs Hair Salon. SOUTH WESTERN SYDNEY AHS: HIV Support Group, HIV Carers Group. WENTWORTH SEXUAL HEALTH AND HIV SERVICES: Rene Schipper, Jessica Eggleton. POSITIVE WOMEN: Amelia Menia nee Tyler. ACON SYDNEY: Peter Grogan, Chris Rauchle and Harry Boyajian. ACON LISMORE: Peter Gordon. ACON COFFS HARBOUR: Gary Carlill. ACON NEWCASTLE: CSN Carers Hunter. ACON WOLLONGONG: Nicolous Ossington. WESTERN NSW PUBLIC HEALTH UNIT: Dorothy "Dot" Jermyn, ABC Radio 2NB Broken Hill. NORTHERN SYDNEY AHS: NorthAIDS, Northern Sydney AHS HIV Prevention Unit. PLWHA: Kirsty Machon, Newtown School of Performing Arts, Amelia Menia, Jamie Dunbar, Paul Farrag, David Crawford. SOUTHERN SYDNEY AHS: Fraternal Society of Tripoli & Menai Dist, Priscilla McCorriston, MARDI GRAS: Claude Fabian, Alex Harding. MONARO HEALTH SERVICE: David and Ruth Unwin. BOBBY GOLDSMITH FOUNDATION: Irwin Diefenthaler, Peter McCarthy, Michael Glynn, Ron Handley, Ken Smith, Jennice Kersch, David Wain. CENTRAL WEST COMMUNITY HIV/AIDS TASK FORCE: Shirley-Ann Bailey. HUNTER AHS: Wayne Baker, CSN Carers. PUBLIC NOMINATIONS: Alan Martin, Reverend Greg Smith, Kimi Tiriamai, Liz Andrews, Ken Holmes, Nigel Eynon, Belinda Darlington, Dr. Guenter Plum, Teri Wall, Sonia Lawless, Glen Goldsmith, The Gender Centre, Theba Project, Wyong Rural Fire Service, Stuart Dunkley, Al-Zahara Women's Association, Amal Charitable Association, The Goodtimers Committee, Tony Carden, The Bobby Goldsmith Foundation, Colin Wiseman, Ankali Project.



Inspiration and Collaboration

3rd International Conference on HIV/AIDS

in Asia and the Pacific



For Ian Grubb, the overwhelming highlight of the Conference in Thailand last September was a workshop for people with HIV/AIDS prior to the main conference. He was invited to act as a co-facilitator for the three day meeting, which was attended by people from nine countries.

THE WORKSHOP FOCUSED ON identifying particular problems faced by PLWHA in each of the countries, and sought to establish a regional network of PWA groups who can assist each other with information and personnel exchanges, training and skills development, communication and advocacy (the Asia Pacific Network of People Living with HIV/AIDS, APN+).

The workshop provided a forum for a number of those attending to voice their frustration, isolation, stigmatisation, pain and anger for the very first time, in a safe, supportive and bonding environment.

Common concerns identified by many participants included:

Excessive focus by governments and some NGOs on HIV prevention and insufficient attention to care and support for those affected; stigmatisation and discrimination and a wide range of other human rights abuses; isolation and fear of persecution; substantial lack of basic information on treatments and living with HIV; total exclusion from the process of policy and program development and implementation; lack of empowerment of affected communities; lack of skills and resources.

Country representatives stated their most urgent needs within the context of identified program areas for APN+: community development, advocacy, skills building, communication and in-

formation exchange. The development of such a wish-list drove home for me the dire need for coordinated action within countries and at a regional level. It is to be hoped that the working groups of APN+ established at this meeting will be able to address some of these needs, but practically this is very difficult without a well resourced secretariat and assistance for participants (who have so much else to deal with in their ordinary lives).

The workshop made me further aware that many PWA throughout the region are not able to benefit from the most basic peer support, let alone lobby governments for change. There are limits to what we can do from Australia, and we must be realistic about our objectives, but there are things we know and have here which can assist these, our brothers and sisters, to help themselves.

The courageous and painful stories of discrimination and isolation recounted by participants served as an inspiring motivation to direct some of the resources of NAPWA to this important regional initiative. I noticed many participants visibly inspired and growing in confidence simply by attending this meeting of fellow PWA, and then go on within days to make significant contributions to the main conference, with the result that a meeting of 30 people unquestionably enriched and humanised the larger gathering 100 times its size.

I am more committed than ever to turning my skills to the advantage of my own community and to the benefit of the countries whose fine and astonishingly dignified PWA it has been my privilege to meet. For as long as I live I will remember and be inspired by the dignity of these people.

This workshop was made possible by effective, collaboration between representatives of the Global Network of PLWHA (GNP+), APN+ and the Asia Pacific Council of AIDS Service Organisations (APCASO).

As an example of this collaboration, APCASO was able to use its network to contact a medical practitioner in Bali, Indonesia. This doctor suggested to a patient, who was experiencing isolation and lack of support in his own town, that he might benefit from attending the workshop. My discussions with this wonderful person after the workshop suggested that, with appropriate support and resources, he now wanted for the first time to improve his own situation by meeting other PWA in Bali and establishing a support group in his area. I believe this is typical of the immense, though sometimes intangible, potential of networks such as GNP+ and APN+. By beginning with individuals in this way, they are able to foster leadership which has the potential to transform neighbourhoods, communities and, ultimately, countries.

Ian Grubb is international spokesperson for the National Association for People Living With HIV/AIDS (NAPWA).



Malaysian Voice



Michael Camit was at the 3rd International Conference on AIDS in Asia and the Pacific in Chiang Mai, Thailand. He spoke to Winson Kee, who came out as a person with AIDS at the conference.

Can you tell me about your diagnosis?

I have been working in AIDS for the past eight years but have never had the courage to have an HIV test. Last December I began coughing a lot and felt very sick. I went to my doctor who did several tests on me. He suggested I go for an HIV test. I refused.

Later that day I found out that part of the blood samples he took was for an HIV test. He came back and said, "I'm sorry but we had to do an HIV test and you're HIV positive!"

I got really angry, but what can I do? (There are no laws in Malaysia about consent with your HIV test). I was already in the hospital feeling very weak and sick. Besides, I thought, it is time to 'face the music'. I suppose it did not come as a surprise as my ex-boyfriend died of AIDS.

What happened then?

There was a bit of confusion, people running around crying as they all thought I was going to die. But I slowly recovered and gained a bit of weight (I lost 25lbs.) I then sold my workshop (I work as a fashion designer) and decided to retire.

Does your family know that you have AIDS?

My parents don't know. It would hurt them too much. I am sure they can understand but they can't accept it. I am the only son

in the family — 'the golden son'; quite successful in their eyes. They have been pressuring me to get married and to tell them I am gay and HIV positive will just be too much. I think it's in Chinese culture, the expectation for sons to get married and later on take care of their parents. In Western



culture at the age of 18 one is encouraged to be independent and move out of the house. In Malaysia, men in general stay at home until they get married or are posted to work outside their town.

As to my illness when I was in the hospital, I explained that I had "water in the lungs" (PCP). They have been very supportive and said whatever sickness I have they will be there for me.

I have two sisters and with them it was different. One sister I call the 'media' person (for her ability to broadcast news to the rest of the family) visited me while I was at the hospital. At that stage I was getting 86 visitors a week — ten people sometimes at one time. They were mainly friends from Pink Triangle*. When my sister, who did not really know anything about HIV/AIDS came to visit, I asked five of my close friends to tell her all she needed to know about HIV. So, all I had to do was tell her that I love her and I am gay and have AIDS. My two sisters have been extremely supportive since then.

Do you have any regrets?

I have never seen snow so this year my friends who live in Switzerland invited me to come over and took me to the Alps. I really have no regrets. Knowing you have HIV/AIDS makes you live a fuller life than most people who live to 70! If you live day by day and believe in what you're doing you won't have regrets.

As far as guilt is concerned, why should I feel guilty if I got it from the best part of my life — *fucking men*! No-one deserves to die of AIDS.

What are your plans for the future?

Well, I am doing some part time work as a fashion designer. The rest of my working time I devote to Positive Living, which now has a membership of 30 (mixed group of gay men, IDUs, transgenders). I want to build a stronger sense of support in Malaysia for PLWHA.

What is your advice to Asians living with HIV/AIDS in Sydney?

You have to believe in yourself. Building a relationship and loving people is important — I have lost everything. First my health, then my job — a career I built for the last 15 years. Two months ago my boyfriend left me and someone broke into my flat. But I have no regrets.

I lived in Australia for six months and although it was a very short stay, I felt that as an Asian I was like a second class citizen in the gay scene. Some people made me feel different — alone. I encourage you to speak out and say what you want, especially if you're living with HIV/AIDS.

I know it is hard, particularly with our family pressure and fear of being exposed in our communities but you really have to participate in decision making for PLWHA. It is nice to think that

you will be considered in the general dominant community but you have to make sure that your needs are represented.

I don't mean you have to march and protest in the street but you have to have a voice. It's not that AIDS organisations don't want to listen to your needs, maybe they don't understand. Make them understand and be sensitive to your needs.

Just take this conference for example. It is held in Chiang Mai, Thailand, where English is a foreign language. They expected participation from Asian countries and especially from Thai PLWHA but they did not account for the fact that not all people can understand English. They provided interpreters from English to Thai but *not* interpreters from Thai to English! Issues like language should be considered. If you don't stand up for your rights, who will?

Michael Camit set up Yum Cha at ACON and now works as a volunteer. He is also the cross-cultural HIV/AIDS worker for South Eastern Area Health Service: tel 588 6777 fax 588 7666

Yum Cha is an HIV social/support group for Asians living in Sydney. Call 206 2080. In Melbourne HIV Positive Asians can contact Asvin or Beng through the Victorian AIDS Council on (03) 865 6700.

**Pink Triangle is a non government organisation that provides HIV/AIDS education and support in Malaysia. Positive Living is a support group for PLWHA based in Kuala Lumpur. They can be contacted through: Pink Triangle PO Box 11859 50760 Kuala Lumpur, Malaysia. Phone: (03) 981 2863 Fax: (03) 981 2864*



UNIVERSITY OF
WESTERN SYDNEY
Nepean

Faculty of Nursing and Health Studies

HIV STUDIES

The University of Western Sydney, Nepean offers a Diploma and Master program for people who are pursuing careers in the HIV/AIDS or related fields:

- The non-clinical multidisciplinary nature of this course develops skills in a variety of disciplines including health education and promotion, policy development and health maintenance.
- Graduates will be equipped to work collaboratively with colleagues from a range of disciplines, as well as clients and supporters.
- Graduates will have a major role to play in the dissemination of knowledge on HIV/AIDS and related issues.

Applications for this course are now being received.

Call us now for more information and application forms (02) 685 9523.

Equal Opportunity of Access to Education is UWS Nepean Policy

NORTHERN RIVERS SUPPORT

HOME — HIV Open Minded Environment

This is a group of people who have come together to create a safe space for those affected by HIV and/or AIDS and to have some fun in the process. For more information, call ACON on (066) 22 1555.

Buddy Support

In the Tweed Valley, there is a service which provides one-to-one support for people living with HIV and/or AIDS. If you would like to talk about having a buddy, call Suzette on (066) 27 7720 or Geoffrey on (066) 22 1555.

Lesbian and Gay Telephone Service

The Lesbian and Gay Telephone Service for Lismore and surrounding districts starts Wednesday November 22, from 5pm to 10pm. Phone (066) 22 2193.



Part of the Solution



Vivienne Munro, ICW key contact for the Asia Pacific region, addressed the opening plenary session of the Chian Mai Conference. This is an edited transcript of her speech.*

WHEN I WAS ASKED TO SPEAK today my first thoughts were of disclosure, and what that means. In the past positive people have been storming the stages in protest against exclusion, to have our word heard. Finally, some of us are participating in the determination of our health care, information exchange, education and research.

The participation of positive people on all levels is still not enough though, because for positive people to have a real input they need to be at a point where they are empowered to do so and having to stand in the face of discrimination, to fight for our rights, takes its toll on our health and our lives. In March, at the 7th International Conference of People Living with HIV and AIDS in Cape Town, I was witness to media sensationalism that resulted in a woman's status being broadcast on African National Television. At the opening ceremony she talked about her HIV status and her journey from fear and discrimination to that moment. She told this story among a conference of positive people, not knowing the media would be broadcasting. This is the way her family and work place found out that she was HIV positive. She was threatened with dismissal from her job and her family almost disowned her. This is not an isolated incident, and the worst stories don't get told.

I was diagnosed HIV positive ten years ago next week. Every time I tell someone I am HIV pos-

itive I weigh up the consequences before I speak. I spent some time educating my family and friends before I felt it was safe enough to tell them. I still worry what would happen if my children's friends find out. Would they be harassed in the playground? At least I know they won't be stoned, as has happened in some places in Africa, or have my house burnt down, if I was living in Bangladesh.

In Australia I live in a protected environment. While working at the AIDS Council of NSW I was involved on a working party that developed an HIV employment policy. There are anti-discrimination laws that make it illegal to discriminate against positive people in the workplace and health care settings. I stood in the street in the rain outside Parliament House, with others, and protested to have anti-vilification laws instigated (which means its now illegal for anyone to say anything nasty to me about my status).

Even so, I still don't want my neighbours to find out; my daughter doesn't want anyone at her high school to know I have HIV and that her father died from AIDS. People have fought hard and died for me to stand here and know I have some basic human rights. In Australia we still have a long way to go, yet I know I am privileged.

There are millions of people in my position who don't have access to these rights. HIV really does mean a death sentence for

them. Others don't have the luxury to only disclose their status when and to whom they wish. In Russia names are placed on a central register and people diagnosed with HIV are compelled to sign documents accepting criminal responsibility if they indulge in sexual activity. Closer to home I know of health care professionals who are alerting their clients' workplace to their status, resulting in dismissal, poverty and family rejection.

Having this information about myself and being able to choose whom I wish to know has been the first step for me to accept my status and control my destiny. It has given me power to find my own way.

When I was diagnosed information about how the virus was contracted was clouded with uncertainty. There was no such thing as pre and post test counselling, access to information was limited, and there were little or no treatments available; you got AIDS and died. I don't think the word support had been invented then either!

My husband and I were informed over the telephone the same week my second child was born. After 18 months of testing we realised that the virus had not been transmitted to him. It seemed like a miracle to me then, being one of the first children in my country, born negative to a positive mother.

Not long after that I became involved with a group of women who were also HIV positive. Some of them had never talked to another positive person, let alone another woman. There was a mother at the group who had 18 month old twins and was too

afraid to have them tested. Another woman, like me, had not been able to tell her children and wanted to approach it in the best way to enable them to cope.

There were no books or rules, we were walking uncharted territory. We shared our feelings and experiences and discovered that among us we had a wealth of experiential information, and that at that time doctors were as much in the dark about some things as we were.

Until last year there were no women specific opportunistic illnesses (OIs) registered as an AIDS defining category at the Centers for Disease Control in Atlanta. How are clinicians expected to recognise symptoms or side affects of treatments if women specific OIs are not recognised? Anti HIV drugs have not been trialed on women, not withstanding AZT, where one trial has been conducted on the foetus inside the womb. Women specific information has not been collected on the occasions when women have been accepted onto trials.

Through sharing information, we realised that women were having similar problems that weren't being acknowledged. By getting together and speaking out, the National Centre in HIV Epidemiology and Clinical Research in Australia, with limited funding, is now collecting some data.

My contact with the International Community of Women and my involvement in peer support have enabled me to access up-to-date information and data collections which can inform me and other positive people about our health care decisions.

Social research suggests that the keys to long term survival are, among other things, access to good medical facilities and a good rapport with your doctor, a supportive family, a comfortable level of financial security, and support from peers. These vital and basic components would also contribute to a stress free lifestyle. There

are plenty of us who don't tell their local GP that they are HIV positive because they are afraid that their confidentiality will be breached. And women in particular have difficulty being tested because they don't fit into the community's perceptions of 'who gets it'. The mistaken belief is: it's who you are, rather than what you do. Or if someone does test positive, often everyone else but that person knows.

The way we are treated when we are first diagnosed can have a huge impact on how we deal with this diagnosis and how our family and friends accept us. When we are told never to have sex again, or are sterilised without informed consent; while we are discriminated against and not given frank honest information, we cannot support our family and friends, and allay fear and ignorance.

***"Positive people ...
must be allowed self
determination in this
lifetime. Or how else
are we to be a part of
the solution?"***

It is of paramount importance to develop an equal partnership with one's health care providers. An HIV diagnosis means I have lost a lot of choices in my life. Choosing to monitor and maintain my health, in partnership with medical practitioners and complementary therapists gives me back some control. I need to have confidence that I am doing the best for myself. While discrimination and lack of confidentiality exists, there is no partnership and no confidence.

HIV is changing the model of education and health care delivery, where those affected are part of the equation. Until we have access to basic human rights we will continue to be obstructed in the important task we have to perform. We can live longer! We have productive lives. We do not have

to be passive consumers of services. We have the right to an active role on all levels — policy making, service delivery, information, education and care. We are teaching and supporting each other, building new skills, to further educate the wider community, in schools, prisons and everyday life, through the media.

I know plenty of HIV positive people who are open about their status and are working hard in this epidemic, (or AIDS industry, as it's sometimes called). We have become exhausted and burnt out, spending long hours of our lives for very little reward — or no reward, in this lifetime anyway.

There are two paid peer workers for women in the whole Asia Pacific region. Positive people, whether they be IV drug users, women, people with haemophilia or homosexual men, must be allowed self determination in this lifetime. Or how else are we to be a part of the solution?

Although the International Community of Women was formed in Amsterdam in 1992, there are still difficulties in getting regional representation, due to lack of empowerment and the resources necessary to consolidate communication, education and the recognition that is our right. Sub regional and small support groups are the basis of the gains we have made, but these goals cannot be realised unless the sub-regional and local support groups are resourced with the materials and skills necessary to enable their voices to be heard and their independence to be assured.

By nurturing these existing networks between positive people, they will expand and strengthen and in turn combat ignorance. This virus strikes at the very heart of our existence. We must value ourselves, and people with HIV and AIDS must be respected in order for us to live free from stigma and discrimination.

** International Community of
Women living with HIV and AIDS.*

Contacts



Pull Out

AIDS Council of NSW (ACON)

Commonealth St, Surry Hills
(near Museum Train Station)
Tel: 206 2000

COMMUNITY SUPPORT NETWORK (CSN) Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.

CSN WESTERN SYDNEY Pat Kennedy 204 2404.

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.

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. 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.

POSITIVE ASIAN MEN'S PROJECT Looks at the needs of all HIV+ Asian men. Arnel Landicho 206 2080.

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

GAY MEN FIGHTING AIDS Gay Men Fighting Aids offers social support and health information for gay men. A volunteer driven project of Central Sydney Area Health Service. Ring 519 5202 anytime.

GENDER CENTRE (THE) Services for people with gender issues. Counselling and support, outreach, printed information, accommodation. Provides referral to a range of specialist counselling, medical, HIV/AIDS, education, employment, legal, housing and other community services (02) 569 2366.

KIDS WITH AIDS (KWAIDS) and parents of KWAIDS. 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. 810 1122.

METROPOLITAN COMMUNITY CHURCH (MCC) 638 3298. Sydney 332 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 515 3098.

NATIONAL AIDS/HIV COUNSELLORS ASSOCIATION 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 Uni) 805 8046.

NATIONAL ASSOCIATION OF PEOPLE LIVING WITH AIDS (NAPWA) 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. 369 3455.

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

SEX WORKERS' OUTREACH PROJECT (SWOP) 319 4866.

SILK ROAD Social and support group for Asian gay and bisexual men. 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. Andrew Harvey, Social Worker, R.P.A.H., Missenden Road, Camperdown 515 3196.



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 Fred on 206 2039 for an appointment



Are you an HIV Positive Woman?



Screamline
1800 630 075 (Toll Free)

**You don't have to be alone
Talk to another Positive Woman**

ACON Mid North Coast

We offer support for PLWHA's alternative therapy subsidies; vitamin co-op; home based care & support; short-term accommodation; links to other PLWHA's; various health information

The branch also runs HIV prevention and safer sex education

93 High St, Coffs Harbour PH:
(066) 514 056



Sydney Sexual Health Centre

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

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

TAYLOR SQUARE PRIVATE CLINIC

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

8am to 8pm Monday to Friday • 10am to 12 noon Saturday

302 Bourke St Darlinghurst

331 6151

Call for appointment • Health Care Card Holders Bulk Billed



Livingstone Road Clinic

We provide HIV/STD testing, treatment, counselling and

education in a friendly cottage environment. We provide total confidentiality (medicare cards are not required) and there is easy off street parking.

182 Livingstone Rd, Marrickville
560 3057

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

SYDNEY PLWHA DAY CENTRE A safe space to relax among peers. Services include: 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. All our services are free of charge. 20 William Lane Woolloomooloo. 357 3011.

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

TREE PLANTING PROJECT AIDS Memorial Groves. Sydney Park, St Peters, in conjunction with South Sydney City Council. Mannie De Saxe 718 1452.

TROY LOVEGROVE FOUNDATION Provides financial assistance for children living with HIV/AIDS. Sam Corrie 018 290 889.

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. 382 1653. Dental Clinic, Avoca St, 399 2369.

ROYAL NORTH SHORE HIV outpatient, day treatment, medical consultations, inpatient services, counselling, support groups, sexual health clinic, testing. 9926 7414/7415. Needle & syringe exchange 9906 7083.

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 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.

FRIDAY DROP-IN for PLWHA at ACON

Western Sydney. 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. (048) 83 6599.

RELATIONSHIPS COUNSELLING A free and confidential counselling service for anyone with HIV, their family, partner or friends. Contact Helen Golding 361-2213 (St Vincent's Hospital).

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

FOLEY HOUSE 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 direct financial assistance to people disadvantaged as a direct result of HIV illness. 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.

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 relaxation therapies. Tues & Fri 1.00-5.30pm. Gebe Neighbourhood Centre. Transport can be arranged. Bookings essential. Phone Robert 019 906 949 or 360 1222.

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. 9.30am-1pm, M&F.

BLUE MOUNTAINS PLWA SUPPORT CENTRE Wed 11am-3pm (lunch) & Fri 6.30-10.30pm(dinner) (047) 82 2119 or Sue (047) 591611.

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

HAWKESBURY SEXUAL HEALTH/HIV CLINIC 8 Ross, Windsor Tues 4-7. Appointments (045) 78 1622.

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

NEPEAN HIV CLINIC Nepean Hospital Mon 3-8, Thurs 9-5. (047) 24 2507 for all appointments. Counselling & Support (047) 24 2598.

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 HIV/AIDS CLINICAL NURSE CONSULTANT (018) 47 9321

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 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

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.

361 6011 Fax 360 3504

Post: PO Box 831, Darlinghurst NSW 2010

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

ACCESS

PositHIV Radio

2SER FM 107.3 Tuesday 9.30pm

PO Box 473 Broadway NSW 2007

ph: 516 4772 fx: 330 3099

2SER FM 330 3000



POSITIVE VOICE

ABC ILLAWARRA FM 97.3

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) Confidential support, advice & social activities. Hydrotherapy & gym classes Tues/Thurs. John (066) 51 2664 or Victor (066) 51 6869 or Chris (066) 52 1658.

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

CLINICAL NURSE CONSULTANT Karin Fisher Providing service to barwon, Lower North Coast, New England & North West (067) 66 9870, page 016 020 x 61 1476.

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 2226.

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

GUNNEDAH & DISTRICTS HIV/AIDS SUPPORT EDUCATION GROUP Elaine (067) 44 1212 or Val (067) 69 7522.

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 or 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) Norman (067) 71 1890.

TAMWORTH & DISTRICTS HIV SUPPORT NETWORK A confidential meeting space for PLWHA to get together for emotional & practical support & share experiences. Karin (067) 66 9870, page 016 020 x 61 1476.

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

TBAGS (Tamworth Boys & Girls Society) Bernie (067) 85 2147.

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.

ILLAWARRA

CSN WOLLONGONG (042) 26 1163.

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

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

THE CLUB Social & Support group. Contact Frank Velozzi (042) 26 1163.

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 & EUROBOODALLA SHIRES-HIV/AIDS WORKER Jenni Somers, 018 604 180 for free, confidential info, counselling & support from Bateman's Bay to the Vic. border.

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.

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

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

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

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

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

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

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

WEST

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

Area/District Health Service

HIV/AIDS Coordinators

CENTRAL COAST

Karen Naim

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

CENTRAL SYDNEY

Lesley Painter

Ph: 550 5366

CENTRAL WEST

Vacant

Ph: (063) 32 8576/8538/8571

EASTERN SYDNEY

Marlene Velecky

Ph: 399 4832

HUNTER

Tony Butler

Ph: (049) 29 1292

ILLAWARRA

Vivienne Cunningham Smith

Ph: (042) 75 5823/76 2399

NEW ENGLAND

Christine Robertson

Ph: (067) 66 2288

NORTH COAST

Wendi Evans

Ph: (066) 20 2145

NORTHERN SYDNEY

Graham Stone

Ph: 9926 8237

SOUTH EAST

Greg Ussher

Ph: (048) 27 3148

SOUTHERN SYDNEY

Colin Clews

Ph: 588 7666

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 NSW

Dr Michael Douglas

Ph: (068) 81 2222/2242

DUBBO/MUDGESEXUAL HEALTH/HIV

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

OUT WEST A social & support group for gays & lesbians in western NSW. Grant (068) 82 5033 or Paul (063) 72 4477.

ORANGE COMMUNITY HEALTH CENTRE

Sexual health info, referral and support. Central West HIV/AIDS Task Force, contact Shirley-Ann Bailey (063) 62 6422.

Shared Rights ★ Shared Responsibilities

Shared rights, shared responsibilities — who thinks up these themes, anyway? The World Health Organisation's Global Program on HIV/AIDS, that's who.

Equal access to quality health care, employment, education and freedom from discrimination are just some of the rights the WHO had in mind when formulating this theme. On the other side of the equation were responsibilities such as those of Governments to provide care and support for their citizens, and of the international community to support and assist poorer countries.

Is it empty rhetoric or do themes like this actually change people's minds and actions? We decided to ask some PLWHA what "shared rights, shared responsibilities" means to them. It's a sad comment on our right to freedom from discrimination, that some felt they could not use their real name, or have their photograph published. WHO, take note.



World AIDS Day?

What does it mean to me?

Ten years ago it reflected my denial, fear, isolation and self-hatred.

Four years ago it had me on a boyhood journey.

Three years ago it had me standing on top of Carlton Hill in Edinburgh realising *AIDS was real and it was time to act.*

Two years ago it had me co-ordinating Red Ribbons at the Madonna Concert in Adelaide, as I became aware of the need for community awareness.

Last year it had me co-ordinating AIDS Awareness Week in Adelaide realising the importance of such special events as subtle ways of breaking discrimination and barriers. But also as a focus for celebration and remembrance for communities and individuals affected by HIV.

This year it means many things: empowerment, love, honesty, integrity, vulnerability and commitment. But also *anger and frustration.*

This anger and frustration is directed to those individuals who see PLWHA as merely a statistic

and therefore treat us as a token. These are the same people who use empowerment rhetoric rather than as a model of action. This year's theme for World AIDS Day is "Shared Rights — Shared Responsibilities". PLWHA are central to the partnership response to the epidemic.

"Shared Rights — Shared Responsibilities" is intended to make every member of the global community feel a sense of ownership of the AIDS epidemic. All over the world people are still being infected on a daily basis. AIDS is a disease that belongs to the world, not just people living with HIV and AIDS, not just the gay communities, not just injecting drug users, not just sex workers and not just third world communities. These marginalised communities have been victimised and discriminated against for too long. HIV/AIDS has united these communities in a way that no other epidemic in history has achieved. It has not been an easy journey but through tolerance, compassion and a willingness to strive to understand such diversity, these communities have bonded and against much adver-

sity have made significant achievements.

Until we as a society can break down the remaining walls of discrimination and share the rights and responsibility, as individuals, in micro-communities, locally, nationally and globally, people will continue to become infected and people will continue to die.

As another World AIDS Day approaches I consider myself truly privileged to be fully alive as many PLWHA have become ill and others have died. I think the meaning of World AIDS Day is a part of every day of my life. I can never dismiss that HIV has become part of my identity as much as being gay or being Buddhist. I am grateful I have not become a victim but a person with great love and passion for life and a high sense of responsibility and justice. Every day I wake up knowing the virus lives inside of me and I have no idea when it's going to stop me. So I embrace this journey knowing that it's not just about seeking my own empowerment, but also in some small way, about making a difference so others can also share a sense of enlightenment.

— Ryan McGlaughlin



Caring for yourself

Michael is a gay man in his early forties, who has had to stop work because of aids and found developing new interests and friends one of the hardest things to cope with.

MY RIGHTS. DEPENDS ON WHEN YOU ask me. A lot of the time I feel I have no rights, and that comes from friends and other gay men, but usually it's just my feelings about myself.

Today is a good day so I feel I have a right to life, happiness and a choice of treatments, all of which don't always seem to be automatic rights. You would think they would be, but sometimes you have to demand them.

As far as my responsibilities are concerned, the first is to *me*. It's not always been that way, but I'm learning. I also have responsibilities to others including my sexual partners. But ha! there's not many of them any more.

Yes, the community has rights and responsibilities too. The community has the right to expect I play safe sexually and any other way. It has the right to peace and joy and the quiet life if that is required. *But* it doesn't have the right to these at my expense and that of others with aids.

The community has the responsibility to find answers, to educate and to be constantly aware of the dangers and the safeguards of aids.

It is the responsibility of

everyone in the community to be aware of aids, especially health workers and educators. Them especially because there are still too many myths in the general community (and even in the gay community). We are still, to many, *unclean and untouchable*.

World AIDS Day certainly gets a buzz going about aids, but it soon drops into the background just a few weeks later. At least it's a start.

Interview by Gerry Tobin



Watching out for each other

Andrew is a 28 year old HIV positive person who injects drugs. He has a full time job and lives in the Eastern suburbs.

What does the statement "shared rights" mean to you as an HIV positive injecting drug user (IDU)?

I think for me it's about knowing that we all, HIV positive or negative, IDU or non-IDU, have a certain level of rights as human beings; that your sexuality, disease status, injecting behaviour or gender shouldn't interfere with being able to have those rights.

We all, regardless of any of those things, have the right to non-judgemental access to services and to be treated with dignity and respect.

What does the phrase "shared responsibilities" mean to you?

Well, as I said, we all have the right to be treated as equal human beings. If we demand this right — there is a certain level of responsibility that goes along with it. I have to be responsible for ensuring that I don't violate other

people's rights as human beings.

I have to take a certain level of responsibility for my situation and my life. It doesn't mean that I should have to be responsible for being treated differently because of my situation, or my status, but I do have to take responsibility for what I do.

What do you think the World AIDS Day theme means for Australian communities?

I think that we all have to start taking responsibility for ourselves, our situations and to a certain extent our communities. Part of taking responsibility for yourself and your peers is to stand up for your rights and the rights of others like you.

I think the main thing is the sharing of those rights and responsibilities. If everybody had a shared sense of these things there wouldn't be so much conflict or discrimination. We would all be watching out for each other and understand that it's not okay for some people to be excluded from society.

As injecting drug users, we should have the right to choose what we will and won't put into our bodies and how we do it. Unfortunately we still don't have that right, but we do have the right to access clean needles and syringes. Part of the responsibility that goes with that is to dispose of the needles safely. We have a responsibility to ensure that no-one gets hurt from our behaviour.

If everyone, IDU, HIV positive or not, behaved this way we would all have our rights respected because everyone would see it as their responsibility to protect our rights.

Interview by Tony Rance



World AIDS Day: it's every day

Kerry Taylor is a positive lesbian living just outside of Sydney — some of the time.



FOR ME WORLD AIDS DAY IS LIKE a sacred day. It's a day that I remember a lot of my friends and what they've done, the legacies they've left behind in the services, like getting needle exchanges together, giving us safe sex education. Like Amelia, she got positive women recognised.

It does make people aware that there are people in the community that have this virus. It's the one day that people do maybe stop and think about this virus, because it is in their face, in the widespread media. I think a lot of it goes over a lot of people's heads. But it's a day when we can get together and share our differences and our losses — it's not just a gay thing, it's an everyday, every-people thing.

What does "shared rights, shared responsibilities" mean to you?

I think it is totally shared, it doesn't matter if you're positive or negative, if you are willing to put your energy into this area, you should do it, purely for your own satisfaction. I've noticed that

a lot of people feel guilty, they feel like they have to do something. But if you do something, you've got to do it from the heart.

What do you think your rights are, as a positive woman?

I think that I've got the right to live as a human being, just as much right as everyone. All I want to do is live my life in the best quality that I can, and have the right people around, good support.

And what do you think your responsibilities are?

To educate. To get the safe injecting, safe sex message out there. It frightens me up here, it really does, because there's so many people who sit here and go "only poofers get it". And they're all doing drugs, it's rampant. I've talked to a lot of the young kids around here and they don't have safe sex, they don't think they need to. So for me ongoing education is a must.

I feel that it's a bit of a shame that the gay community has all this information, and how come it's not getting out there to the straight community? The message just isn't getting through, not just here but out west and everywhere else.

As far as World AIDS Day goes, I couldn't think of anything better than spending the day on the beach and not even hearing the word AIDS. Because that whole day it's on the radio, the TV, it's everywhere. I don't feel that I need to be totally committed to that one day; being a person that is positive, my whole life is committed to this. I don't feel that one day makes a great deal of difference. People — positive and negative — that work in these services, they have to experience it every day. Why is one day so important when we're all going through it every fucking day?

The thing that I find most shameful is that we've got all these services within our community,

like ACON, that I feel aren't reliable. I'm very disappointed in some services. They need to get their heads out of the clouds and out of their political, bureaucratic mindspace, and start doing something for the people.

I find that Carole Ann King and the Luncheon Club, they do a really good service; Subculture, always donate thousands of dollars through the year to the areas that need it. They're the quiet achievers, who don't ask for recognition but are there for the people. They're the people who are most important to me on World AIDS Day, not the AC-ONS, not AFAO, not the services.

Interview by Jill Sergeant



Action speaks louder than words

'Orlando' is a 24 year old gay man of Lebanese origin, who'd like to see more education and support for people like him.

What are your rights as a young, positive, Arabic speaking man?

Everyone has the same right, and that's to live your life to the fullest, no discrimination, no harassment. Equal rights whether it's employment or access to medicine. Basically, to maintain your independence and freedom.

Do you think you have any particular responsibilities?

I think everybody has a responsibility, living with the virus.

The scary fact is, and I've learned this the hard way, anyone can get infected. I do a lot of talks and go to the Ankali trainings and I do my bit, I guess, in the whole picture of the AIDS epidemic, and



that is trying to meet the needs of ethnic guys and trying to promote safe sex and letting them know — it can happen.

I go out a lot to bars and clubs and sex venues and at the moment there's a whole new generation of young ethnic people. I see a lot of them at the saunas and I get to talk to them, and it's amazing how they think, "I don't have to worry about AIDS, it's just the Aussies, or the older gay people". I don't publicly say, well guess what, I've got it, but wherever I can I say "Oh, a friend of mine recently died, he was only a young Italian boy, and whatever you do love, do it safe, because anyone could have it".

What do you think are the rights and responsibilities of the gay community?

When I found out I had the virus, three years ago, I knew no-one who had AIDS and the only picture I had of AIDS was what you see on the news, of people sick and shrivelling up. As far as posters and campaigns go, you never pay attention to them. Because I'd never done intercourse or needles, I thought I could never get it. The gay community's got to reach those people who think they don't have it or can't get it.

[And] maybe the community needs to promote more where you can go for help. You need something like a pink pages, distributed everywhere, so that people who come into Oxford Street just occasionally will see it.

What about the gay community's responsibility to people who are HIV positive?

I've never seen a community support each other [so well], I think it's amazing what it's doing.

It does sometimes frustrate me when you see all these fundraisers and heaps and heaps of money being poured into the community, in the name of AIDS. I once saw a poster offering a large amount of money for the best AIDS poster design and I really got angry — as if you've got nothing better to do than to worry about how fancy a poster can be. I'd rather see that money used to print leaflets to be handed out to people, in their language, telling them about safe sex.

What about Australia's responsibilities and rights?

I came back from the States just a few months ago. I was chatting to guys I met there about their housing and medical access, and honestly we live in one of the greatest countries — I never thought I'd say it, but we do. We have so many organisations, like the Bobby Goldsmith Foundation, Ankali, ACON — I've been to a few gay clinics, doctors, who will do anything to support you.

The fact that the theme is out there, saying "AIDS: Shared rights, shared responsibilities" — is that something that you care about?

Honestly? It's like a dance party — one year it's space cadets, the next year it's the army butch look. I don't really think it makes a difference.

To me, action speaks louder than words. Someone can talk, talk, talk, but in reality if nothing's being done, no-one cares. The Bobby Goldsmith Foundation doesn't need advertising, people just know the great things they do, and the reason they know it is because people talk about it.



Treatment Rights

Shared responsibilities? In our dreams, says Scott Berry, who argues that the Commonwealth Government is letting us down.

IT IS IRONIC THAT AT THIS CRUCIAL time in the treatment of HIV, the theme for World AIDS Day is "shared rights, shared responsibilities". The irony lies in the fact that we are being asked to consider our responsibilities, while the Commonwealth Government refuses to accept its ethical and moral obligation to the treatment of HIV positive Australians. We are at a turning point in the treatment of HIV disease, where new and effective combinations of anti-viral drugs are being trialled with more frequency. This government is too slow to push through new medications which have been clinically proven to be life-enhancing. The major focus for the Commonwealth Minister for Health should now be to ensure that effective combination treatments reach our community expediently and without delay.

We have been living without effective antiviral treatment for more than a decade. We've endured the community devastation that is the outcome of this sad predicament. As HIV positive people we've played a key role in the struggle to find effective treatments. We've accepted a responsibility to work with medical science to find good preventive and antiviral medications. We have volunteered for drug trials with difficult protocols. Sometimes volunteering for these trials has meant exclusion from other trials which seem more promising. We haven't done this for nothing.

My expectation has been that in return the Australian Government will acknowledge the community investment in drug trials and effective treatment by releasing these drugs at the first available opportunity and overhauling the system if it develops blockages. While there are blockages in this system of approval and funding of antiviral drugs, some of us progress from HIV to AIDS or from AIDS to death.

I don't believe that the Commonwealth Government is accepting this responsibility.

The Delta study was a three year project to test the effectiveness of using the antiviral drugs AZT and ddI or AZT and ddC in combination ('combination therapy'). Delta proves that combination therapy increases survival and reduces the risk of progression to AIDS. This means that we can now more effectively prevent HIV progression.

Since the release of the preliminary findings two new combination drugs, 3TC and Saquinavir, were recommended for approval in America. Yet the Australian Government is resisting making combination therapy immediately available to all HIV positive people who want it. The

Government is resisting even though the Delta study suggests that using monotherapy (AZT, ddI or ddC alone) may mean that later combination therapy is less effective. Several other drug trials currently in progress also seem promising for the future of combination therapy.

With the influx of new, potentially effective anti-HIV drugs and the realisation that combinations of antivirals will be the most promising approach to treatment, the Government needs a major overhaul of drug approval and distribution procedures.

The Commonwealth Health Department initiated an Internal Audit which was due to be completed in August. It now looks as though we could be waiting well into 1996 before this audit is completed and perhaps 1997 before any changes to funding and approval of combination therapy occurs.

Colin Batrouney from the National Treatments Project recently noted that we have heard for years that "new and effective HIV drugs are in the pipeline" and really, most of the time, this has been a pipe dream. Now we really are at a point where effective combination antiviral HIV drugs are

reaching final stages of trials. For the first time in the history of HIV there is a real possibility that the medical community can provide effective antiviral treatment, possibly with less side effects than previous antivirals.

A decade is a long time to survive without effective antiviral treatment. How many of us must get ill and how many of us must die before this Government acknowledges its responsibility to our community?

Enough Carmen Lawrence. It's enough. Do it now!



Maintaining confidence

The mysterious R.T.C. is a CSN carer in the Western Sydney Blue Mountains area.

WHEN WE TALK ABOUT 'SHARED rights and responsibilities', are these just buzz words, bandied around to keep CSN on track, or do they belong at the core of a CSN care response to the challenge of HIV/AIDS? The Western Sydney/Mountains region doesn't lend itself easily to regular conclaves of communal brain-storming. Instead, carers out West are scattered from Mt. Victoria back down to Parramatta and beyond, just like our clients (more than 300 so far this year).

So many of us have to rely on close interaction with clients for the stimulus to reflect on 'rights we share' — the right to strive for maximum health services, despite the inequities of funding; the right to maintain one's personal and domestic independence; the right to nurture hope for the future and to preserve dignity in the way we are constrained to live.

What caring for PLWHA poses for us is the shared right ➤



ACT UP freeze Market Street in May 1991. ACT UP has died, as have two of the activists in this picture — but we're still waiting.

Photo: Jamie Dunbar



➤ to decide how we as individuals will respond to the virus, how we will treat it (or demand it be treated), how we will live with it, without losing autonomy, or self-esteem. If sharing such rights breathes life into CSN's framework, well and good.

As a CSN carer you pursue your 'right' (often unconsciously) to be purposeful and concerned without hang-ups or self-congratulations; to resist the epidemic with your talents, in whatever capacity. A CSN client, by accepting care, effectively joins in, 'shares' that concern, that spirit of purposeful resistance — "I care because you do", as the Aphex Twin album puts it.

If CSN caring reminds us that we share a right to full health services, then these must surely aim to ensure emotional health as well as physical. This area presents us with lots of shared responsibilities — the recurring responsibility to combat prejudice in all forms; or to ease anxiety over HIV diagnosis (your own and others'); to help adjust to a reduced social horizon, to counteract panic and despondency (your own first and foremost).

I don't want this to read like moralising, rather to incite us to look into some of the less conspicuous shared emotional responsibilities, brought to our door by the epidemic — the responsibilities to build up emotional health in those around you, to alleviate the countless forms of stress caused by HIV.

Psychotherapists, counselling bodies etc. will combat distress at a specialist level, CSN carers at a much more intuitive and practical one. This may point us to that subtly shared and underpinning responsibility, the need to maintain confidence and assertiveness for PLWHA in the late 1990's.



John's list

John Trigg has been around for yonks and hasn't changed much except that he no longer owns a cat, as Rhonda is irreplaceable. He still hasn't tidied his room. His grandmother is currently the oldest person in Australia and about to get older. Her secret, in her words: "Two hours on the bed every afternoon". He tries to emulate her behaviour in every way he can.

CARE SUPPORT RESPECT EXAMPLE HONESTY

Claude's been teaching me to write lists. So I drew two columns and headed them 'Rights' and 'Responsibilities'. Then I gave each column four divisions: 'Individual', 'Communal', 'National' and 'Global', which I filled in. That gave me eight mini-lists. I thought I'd go into detail about each aspect of each list. Then I noticed something. All the lists contained the same five concepts.

The next thing I realised was that, when I tried to apply each concept to its hierarchical division, I was using the same phrases to formulate my thoughts each time. "Hey! I want to say that about 'Individual', so I can't say it again for 'Community'. Damn, because it works for 'National' and 'Global' too." So I'm left with eight lists and one argument.

At least I can explore the flip sides of 'Rights' versus 'Responsibilities'. Wrong again. They're really the same thing — like hands. Mirror images maybe and one may be more dextrous than the other, but they function in exactly the same way. Double damn. That gives me just five words to play with and no matter what I say, I'll be wrong or omissive for someone. So you fill in your own definition for each and I'll try a change of tack.

I used to be happy enough with the way things seemed to be going — a few glitches here & there, but nothing to affect the flow too seriously. Apart from too many dead friends, of course. Then something changed. One dead friend too many; one bout of physical frailty too many; one too many songs trying to muscle in on my funeral plans. It all turned into 'quality v quantity'. I decid-



Photo: Jamie Dunbar

ed that I don't care *when* I die, so long as I'm being the best John Trigg I can be at the time. And since I don't know if that moment is five minutes or fifty years away, the only time I have in which to achieve that is every new 'now' which comes my way.

Next question. "Who *do* I want to be?" Right. Get a framework, create some goals, lose some boundaries, expand some horizons, dream some dreams. Peer into the distance and try to find a good way to get as far as I can see. Be reasoned, rational and logical, and try to avoid stress and conflict. (As an Aquarian, I prefer my testosterone to be put to pleasurable uses.)

Being involved with Support Groups and Positive Retreats, I've seen scores of HIV positive gay men make some or all of this journey to quality of living, so I know it's not just me being an old hippy. None of us are heroes — we're all just who we are and we do what we can do.

Rights *are* responsibilities. It's a golden rule sort of principle. In claiming rights for ourselves, we have a responsibility to accord them to all others, on whatever level we're operating, be it personal, communal, national or global. How we respond globally reflects how we respond nationally, which is an echo of our communal response, which is determined by how we respond individually.

**CARE
SUPPORT
RESPECT
EXAMPLE
HONESTY**

What were your definitions again?



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Against great odds



This month we continue our series of African stories with Susan Paxton's impressions of how it is to live with HIV in Zimbabwe.

Angela

Angela is a diminutive Zimbabwean woman living with AIDS. Her slight physique belies the incredible inner strength which has driven her, against great odds, to establish one of the few AIDS support groups in Zimbabwe. It is difficult to find people who can give their time voluntarily in Zimbabwe, because everybody is struggling hard merely to survive. Her organisation has only recently obtained, after years of fruitless searching, and thanks to Angela's and her colleagues' perseverance, funding to set up an income generating project. They now have four sewing machines and several contracts with local schools to produce and sell school uniforms.

Economic survival is difficult for Zimbabweans. There is a devastating drought this year and food is scarce. It is most difficult for women who are often uneducated and left caring for children. Unemployment is soaring since the imposition of economic readjustments and the opening up of a free market. With a flood of foreign imports, many local businesses have been squeezed out and gone broke and thousands of Zimbabweans have been made redundant.

If you are HIV positive and that is known, your chances of finding a job are even slimmer. Despite the incredibly high rates of infection (in Harare, the capi-

tal, over one in three adults is HIV positive), there is a huge amount of denial of AIDS in Zimbabwe and people living with HIV/AIDS often experience outrageous discrimination. Despite massive public education campaigns designed to allay people's fears, most people are not convinced HIV cannot be contracted through casual contact.

The number of young people dying from AIDS related illnesses has increased dramatically over the past few years, but still people are reluctant to say any relative's death is due to AIDS for fear of being socially ostracised.

Angela recently lost her job because she was open about her HIV status. A few years ago she lost her husband and her last born child to AIDS. She now has the prospect of bringing up her three surviving children alone. Zimbabwe does not have a supporting parent pension and her only hope for economic survival lies in the support group.

Her group consists of fifteen people, mainly widows, who have been infected or affected by AIDS. Few members have been tested, but in Zimbabwe it is assumed that if your spouse dies of an AIDS related illness you will most likely be infected too. In fact, because men are the ones who usually bring HIV into the relationship, and because women are more vulnerable to infection, particularly if they are young or

are undernourished, this is usually the case.

Angela has not been well recently. Her hospital card has HIV positive written clearly on it for every nurse to see. She is suffering from internal pain, weakness, loss of memory and heavy sweats. She does not know what is wrong. Her doctor suggested she goes for an exploratory operation.

Angela is scared and her mother, who is very wary of modern medicine, is trying to convince her to go to a traditional healer. It is a dilemma because this month her permit for free medical care expires and then she will have to pay highly for any medical attention, and the chances of her having any necessary operation is slim. Without adequate medical treatment, HIV positive people in Zimbabwe do not have a high chance of survival.

With or without proper medical intervention, Angela needs home care. Her elderly mother is looking after her but has had no training in caring for a person with AIDS and is often unsure of how to help best. The need for home care has escalated beyond availability at an alarming rate. It is estimated that only ten percent of people in need are receiving home based care, whilst many die horrible and painful deaths without expert help.

The only thing Angela has on her side is the fact that she lives in an urban area and is relatively informed of her options. She also has the support of her now firmly established group. There is an estimated million people infected in the country but less than one

thousand people are involved in any type of support group. Most people are unaware that they are positive and most people are afraid of going for a test, believing there is little prospect of any help if they are diagnosed.

Support groups such as the one Angela has established are crucial to the breakdown of discrimination against positive people. The government has not yet begun to work actively with positive people or acknowledge the vital contribution they can make in public awareness. They have not promoted a positive attitude to people living with HIV/AIDS and positive people are invisible in policy development and are given no encouragement to speak out openly about HIV.

Angela and her positive sisters and brothers are remarkable for their commitment and their tenacity. They are amongst the few Zimbabweans who will make people sit up and think, begin talking about HIV and hopefully lead people towards responsible behavioural change.

Sarah

Sarah is twelve years old and lives in a rural area in eastern Zimbabwe. Because of AIDS she has only a one in three chance of living until the age of thirty five, and a one in five chance of surviving her childbearing years.

Sarah's domestic situation is similar to millions of others. She lives with her mother, three of her five sisters, her four brothers and four of her sisters' children in a modest compound. There are two two-roomed dwellings and a kitchen. Her father works in the town sixty kilometres away and comes home each weekend. Sarah is the brightest in the family, but her chances of reaching secondary school are slim.

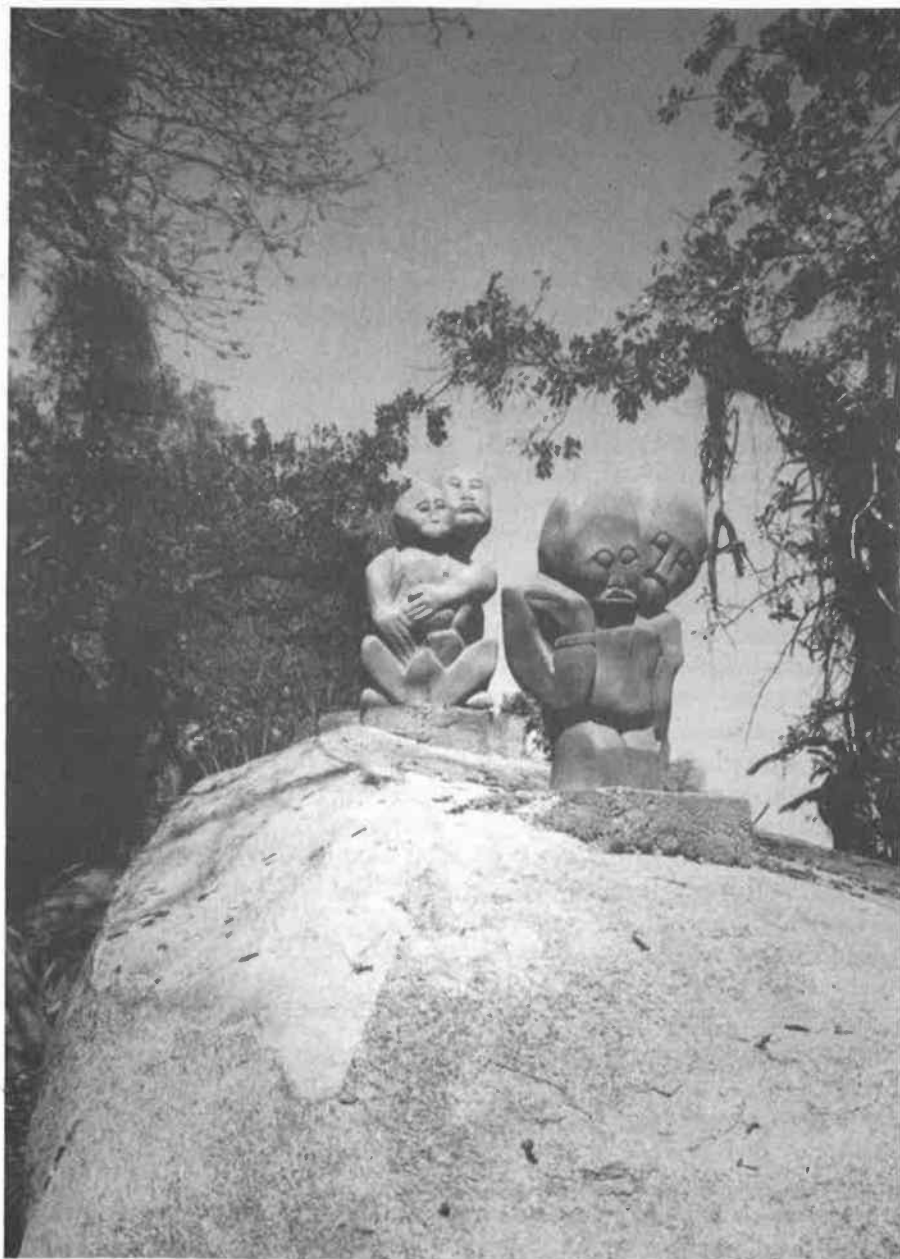
The World Health Organisation recently announced that Zimbabwe was one of six out of the 41 sub Saharan countries

which showed signs of sustainable development. Supposedly the economic readjustments set in place at the turn of the decade are now paying off. Yet for Sarah and her family, life is much tougher now than it was ten years ago.

Economic structural adjustments insisted upon by the big world money lenders led the Zimbabwe Government to throw its socialist principles of free education for all out the window. Seven years ago, instead of cutting

spending in, for example, defence, it introduced school fees. It is poor families like Sarah's who are now deprived of an education.

Sarah's father has worked for his European employer for over thirty years as an unskilled worker. He earns the equivalent of \$20 per week. Drought has compounded the effects of economic readjustments and has resulted in more poverty. Sarah's mother grows the maize, the family's staple food. But the maize grew to



Shona sculptures reflect traditional values the community needs to draw upon in its response to AIDS: love, compassion and commitment to families.

PHOTO: JILL SERGEANT

less than half its usual height this year and did not mature. Consequently her father now has to buy maize in town each week — enough for a family of fourteen!

With the prospect of having to feed his family from his meagre pay packet he can no longer afford the \$150 it will cost to keep his oldest son at school this year to complete his "O" levels. His son has sat at home for four months, unable to plough or plant as there is no rain and with his hopes of bettering his subsistence existence slipping away.

Drought has taken over from AIDS as the country's most serious immediate concern. However the drought will drive more desperate people into the cities and will result in more commercial sex and the further spread of HIV.

HIV infection rates are already frighteningly high where Sarah lives. It has spread more quickly throughout rural areas in Zimbabwe than in rural areas of any other African country. Because of Zimbabwe's apartheid history men often work in towns in single men's quarters, then travel back to the rural areas each month thanks to the colonial legacy of an effective transport system and good roads. This high level of mixing of the urban and rural populations has resulted in the efficient spread of HIV throughout the whole country.

Discussing sex with one's own children is taboo in Shona culture. This restriction in passing on vital health information reduces young women's power to protect

themselves. Fortunately for Sarah her mother is a realist and is able to talk openly with her adolescent daughter.

At school Sarah is told nothing about condoms. Safe sex campaigns were introduced into schools several years ago when the extent of the epidemic was made public. Many parents believed AIDS manifested itself very rapidly and the reason for all the sudden deaths was because the government was encouraging sexual activity in schools. Afraid of losing its popularity the government got cold feet about its AIDS prevention programme and reverted to teaching messages of abstinence before marriage and monogamy afterwards.

The sad facts are that young women like Sarah do have sex before marriage. The Government's cowardice leaves them vulnerable to unwanted pregnancies and STDs including HIV.

Zimbabwe is heavily patriarchal. Women have very little autonomy and are rarely able or allowed to be assertive. Within a relationship it is difficult for a woman to negotiate safer sex because she is usually economically dependent on the man for her survival. If and when Sarah begins to be sexually active and suggests using a condom her potential partner will most likely infer that she is a prostitute.

If Sarah is lucky and survives the next twenty years (and luck may be all it comes down to in the end, with the female to male ratio of AIDS diagnoses in the 15

- 19 age group at 5:1) she will witness a very different society from the one she lives in today.

The majority of her peers will be dead and with this reduction in the numbers of women, the demand for commercial sex will probably increase. The workplace will be dominated by men and young people. Unless industry responds much faster in introducing safer sex campaigns targeting men, and developing more flexibility in the workforce by introducing multi-skilling, there will be an enormous dearth of skilled workers.

Providing her mother also survives she will most likely be caring for some of her daughters' orphaned children. The numbers of orphans will skyrocket in the next decade and eventually peak at around thirty percent of all children under 15. With the rise in numbers of orphans, delinquency rates will no doubt increase.

The only way to slow down this scenario is for the government to develop more effective campaigns targetting young people. Campaigns which involve positive people at every level of decision making; campaigns which provide necessary skills and knowledge to young people; campaigns which truly challenge behavioural norms and get young people talking openly about HIV and AIDS.

Unless this happens immediately, in another fifteen years Sarah will either be dead or a highly prized member of society. ♦



St Vincents Hospital

Relationships Australia
(NSW)

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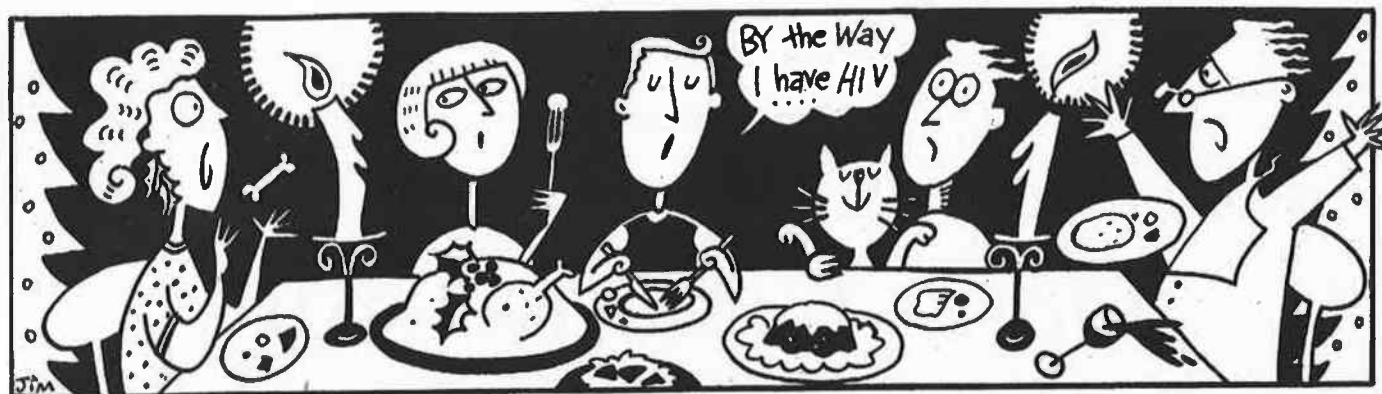
The HIV/AIDS Couple & Family Project is a free and confidential relationship counselling service for anybody with HIV and partners/ carers, friends and family.

For information or an appointment phone 361-2213.

Happy festive season to all our readers

This is the last *Talkabout* for 1995, so it's extra large. There will not be another *Talkabout* until February, as we take a well earned rest. The February edition will be a gay men's special issue.





OUT AT XMAS

By Stephen Gallagher

"PASS THE CRANBERRY SAUCE PLEASE — by the way, I have HIV". Undoubtedly, not the best way or time to tell the family that you're HIV positive. But there really never is a good time or perfect way to disclose, although doing it on the spur of the moment is probably not a good idea.

Christmas for many of us is one of the few times of the year when all the family gets together. It's also at this time that many of us wish our family knew of our positivity. There is no instruction book on how or when to tell. But with some planning there are steps that you can take to make it a little easier. These suggestions are only that, things that work for some will not necessarily work for everyone.

✂ Christmas time is an emotion filled time of the year, when old family conflicts can be ready to burst forth at any moment — is this the best time to tell?

✂ Some people choose to come out as positive early, to give family members time to get used to the idea, rather than waiting until they're unwell.

✂ Many people discuss their disclosure experiences in support groups, so that's a good start in finding ways that will feel right. Many gay men report that they drew upon the experiences and used some of the same strategies

as when they came out.

✂ Do you want to disclose your status to the whole family at the same time? Do you want to disclose to individual family members at different times? Some people tell a favourite brother or sister, before telling parents. A consideration here is whether or not you want them to tell anyone else. They may want to call upon the support of other family members. If you don't want kid brother to tell mum, be quite clear about it, but don't expect them to understand that it's you who is in control of this news.

✂ One of the biggest pressures in telling people we love that we're HIV positive is not only supporting them through a difficult time, but also having to educate them about HIV. It's handy to have some information available for them. The *Access* booklet for families, partners and friends has been found useful by many people.

✂ Have some telephone counselling numbers handy.

✂ If you see a counsellor find out if they are prepared to talk to whoever you tell. Support workers in your local AIDS council will also be quite happy to do this.

✂ Have someone on hand that you can talk to. Whatever the family's reaction, it's good to be able to talk about it afterwards.

✂ We have all heard of unpleasant reactions by some people on

hearing the news that their son, brother etc. is HIV positive. Remember you will know best. If friends have had a bad reaction from their family it doesn't mean you will and if they handled their disclosure in a way that seems comfortable for you, still go ahead — just because it didn't work well for them doesn't mean it won't work well for you.

✂ The most important thing to remember is that you are not responsible for the way anyone feels after you tell them.

✂ Be prepared for strange questions. Some of the most common may seem quite irrational or ill-informed, this is quite 'normal'. Most people will want to grasp onto anything, rather than face the grim reality that someone they love has a potentially life threatening disease. I have heard of responses like: 'there must be some mistake', or 'how long have you got?' These are not the responses we want to hear, but address them calmly. If you overreact it could only make the situation more tense and things can easily get out of control.

So with these ideas in mind, an *Access* booklet and telephone numbers handy, you're ready to tell. The experience of most of us who have been down this track is that whatever the initial reaction, over time, with some information and support, things will usually get better. ♦

Fair Treatment



Don't hold the salt

Salt depletion in people with HIV may cause a lot of problems. The good news, says Dr Mark Robertson, is that you can do something about it.

What first brought your attention to salt depletion in people with HIV?

Two things; firstly, a patient being treated with a sodium sparing drug was doing and continues to do very well despite a low T-cell count and secondly, I was looking at adrenal insufficiency and HIV. Late stage HIV looks like adrenal insufficiency but with normal adrenal hormones. However, the symptoms of adrenal insufficiency are caused largely by salt loss. I then started looking at some HIV/AIDS patients and consistently found that they had an inability to appropriately conserve sodium.

What are the specific symptoms of salt depletion?

Acute salt loss causes loss of appetite, nausea, weight loss, fatigue and slowness of thought. Salt is one of the most basic requirements of human life and maintenance of the right concentration of salt in the body is critical to its efficient functioning. Wide ranging physiological effects of salt depletion in various animals have been described. Growth is affected, as are blood flow, brain electrolytes, insulin functioning and protein synthesis. This can translate to syndromes which are similar to those you see in HIV. Many

symptoms could be explained by salt deficiency, although this is not to say a specific illness is primarily caused by salt deficiency.

If someone thinks that they're salt deficient, how do they overcome that?

The body will pass excess salt through the kidneys, so an increase in salt intake should not pose a threat. Adding salt to food and cooking is appropriate, choosing foods with a high salt content and in some circumstances I have been recommending salt in tablet form.

So the normal type of table salt, the type of salt with aluminium oxide used as a free flowing agent, are there any problems with that?

I don't see any real problems, perhaps sea salt would be preferable. The salt tablets are actually pure sodium chloride, whereas sea salt has many other trace minerals, which suggests a case for that option. I will be looking at that issue further. For now, I suggest taking six salt tablets a day, which is equivalent to about a teaspoon of salt, which is approximately half the Australian average daily intake of salt. This is not a large amount.

There's some apprehension about increasing our salt intake — for years we've been told to reduce it. What is your response?

Reducing salt is about preventing high blood pressure. High blood pressure is a rare condition in people with HIV, largely due to their age. It's been known for many years that salt requirements

increase in pregnancy, in illness and in stress. There are at least two of those conditions operating with HIV. It would be hard to have too much salt, the only problem would be if you didn't have access to water as well.

When some people think in terms of re-hydration they think that just drinking more water will be fine, forgetting to take more salt. Is there any danger in that?

There is not really a danger, the concern is that if you do not replace salt as well, the water will just dilute the salt that is remaining. The body doesn't like that, so it will just pass the water out again. That occurs most frequently at night, which is why we see the problem of people getting up to piss during the night. Drinking four or five litres a day — some people have to, trying to quench their thirst — you are actually washing through all the water-soluble vitamins and minerals and that can cause problems. By using water and salt together, you retain the water with the salt and then thirst diminishes and water intake decreases.

We're talking about sodium here — what about other salts and electrolytes?

Sodium is the major electrolyte in the extracellular fluid and loss of sodium per se — explains many of the symptoms we see. If you're replacing sodium you're going to expand the body fluid to a certain extent. I suggest people take fortified minerals and vitamins at the same time, and as far as is feasible eat a wide ranging diet.

I've heard of lots of positive people who are using the WHO (World Health Organisation) rehydration solution. What are your thoughts about that?

I have been recommending this solution for some time now. Recently, one of my colleagues at Taylor Square Private Clinic told me that he had unsolicited comments from two patients, to the effect that it was like mothers' milk both being very pleased with the outcome. A lot of people seem to benefit quite dramatically in terms of energy levels and relief of symptoms such as nausea, fatigue and passing urine at night. One of the American equivalents of *Talkabout*, advertises commercial bottled rehydration solution especially formulated for adults.

Making money out of a cheap substance like salt!

It is a consideration that sometimes people don't have the energy or the inclination to make up the solution for themselves. One of the common symptoms of sodium deficiency in the acute state is apathy. Regardless of the fairly easy effort required to make up this mixture, some people find themselves just too flat to even do anything, so perhaps it's useful. Unfortunately there's nothing equivalent in Australia. We have some solutions for salt replacements for diarrhoea, (Repolyte and Gastrolyte) but these don't contain sufficient sodium levels because sodium loss through the gut is not as great as sodium loss through the kidneys. Something like Repolyte could be used with added salt.

I've spoken to about nine people who are using salt solutions and salt tablets and they report a decrease in oral candida, aphthous ulcers and that type of thing.

These are all dry mouth related conditions, quite common in HIV, as are dry eyes and dry skin. Most likely this is caused by decreasing flow from the salivary

glands and drying of the oral mucosa. It's been shown in an American study that the incidence of oral candida increases as the salivary flow decreases and that this is independent of CD4 count.

It also makes sense that if the salivary flow is low, then the first line of defence against oral infections, including gum disease, aphthous ulcers and candida, has been weakened. If the salivary flow is decreased by dehydration then correction of this should reduce the incidence.



How do you actually go about finding out that you're salt depleted, other than the visible signs of dry skin and dry mouth?

It's difficult. The serum sodium is not a very good indicator of what's happening, in fact, tells you nothing about total body sodium. It must be considered that the body will make every effort

to maintain a certain fixed level of sodium in the blood (this ranges between 137 and 150mm/l). A person is born with a set level in that range and sometimes a doctor may not notice a change, say, of 148 to 140, as this still falls within the normal range and is not considered to be of significance. In fact it does indicate a change in total body sodium.

The concept of salt depletion seems so simplistic, is anyone doing anything overseas that you're aware of?

There has been substantial literature describing low sodium in end stage disease, it affects up to 80% of people who are hospitalised. Sodium wasting has been acknowledged as a factor, but as far as I know, nobody's looking at it as part of the pathogenesis of the disease.

The September Talkabout reported that there might be a study conducted by the National Centre in HIV Epidemiology and Clinical Research. Any news on that?

The study that I am suggesting is going to an upcoming meeting of the ethics committee at St Vincents and will probably get up by the middle of December. This will simply involve looking at the response of specific symptoms to sodium. The other interesting development is that the Howard Florey Institute in Melbourne is keen to work on sodium metabolism in HIV, a very complex problem. We'll be meeting in early December if it can be arranged.

And is there any Biblical backing for your theory?

Yes, the gospel according to St Mark Chapter 9:V50, Salt is Good.

Interview by Stephen Gallagher. A recipe for the WHO rehydration formula was published in the September Talkabout.

In reference to the administration of AZT (in ACTG 152) to children I feel that Ms Munro has misinterpreted the results. The trial *did not* conclude that AZT when given to children was ineffective and unsafe. In order for such a conclusion to be reached the trial would have measured AZT versus placebo (again unethical). What ACTG 152 did conclude was that children given AZT alone compared to children given AZT plus ddI had a poorer outcome. Our experience here in Australia would suggest that AZT is a very effective drug when given to children and much literature supports this. The addition of another antiretroviral when declining T cells are noted has so far been our practice. However we are currently reviewing this practice; the outcome may be that combination therapy will be our first line treatment. Every child is different and as such, is and will continue to be treated differently.

The Paediatric AIDS Unit at the Prince of Wales Children's Hospital will continue to implement the recommendations as practised so far until further progress is made. Finally, we recognise the right to choice and will continue to respect that choice.

— **Michele Goode, Acting Clinical Nurse Consultant, Paediatric AIDS Unit**

Request

I INTEND RESEARCHING AND editing a book of interviews and other narrative forms like poetry and journal writing of individuals living with HIV for ten years or more. At this stage, I do not have any funding for the project so it is restricted to NSW and maybe Southeast Queensland.

I want the interviews/other narrative forms from gay men, Kooris and other communities. One goal of the project is to ex-

emplify the many different ways that people live with HIV.

I have lived with the virus for twelve years. For the last eight years, I have worked as a freelance journalist. Since February this year I have been the Media Officer for ACON Northern Rivers, and as such have written for *Talkabout* and *Rural Gaze*.

Anyone interested in contributing to this project can write to me at PO Box 1343, Lismore 2480.

— **Peter Mitchell**

Luncheon Club

WE TWO LUNCHEON CLUB DINERS need your help. The Luncheon Club AIDS Support Group Inc. is under the very real threat of being made extinct in the New Year if we cannot get funding to help pay for a casual staff position.

Only you can help those PLWHA who are actively supported by this project in the best way possible, positive relief. We need your help in phoning or writing to the Federal and State ministers listed below.

The AIDS Bureau has rejected the application for a minuscule grant from the millions handed out to other projects including other "projected" copy-cat luncheon clubs, leaving the real Luncheon Club, your club, in the cold. We feel discriminated against, in fact very hurt by the lack of compassion and caring by the bureaucracy. Please add your voice to our plea, for without the entire community — others will steal this valuable resource from us all.

The Hon. Carmen Lawrence, (Minister for Health), Executive Office, Level 12 / 120 Sussex St. Sydney, Ph: 255 3555

The Hon. P. J. Baldwin, (Social Security), Level 3 / 10 Mallet St. Camperdown, Ph: 550 5877

The Hon. P.J. Keating (Prime Minister), Ph: 251 5711

Leader of the Opposition, John Howard, Ph: 251 8911

Clover Moore, 58 Oxford St. Paddington, Ph: 360 3053

R.J. (Bob) Carr, 691 Anzac Parade, Maroubra, Ph: 349 6440

Names supplied but withheld by request

Olgas

Personals

Sydney/anywhere - Guy 50 HIV+ still healthy after all these years. Don't work but I'm fit and active (and solvent). Love swimming, bush walking and assorted sedentary activities. Seek similar uncomplicated guy for friendship/relationship. I am 178cm and 75kg. ALA. #951205

Guy 40 HIV+ LTS likes leather, movies, SBS, not a bar person but enjoys a drink and smoke seeks similar for friendship and company. Daytime lover is -ve and working. #951210

Guy early 40s HIV+ fit and well, good body. Looking for mate to 35yo for fun times. I have a large collection of toys and am also interested in FF, closeness + sanity. I'm versatile, responsible and caring. If you are interested, write and let's arrange to open some quality time. #951215

Guy 28yo tall, slim HIV+ and healthy. Looking to meet genuine, employed, HIV+, 'together' guy with good looks and attitude for friendship, sex and perhaps more. Varied interests including eating out, movies, reading and occasional scene. #951220

Wanted! PLWHA prepared to talk to community journalist about their use of marijuana for medical purposes. Confidentiality 100% guaranteed but would prefer you on the record! Call Paul on 332 3534.

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 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.

Service Update

Food Distribution Network Inc.

WITH CHRISTMAS COMING, FOOD IS on most people's minds. What better time to join the Food Distribution Network (FDN)?

The FDN started as a food co-operative in 1984, and in 1987 was funded (by Home and Community Care) to provide a fresh fruit and vegetable delivery service to the frail aged and people with disabilities and their carers living in the inner city.

Eleven years on from the birth of the co-op, the FDN continues to operate according to the basic principle of providing cheap, fresh food to people who are not very mobile and may be on low incomes. PLWHA make up about 20 - 30% of their clientele.

It works like this: You order a box of fruit and/or vegies, paid for in advance, and the FDN shop for you at Flemington, make up the box and deliver it to your door once a week. You can order produce at wholesale prices: a \$5 or \$10 box of fruit and veg, or a \$5 box of fruit. The \$5 box has a retail value of about \$15, so it's clearly value for money — and the four FDN Co-workers shop for quality, rather than just buying the cheapest deal.

It's not possible to make up individual orders. All boxes are standard, but their contents vary each week and seasonally and you can ask that things you particularly dislike be left out of your box.

At present, the FDN is operating to capacity — which means they have a waiting list for deliveries to some areas and you may not be able to make use of the service straight away. However, while you're on the waiting list



Photos: Jamie Dunbar

you can pick up your box from their Darlington headquarters on a Tuesday or Thursday morning, or ask to have it delivered to somewhere like the Day Centre in Wolloomoolloo, which is already on their delivery list.

Volunteers are vital to FDN — you'd be most welcome to turn up at FDN on a Tuesday or Thursday morning at 9am for a couple of hours of boxing up the fruit and vegies fresh from the market — and stay for lunch. Once you've put in a work session you can order a box of fruit and veg for yourself, to pick up from the FDN premises at 255 Wilson Street, Darlington — the gate marked Food Distribution Network. The work's not hard — nothing heavier to lift than a cabbage. If packing's not your cucumber sandwich, you may have other skills, like data entry, that you could offer. The FDN welcomes community involvement and support.

Simon, an FDN worker says, "It's part of our philosophy. Our structure, our history and staffing allow us to be friendly". You'll find a "mixed bunch" at FDN, and a friendly, easy-going atmosphere.

To get on the FDN list, all you have to do is call 699 1614 and have a chat to one of the workers, who will assess you according to their eligibility criteria. If you get the answering machine, please leave your name and number so they can call you back.

FDN's postal address is PO Box 941, Strawberry Hills, NSW, 2012.



JUST AROUND THE CORNER JUST DOWN THE STREET

We Offer:

- Hospital Inpatient Services and Outpatient Clinics (morning & evening clinics - pph 515 6111 page 6849)
- Community Nursing Care
Contact your local community health centre or phone 550 6700
- Dietary Advice & Consultations
Phone 515 6111 page 6737
- Emotional Support & Counselling
Phone 515 8131
- Equipment Lending i.e. Wheelchairs, walking aids, spacer mattresses & other home comfort aids
Ph HIV OT 690 1222
- Gym/Exercise & Hydrotherapy Classes
Ph 515 6111 page 6861
- Injecting Drug Users Counselling
Ph 660 5455
- Mental Health Counselling
Ph 560 4500
- Multicultural Support & Education
Ph 515 3098
- Newtown Needle Exchange
Ph 515 3138
- Pain Management/Palliative Care & the On Call Nursing Service
Ph 515 7744
- Relaxation, Stress management & methods for maintaining your energy levels
Ph 515 6111 page 2550
- Sexual Health Advice & Screening
ph 560 3057

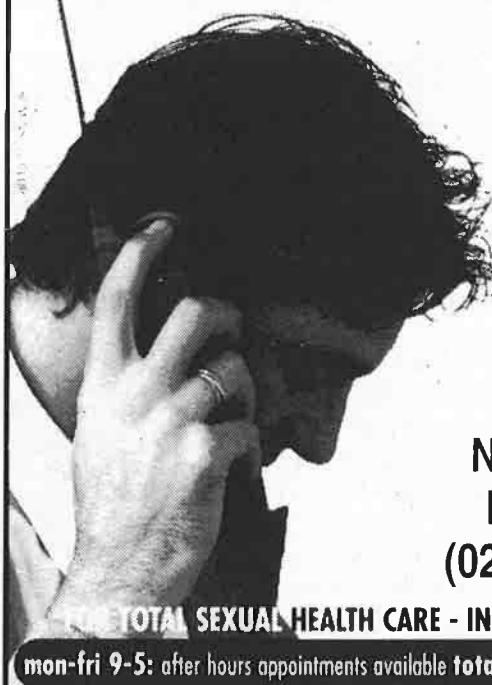


At Royal Prince Alfred, Concord & Eversleigh Hospitals and Community Health Centres near you.

HIV CARE IN YOUR COMMUNITY

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

IF YOU LIKE A NIGHT ON THE WILD SIDE
YOU MIGHT NEED A SERVICE ON THE NORTH SIDE
CALL US, WE'LL CONNECT YOU WITH THE SERVICE YOU NEED



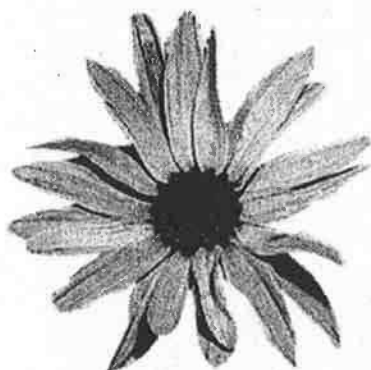
- testing
- counselling
- treatment
- in/out patient
- homecare
- hospice
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THE TOTAL SEXUAL HEALTH CARE - INCLUDING HIV/AIDS

mon-fri 9-5: after hours appointments available **totally confidential & free**



POSITIVE RETREAT No.8

Come along to a stress free country location where you can try complementary therapies, enjoy nature, meet other positive people in a relaxed environment, learn about some of the complementary therapies on offer, do yoga, meditation, acupuncture, homoeopathy, reiki and others.

The retreat will be alcohol and recreational drug free.

This retreat will be held from Wednesday 24 to Sunday 28 January 1996.

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

For more details, and to obtain an application form, call 019 98 25 25, Monday to Friday, 10am to 6pm.

**HIV
living**

A joint initiative of HIV Living and PLWH/A (NSW) Inc.



Talkabout

WHERE WE SPEAK FOR OURSELVES

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

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 as a:

- ☐ Full member (NSW resident with HIV/AIDS)
- ☐ Associate member (NSW residents affected by HIV/AIDS)

Disclosure of HIV status entitles you to full membership of PLWH/A, with the right to vote for all management committee positions. Membership status is strictly confidential.

Talkabout annual subscription rates

Please note that *Talkabout* subscribers also receive *With Complements* Newsletter eight times a year for no extra charge!

Individuals

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

Organisations

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

(Please specify number of extra copies _____)

Donations

Yes! I want to make a donation to *Talkabout*:

- ☐ \$100 ☐ \$50 ☐ \$20 ☐ \$10 ☐ Other amount \$ _____

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

Method of payment:

- ☐ Cash ☐ Cheque ☐ Credit card
- ☐ Mastercard ☐ Visa ☐ Bankcard Card # _____

Expiry date _____ Signature _____ Date _____

Make all cheques payable to PLWHA Inc. (NSW), we'll send you a receipt (donations \$2 and over are tax deductible).

Please note that the *Talkabout* database is totally confidential ☺ Rates are negotiable — talk to us

→ Special note for overseas subscribers: talk to us about exchanges with your publications.

First name _____ Last name _____

Postal Address _____ Postcode _____

Phone (h) _____ (w) _____

Mobile _____ Fax _____

Please forward this completed form to:

Subscriptions, *Talkabout*, PO Box 831, Darlinghurst NSW 2010.

Thank you!

HIV living

orientations

have you recently become HIV positive?
'you are not alone'

The HIV support project holds "Orientations" weekends covering issues specifically for gay men who have recently become HIV positive (in the last 2 years).

These workshops are free and confidential.

The next Orientations is in mid-september, there are a limited number of spaces left, so to book a place call stephen (02) 206-2011

(please note that these workshops are for people with HIV/AIDS only).

HIV living information weekends

The HIV support project runs a series of weekend forums for people with HIV/AIDS, their partner, carer or friend.

These forums are free and confidential.

Topics presented in the forums range from HIV treatment options, complementary therapies, recreational drug use, social security entitlements, housing and international travel etc: The number of participants is limited, so to find out more or to book a place call stephen (02) 206-2011

HIV living peer support groups

Support groups give you the chance to meet others with HIV, exchange ideas and make friends. You may be surprised to find how your own experience can help others.

Groups meet for around two hours a week, and run for eight to ten weeks.

There are about ten people in each group including two trained facilitators who also have HIV. What's talked about in group is entirely up to it's members, everything said is confidential. If you'd like to join a group, or just find out more about them, call scott (02) 206-2014 tues, wed, thurs. New groups are starting all the time.

AIDS Council of NSW
9 Commonwealth Street
Surry Hills

*these free sessions are organised by hiv positive people
for hiv positive people*

HIV living groups & forums

