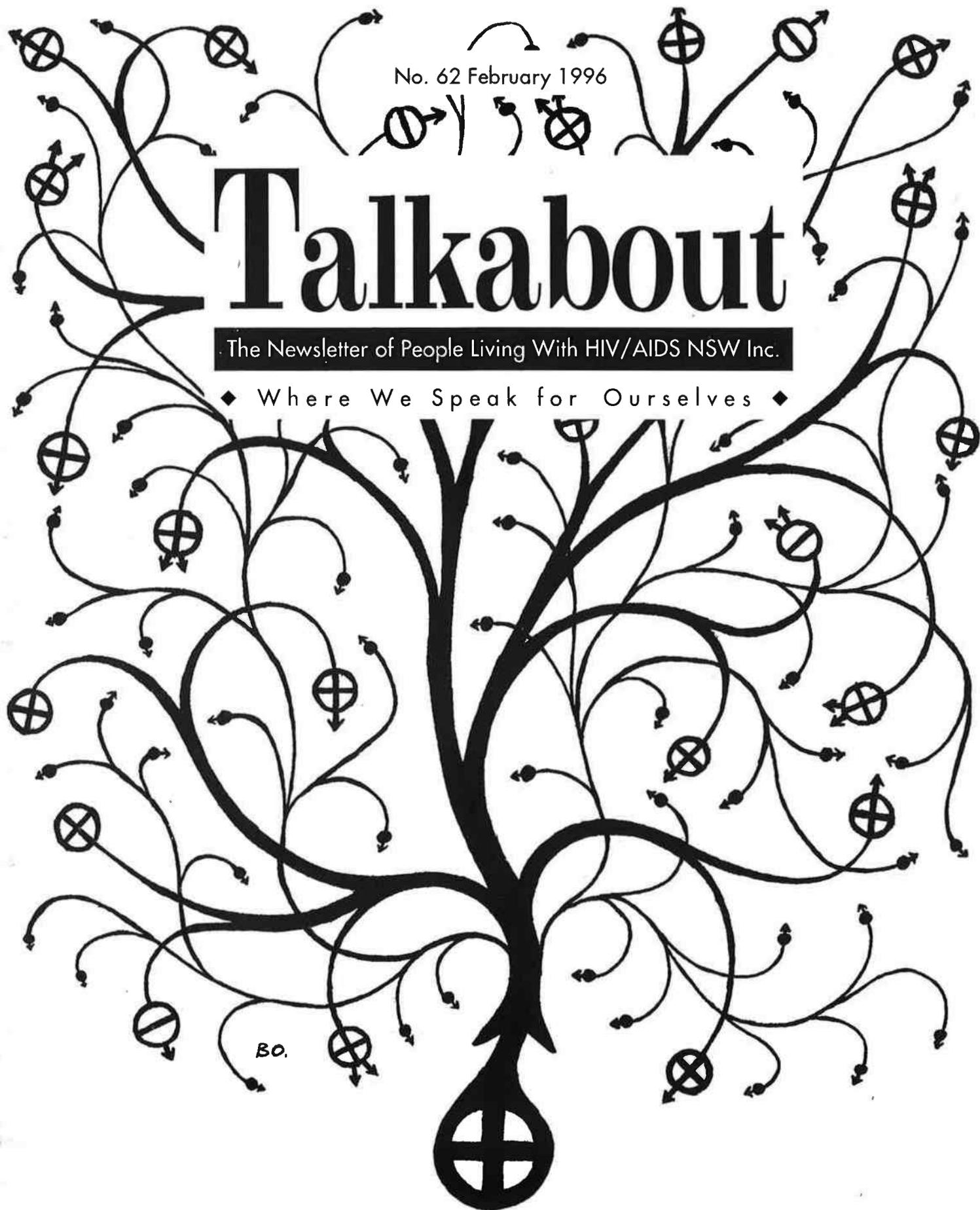


No. 62 February 1996

# Talkabout

The Newsletter of People Living With HIV/AIDS NSW Inc.

◆ Where We Speak for Ourselves ◆



Bo.

## *Gay Life in the 90's*

# Convenor's Report



NOT ONLY DO WE HAVE A NEW YEAR, but we also have a new committee for PLWH/A (NSW) Inc.

Our annual general meeting was held on 30 November. The meeting was the best attended for some years. An important part of the annual meeting was the election of the management committee for 1996. I believe a very strong team has been elected, with a good mix of skills and experience. The committee is already working well, with lots of planning under way to work better for *you* — our constituents — during 1996. (See page 9 for details of the new committee members.)

Thanks to outgoing committee members Alan Brotherton, Mark Cochrane and Bill Rigney for their work on the 1995 committee.

The annual general meeting overwhelmingly agreed to change the PLWH/A constitution so that only members who are HIV positive can vote at general meetings and be elected to the PLWH/A committee. A system of Associate Members (non-voting) has been retained, for friends, partners, family and carers of positive people, who want to be involved in and support our work.

The recent festive season has not permitted much of a break from the fight for HIV/AIDS treatments. As well as continuing to lobby hard for access to combination antiviral treatments, we've also been playing a leading role in obtaining compassionate access to new antiviral treatments like Saquinavir, Ritonavir and Crixivan (i.e. new protease inhibitor drugs). It isn't possible to give full details about these new drugs in this column, but I urge all people with HIV to talk to their

doctor or local AIDS Council Treatments Officer about these new treatments and whether you might qualify to get them. (See page 4)

By the time you read this report, PLWH/A, with other key AIDS groups, will have met with Commonwealth Health Minister Dr Carmen Lawrence on January 29. High on the agenda for discussion will be removal of red tape around drug funding and quicker access to new combination antiviral therapy. A report on this meeting will be in the next *Talkabout*.

The new Australian Medical Association (AMA) Code of Ethics deserves some comment. While much of the document is good, the section which supports breaking patient confidentiality in exceptional cases where a doctor believes this is necessary to protect "the community or others at risk", is ill-considered.

Potentially, fears of disclosure might drive some people away from HIV testing and monitoring their health regularly if they are HIV positive. It's also unnecessary for the AMA to have developed this policy, because the NSW Health Department already has good procedures in place for dealing with these exceptionally unusual situations. We've joined other AIDS groups and doctors in calling for the AMA to urgently re-think their new policy.

An evaluation of our Positive Speakers Bureau has just been completed by Alan Brotherton. The report is highly complimentary about the Speakers Bureau, and makes a number of constructive suggestions for developing it further. Many thanks to Alan for doing such a comprehensive and

valuable report (and all on a voluntary basis too).

Many of our constituents will be enjoying the Sydney Gay and Lesbian Mardi Gras Festival over the next month. PLWH/A will be entering a float in the Parade (March 2) designed to raise AIDS awareness. We need a large number of people to walk alongside the float, some of whom would carry banners. If you haven't finalised your plans for the Parade and would like to join us, please ring the PLWH/A office on 361 6011.

As usual, PLWH/A will also be running a sponsored Party ticket scheme and viewing rooms for the Parade. For details, see page 28.

— Bill Whittaker



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

**Current committee**  
Bill Whittaker: Convenor  
Claude Fabian: Deputy Convenor  
Vivienne Munro: Secretary  
Eric Sleight: Treasurer  
Chris Hordern, Stuart McEacharn,  
David Nicholas, Rolf Petherbridge,  
John Trigg, Kath Vallentine, Larry Wellings

**Current staff**  
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Paul Roberts: A/Admin Asst  
Luke Smith: A/Positive Speakers Bureau Coordinator  
Henry Forrester: Treatments Officer  
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# Contents

Gay men don't die of AIDS .....	12
HIV etiquette for the 90s .....	14
101 ways to pack yer daks .....	19
We are family .....	20
Positive users — show a little respect .....	22
The unwelcome third party .....	24
The best of the worst in media .....	27

## Regulars

Convenor's report .....	2
News .....	4
Letters .....	10
Olga's Personals .....	11
Contacts list .....	15
Service Update .....	29
Subscriptions form .....	31



### This month's cover

**By Bo Vilan.** Welcome to the third special gay men's issue of *Talkabout*. Contributors to this edition have entered into some of the smouldering debates in the gay community, such as whether or not gay men's contribution to fighting the epidemic is adequately recognised and safe sex etiquette. We also draw attention to some discrimination occurring *within* the gay community. One gay positive man's family shares their story, and we take a light-hearted look at an embarrassing problem. It's a hot issue — and controversial — let us know what you think.

## Talkabout

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

Letters submitted to *Talkabout* or its editorial coordinator are assumed to be for publication in whole or in part unless specified otherwise. For further information contact Jill Sergeant (Tuesday, Wednesday or Friday).

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

**Deadline for the next issue: February 12**

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



Canadian economist Robin Hanvelt has done some sums and come up with the interesting conclusion that for every Canadian man who dies of AIDS between the ages of 25 and 64, there is a lifetime loss to the economy of \$C651, 200. His estimate for total future losses in the six years ending 1992 was \$3.3 billion. These losses are largely hidden because they result from production which will never happen. Only heart disease and suicide have a harsher impact on the economy. (*BCPWA News*)

The tiny southern African nation of Malawi experiences an estimated 19 new infections, 7 new AIDS cases and 6 AIDS deaths every hour. The population of Malawi is 10 million and an estimated 800,000 - 900,000 people are HIV+. Current treatment costs for AIDS related illnesses are over US\$22.3 million. The AIDS epidemic is expected to raise the orphan population in Malawi from about 219,700 to over 614,000 by 1998.

(*AIDSCap*)

AIDS has become the leading cause of death among people aged 25 - 34 in Switzerland, with needle sharing cited as a primary cause of HIV infection.

(*Global AIDS News*)

The Asia and Pacific region is now home to 4 million HIV infected adults, just under 30% of the world's total, according to the World Health Organisation. The WHO's latest estimates include a new category: the number of people currently living with HIV. In south and south east Asia, 85% of the total HIV infections are alive (3m out of 3.5 m).

(*AIDS Analysis Asia*)

The Ninth International African conference on AIDS and STDs in Africa, (in Uganda in December), was attended by 3,000 delegates. The conference was preceded by a meeting for PLWHA. 1.8 million Ugandans (10% of the population) are HIV positive, including 46,120 known to have AIDS.

Ugandan President Yoweri Museveni, told the conference that HIV is spreading "like a bushfire" and urgent steps are needed to stop it. However, Dr Hiroshi Nakajima, Director General of the WHO, commending Museveni in his opening address to the conference, stated that Uganda was the first African country in which there were signs that the epidemic was stabilising.

WHO reports that AIDS could lower average life expectancy in Zambia from 66 to 33 years by the year 2010; in Zimbabwe from 70 to 40, in Kenya from 68 to 40, and from 59 to 31 in Uganda.

Luc Montagnier, Chairman of the World Foundation for AIDS Research and Prevention, told the conference that "research should . . . be done into African herbal treatment with a view to finding ways of controlling AIDS". (*Reuters, WHO Press*)

## We did it!

PLWH/A (NSW) HAS WELCOMED the decision by Roche Products Australia to expand once again, the compassionate access program for the promising protease inhibitor (PI), Saquinavir (Invirase). From late January, Saquinavir will be available through the Special Access Scheme for any person with HIV with a CD4 count below 300. Previously, the drug was only available to a very limited number of people with CD4 counts below 50.

Following the licensing of Saquinavir in the US in December, PLWH/A urged Roche to make Saquinavir available to all PWA in Australia in urgent need of the drug. At a meeting with Roche and HIV/AIDS organisations on December 22, the company agreed to look at ways of expanding their compassionate access program for Saquinavir.

PLWH/A Convenor Bill Whitaker said that expanded access to Saquinavir could mean a real difference to the health and lives of those PWA who urgently need access to new treatments.

"However, the Roche Saquinavir program is only an interim arrangement. We still need to get Saquinavir approved by the Commonwealth Government", he said. "Our information is that Saquinavir will not be considered for Australian drug approval for some months. These sorts of delays are intolerable".

PLWH/A is continuing to lobby Health Minister Carmen Lawrence to reform the drug approval and funding systems.

## But wait . . .

EVERYONE'S DOING IT! EXPANDED access, that is. Activism last year around the promising protease inhibitor, Ritonavir, has paid off. The drug's manufacturer, Abbott, has agreed to a compassionate access scheme with 40 places available.

Abbott Medical Director Dr. Susan Alder has confirmed that Ritonavir will be allocated to patients in greatest need, as

recommended at a meeting with community groups in September. The criteria will be: a CD4 count of 50 or less; and 'failure' on or intolerance of AZT, ddI, ddC and 3TC. You can apply for Ritonavir through your GP.

NAPWA has also recommended to Abbott that because of Ritonavir's effectiveness against Kaposi's Sarcoma (KS), 10% of the total places (ie. 4 places) be allocated to people with KS. A small trial examining Ritonavir's value in treating KS is currently being conducted through the Prince of Wales Hospital.

PLWH/A have also approached Abbott about the possibility of PLWHA having access to a liquid form of the drug (said to be rather unpalatable), until delays in making the capsule form available are overcome.

*Body Positive* reports that a small French study using AZT, ddC and Ritonavir has reported that one quarter of the 24 participants had no detectable virus some twelve weeks after starting the treatment and at 20 weeks this had doubled to one half.

In November Merck, Sharp & Dohme, manufacturers of the protease inhibitor Crixivan (Indinavir), announced that they would implement an expanded access program (EAP) for the drug. The EAP is to be conducted as part of a worldwide open label clinical study for people with CD4 counts of 50 or less. Outside the US, there are 750 places available across 23 countries. As with the other protease inhibitors, the manufacturing process is slow and supplies of the drug are limited. Unfortunately, only 30 places were made available and these have all been filled.

*Body Positive* (US), reports that Crixivan is likely to get approved by the FDA in the US and be on "druggist" shelves by April or May. *BP* mentions rumours that two small triple combination studies of the drug show a thousand fold drop in viral load. If this is the case, it would certainly confirm community optimism about the PIs.

## Stress is good?

PROF. N. PLOTNIKOFF, AT THE University of Illinois, has discovered that methionine enkephalin, a human stress hormone, suppresses the replication of HIV in people with AIDS. Clinical studies in 73 PWA in Chicago, New York and Brussels showed that met-enkephalin increased the number of CD8 cells, or killer cells. Long term survivors have been shown to have high numbers of CD8 cells. CD8 cells have recently been shown to release suppressive factors that inhibit the replication of HIV.

Plotnikoff claims that supplemental treatment with met-enkephalin for up to two years suppressed HIV replication, and markedly reduced AIDS symptoms, in particular night sweats, fever, herpes infections, weight loss, diarrhoea, swollen lymph nodes and depression.

Plotnikoff expects FDA approval shortly for expanded clinical testing of met-enkephalin in PWA.

(AIDS Digest)

## Herbal headway

KM1, THE COMMUNITY-ORGANISED Herbal Formula trial, has continued its efforts at involving marginalised groups. January saw: specific forms developed with Positive Women for recording the progress of women, a first for Australia; NSW Corrective Services to consider allowing prisoners onto the trial; forms and procedures developed with NUAA that don't discriminate against injecting drug users; several recruitments following the interest of Spanish-speaking radio; expanded interest from the mainstream media.

One major problem continues to bug the trial as it gets underway. Participants have reported problems with their doctors providing full copies of pathology tests and other (memorandum) information. Also, many have said that their doctors aren't clear



NSW Deputy Premier and Health Minister, Andrew Refshauge launched a new HIV/AIDS video on November 27. The video "Working With Diversity" has been produced as a training resource for Health Care Workers and examines the ways that language and culture can influence access to education and treatment services. Dr Refshauge is pictured with members of the video production team.

about what constitutes an AIDS Defining illness. More information on that — and any other aspects of the trial — is available from Jan Kneen-McDaid on 552 2243.

— Paul Canning

## Eyes have it

ROCHE PRODUCTS AUSTRALIA announced in December that it has received marketing approval for Cymevene (oral ganciclovir), the first oral treatment for people with AIDS who have CMV. "40% of all PWA will develop sight threatening CMV. At present, treatment is administered by intravenous ganciclovir, which involves five hospital visits a week. The new treatment significantly improves the patient's lifestyle in terms of time, discomfort and risk of infection," explained Dr David Kingston, Medical Director of Roche. For more details on CMV and the use of oral ganciclovir, see *Talkabout*, May 1995.

## BGF does lunch

THE BOBBY GOLDSMITH FOUNDATION has formally backed its earlier decision to join forces with the Luncheon Club. A special general meeting of members on December 11 endorsed BGF's

support for the Luncheon Club to date and the meeting approved its continuation.

The BGF will provide practical help to the Luncheon Club in a range of administrative areas. These include financial and book-keeping-services, endorsement for a Government grant to fund a part-time administrator for the Club, and some office space. The Club serves many BGF clients and others affected by HIV/AIDS poverty.

Both organisations will liaise closely over their fundraising calendars and expect to refer fundraising proposals to each other when appropriate. The plan is cost-neutral for both organisations. They will not fundraise for each other nor will they subsidise each other, though occasional joint ventures are likely.

## Day Centre news

THE SYDNEY PWA DAY CENTRE launched its first monthly newsletter on World AIDS Day last year. The newsletter provides information about the centre's services and staff, how to get to the centre by public transport, and coming events.

There's also space for your contributions in the letters to the editor section, gossip column and

## Briefs



● Tim Conigrave, known to many not only for his writing but also for his work with ACON's Fun & Esteem project, has been posthumously honoured with a Human Rights Award for his autobiography,  *Holding the Man* . The Human Rights Awards recognise contributions made by people in raising awareness about discrimination, equal opportunity and human rights. (*Sydney Star Observer*)

● Poverty is not just an issue for Sydney-siders — The Western Australian AIDS Council and PLWH/A WA have recently had to distribute food hampers and second hand clothing to PLWHA. They estimate that more than half of WA's 100 people living with AIDS live in poverty. (*The West Australian*)

● National AIDS Awareness week saw plenty of local activities to mark the occasion: at Concord Hospital, a special memorial service was held at the end of a busy week which included a display of the Quilt and a talk by a positive speaker. At John Hunter Hospital in Newcastle a sundial and birdbirth (donated by the hospital's Kookaburra carers) were unveiled by State MP John Mills at the hospital's AIDS Memorial garden. In Gosford, heavy metal(!) and funk bands played at a concert in Kibble Park and a balloon release took place to remember people who have died of AIDS. The inaugural Central Coast World AIDS Day Awards were announced at a benefit night at Avoca Beach. The award for the person who was most influential in changing community attitudes was awarded posthumously to Eve van Grafhorst. Other awards went to Positive Support Network, Rev. Gordon Trickett, the late Chris Hoye, Paul Drielsma and Kincumber High School AIDS Awareness group.

● AFAO is in the final stages of development of a campaign encouraging PLWHA who have around 200 T-cells to take preventative action against PCP. A poster and brochure campaign will highlight the benefits of using prophylaxis to prevent this potentially fatal opportunistic infection.

● The AIDS Council of NSW has applauded the NSW government over its decision to allow prisoners at Bathurst Jail and a section of Long Bay Jail access to condoms. Outside contractors will provide non-cash vending machines and sanitary disposal bins. A three month trial will begin in February. ACON's President Bruce Meagher hopes at the end of the trial the program will be implemented in all NSW prisons. Condoms are distributed in prisons in 14 countries.

● If you have lost someone you love to AIDS, you can express your feelings in an exhibition called  *Art from the Heart* , at Bondi Pavilion Gallery February 26 - March 10. If you would like to exhibit your work, call Grant on 9974 5560.

"views from PLWHAs". Articles for the newsletter are welcome.

One item of interest in the first edition was that the Day Centre is having its first Masked ball on Valentines Day, Wednesday February 14. The event starts with "simply scrumptious" hors d'ouvres at 12.30, followed by a four course meal accompanied by romantic music. Prizes will be awarded for the best mask. You must book for this function by Tuesday February 6. To RSVP, or to be placed on the newsletter mailing list, call the Day Centre on 357 3011, or see Robert or Frank.

## NorthAIDS

NORTHAIDS, THE NORTH SHORE support project for people living with HIV/AIDS, is looking for new premises.

During 1996 we plan to expand our support, social and information-based activities. We will be offering counselling, support groups, including peer support, and lots of activities centred around foods — lunches, weekend brunches, special occasion dinners. To do all this we'll need a property with easy access for all northern area positive people."

These new developments will not affect the step-down and respite care being offered at Des Kilkeary Lodge in Dee Why. People who need care, but not hospitalisation can contact Carrie St James on 9982 2177 for details.

If there's anyone out there who can help with the NorthAIDS quest for a second home, please call Bill on 9982 2310. You can also be put on the mailing list to be notified of all these activities as they start up.

NorthAIDS is also excited about co-operating with ACON to begin CSN training. A new program centres around training people who are already caring for family members or partners. The course starts in February.

NorthAIDS' next volunteer intake is happening soon with interviews in late February and training in March. It's quite a

commitment; you're asked to attend an initial weekend of training and to attend support and ongoing monthly training, as well as your regular rostered shift at Des Kilkeary Lodge. But the rewards are immense.

Finally, NorthAIDS is about to lose its Mardi Gras virginity. We'll be running a stall on Fair Day and appearing in the parade as well. If you see us, please come over and say hello, especially if you're from the northern side. You probably remember how shy you are when you're a virgin, don't you?

If you're interested in any of these activities, call me on 9982 2310.

— Bill Evans, Co-ordinator  
of NorthAIDS

## Talkabout planning day

AT THE CLOSE OF THE ANNUAL *Talkabout* Planning Day on December 13, assembled *Talkabout* contributors toasted the seventh birthday of *Talkabout*, firmly hoping that The Cure will make this publication redundant long before we celebrate our 21st.

The planning day was much more than an excuse to drink champagne, however. It was a productive meeting of the usual editorial working group with guests from ACON Northern Rivers and Positive Women. We mapped out *Talkabout's* directions for '96.

Over the next twelve months expect to see special features and theme issues on retirement, HIV in the country, discrimination, young people and treatments into the 21st century. We hope to improve our coverage of complementary therapies, run a series of articles on how to get the best from your doctor and of course keep you posted on all the latest news.

We discussed other ideas for stories and changes/improvement to the usual content of the magazine; we'll be doing a readership survey sometime soon and introducing one or two new regular columns.

The 'nuts & bolts' section of the meeting discussed fundraising and sponsorship, subscriptions (we're getting tough!) and we were pleased to discover that our income from advertising has increased substantially over the past two years.

*Talkabout* is your magazine — if you'd like to get involved in the editorial working group, which meets fortnightly, call Jill on 361 6750.

## Support NAPWA

THE NATIONAL ASSOCIATION OF People Living with HIV/AIDS (NAPWA) is seeking volunteers who may be interested in assisting members of the Executive Committee who are working on projects and policy issues of concern to people with HIV at a national level.

The NAPWA Executive is divided into six portfolios, plus a president and vice president. The six portfolios are: education; treatments; legal; international; community services; and women's issues.

NAPWA is the peak body representing Australia's state and territory PLWH/A organisations. NAPWA representatives, who are volunteers from these organisations, work to ensure that HIV positive people are appropriately represented in the national response to AIDS.

Anyone interested in assisting NAPWA on a voluntary basis, please contact the NAPWA Communications Officer, Russell Westacott: PO Box H274, Australia Square, NSW 2000, Ph: 231 2111.

## Dollar stress

PENSIONER ACTIVIST MICHAEL Glynn says that HIV-related poverty is not simply about food. He condemns the Commonwealth government for not including many essential drugs on the Pharmaceutical Benefits Scheme (PBS).

"I've had scripts from the doctor and not been able to fill them



*Beng Lim, from the Victorian AIDS Council Positive Speakers Bureau, Salvatore Coco (Heartbreak High) and Stephen Cook (Soccer Australia) snapped at the Celebrity Soccer Challenge which kicked off AIDS Awareness Week at Leichhardt Oval on November 26. Twenty two sporting and TV celebrities were brought together in opposing teams — the Soccerwhos and Shockeroos — to draw attention to the slogan "Soccer has no geographic or cultural boundaries — nor has AIDS". The event was organised by the Multicultural HIV/AIDS Project.*

because they're not on the PBS, it's the same for vitamins or naturopaths," says Glynn.

"AIDS is a manageable illness for many people, but it is not manageable if you cannot afford the right therapies." "Financial stress is a killer. It means that you give up. It becomes too hard, you get depressed and the depression leads to more illness and eventually death. You give up. Why keep going?"

Glynn claims that because he has not taken antivirals he's saved the government at least \$10,000 a year: "Yet I cannot afford the vitamins and minerals I need to stay alive." HIV/AIDS organisations are concerned that recommendations for the next national AIDS Strategy ignored the poverty issue. Community representatives involved in writing the third Strategy have indicated they will insist it be included.

— Paul Canning

## Re-imagining

"RE-IMAGINING THE BODY — people living with HIV/AIDS", is a workshop which aims to provide participants with a space in which they can explore body image and self-image alongside of

the issues and debates which surround the experience of living with HIV and AIDS defining illnesses.

Introducing participants to visual and aural media including photography and sound recording, the workshop will look at ways in which we can re-claim and re-imagine the body as part of healing processes.

This workshop is part of the larger ongoing community project "Self-Documentation, Self-Imaging: People Living with HIV/AIDS 1988 (SDSI), which through photographs, oral histories and diaries takes a very different approach to self-representation. It is hoped that material from the workshop will be included as part of a major forthcoming exhibition of SDSI in Sydney (Performance Space — February 1997).

The workshop will be facilitated by Kathy Triffitt (co-ordinator of SDSI) and will be conducted over a four day period. Issues that will be workshopped include: body-image and sexuality, re-claiming the (medicalised) body, self-empowerment through the body and self-identity. If you are interested please call Kathy on 319 5645.

**THE NEW PLWH/A COMMITTEE**

 The first home-grown protease inhibitor has been approved for human trials, which will take place at Fairfield Hospital in Melbourne. Animal trials have shown the drug — the NAR-DG Blocker, developed by Narhex — to be non-toxic and laboratory trials indicate that it is more effective than other HIV treatments.

(*Sydney Morning Herald*)

• Australian pharmaceutical company AMRAD has won the exclusive rights to develop a synthetic version of cono-curvone, a molecule found in the Western Australian native plant, smokebush. A synthetic version of the drug has been found effective against HIV in mice and rats and, over the next few months, AMRAD will be investigating the toxicology of the drug, how it's absorbed by humans and if there are negative effects. Clinical trials could be started within 18 months and the drug commercially available by 2000. (*The West Australian*)

• Clinical trials of the 'Salk vaccine', designed to delay the progression of HIV in positive people, will soon begin in Thailand. The trials, involving up to 10,000 people, will hope to determine whether the Salk immunogen is effective against HIV. The regulations governing testing and distribution of medical procedures are far less restrictive in Asia than in the US, where trials of the vaccine are also planned. (*Body Positive US*)

• The US Federal Drug Authority (FDA) has granted accelerated approval to 3TC in combination with AZT for the treatment of HIV disease at all stages, in adults and children. The FDA did not recommend that the combo's use be restricted based on people's T-cell counts. (*Beta*)

• Last month we reported on PMPA, an experimental drug found to be effective against SIV, the monkey version of HIV. Researchers were impressed by the complete absence of side effects in the monkeys, as well as its effectiveness, although they caution that the drug has not been tested for advanced SIV infection. PMPA is expected to enter human studies in mid 1996. (*Beta*)

• While we're on the subject of primates, the first baboon to human bone marrow transplant took place in Washington in December. The procedure, which involved injecting bone marrow cells, is not expected to cure the recipient, but to treat the symptoms of his disease. Baboons are resistant to HIV. (*The Australian*)

• You've heard about the Sydney man who donated blood 14 years ago, and neither he nor the recipients of his blood have developed any signs of HIV disease. Australian researchers now suggest that this may be because he had a strain of HIV with parts of the *nef* gene missing, although US researcher David Ho reports he's found no evidence in 10 'long term non progressors' he's studied. (*Beta*)

*The new PLWH/A management Committee, elected at the Annual General Meeting in November last year, has several new faces among its ranks. In these pages we introduce the whole mob.*

**Bill Whittaker, Convenor**

Bill has been committed to improving the services and quality of life for PLWHA for many years. In 1988, he was one of those who saw a need for an organisation such as PLWH/A and worked towards setting up PLWA Inc (NSW) as it was then known. Most recently famous for his stand on treatments access, Bill was the first Executive Director of ACON and later President of AFAO, an Executive member of ANCA and a Trustee of the AIDS Trust of Australia. With all these achievements you might think Bill's a bit intimidating — actually he's a really nice bloke!

**Claude Fabian, Deputy Convenor**

Designer of fabulous jewellery and floral connoisseur, Claude will be familiar to many as Acting PLWH/A Co-ordinator during 94/95. Over the past year Claude has been dedicated to making the Positive Retreats become the success they now are. Claude's association with the organisation, as Committee or staff member, goes back to 1990.

**Eric Sleight, Treasurer**

Also known as Endora Seawitch, Eric has been involved in community work for many years. "PLWH/A is an organisation that has been reactivated", he says, "and my main priority is to make sure that continues". As Treasurer, Eric places particular importance on fundraising so that PLWH/A can maintain the new Treatments Advocacy Officer, (initially a temporary position). Eric would like to see more members involved with PLWH/A's work — expect to hear from him soon!

**Vivienne Munro, Secretary**

Known for her interesting hair ornaments, Vivienne has been on the Committee since November 94, and was acting Convenor for several months last year. She currently works as women's HIV Support Officer at ACON. Vivienne, a founding member of Positive Women, is well known as spokesperson and advocate for HIV positive women and their families. As a single parent herself, she is no stranger to the difficulties they face. Vivienne is a long-standing member of the *Talkabout* editorial working group and a frequent contributor.

**Chris Hordern, Alternate Treasurer**

The exquisitely courteous Chris has been with the Committee since May 95. Chris became involved with PLWH/A after leaving work because he wanted to make a contribution to the community. He particularly wants to "create an atmosphere where people can have a healthy self esteem". Now 13 years down the track from his diagnosis, Chris also wants people to know that HIV isn't all gloom and doom. Chris's main interests are treatments (including complementary therapies) and working on special events like the Mardi Gras Time Out rooms. He is PLWH/A's representative on the ACON Committee.

**David Nicholas, Alternate Secretary**

David, who works for the Law Society and has a background in both law and accounting, feels his skills, as well as his experience living with the virus, could be useful to PLWH/A. He's been positive

since 89, and a member of the gay community for 25 years. David has a strong belief that positive people are the best people to look after their own interests. His areas of interest are legal issues, particularly euthanasia, housing and treatments access.

**Stuart McEacharn**

A newcomer to HIV/AIDS activism, Stuart decided to join PLWH/A to “lend my support to aims and objectives of the organisation”. Stuart, who has a firm commitment to the organisation’s message of hope and empowerment, would like to ensure that people recognise this is not just political rhetoric; that PLWH/A is made up of real people who can make a difference. His main interests are *Talkabout* and access to treatments, service and care.

**Rolf Petherbridge**

Rolf’s HIV/AIDS involvement began in the early 80s with the AIDS Action Committee (which preceded ACON). Later, several years on the ACON Committee culminated in Rolf becoming ACON President in 1990. Rolf was convenor of the ACON/AFAO Medical/Clinical Working Group and in this capacity was a substantial player in the campaign to reform the drug regulatory system.

Rolf is the HIV positive representative on CTAC, (which approves clinical trials and advises the Health Minister through ANCA) and has an unrivalled collection of King Gee shorts.

**John Trigg**

Aquarian, old hippy — that was John smelling the flower on page 28 of the last *Talkabout*. John’s been lightening up the PLWH/A office for some time, working on the Positive Retreats. He is also a support group facilitator with the HIV Support Project at ACON. John has also been involved with the ACON Rural Project. His main priorities in his new role as a committee member? Continuing to work on the Positive Retreats and addressing the poverty issue.



L to R: Bill, Claude, Rolf, Stuart, Larry, Chris, David  
Not pictured: Vivienne, Kath, Eric and John

**Kath Vallentine**

A positive lesbian, (currently blonde), Kath lives in the inner west with her partner and two dogs. Kath, who has been HIV positive since 1985 and has had an AIDS diagnosis for three years, has been an active member of Positive Women since 1990. In 1995 she was responsible for setting up the positive women’s telephone support line, Screamline. Kath has also been an occasional contributor and advisor to *Talkabout*. She is committed to increasing the visibility of the invisible people with HIV, particularly women and lesbians as well as gay men.

**Larry Wellings**

Larry’s commitment to ensuring that all positive people have equal access to appropriate services is reflected in the kinds of paid and voluntary work he’s undertaken. In the HIV-related Discrimination Project Larry’s role was to improve access to services for positive people from marginalised groups, and more

recently, he worked as Education Officer with the Multicultural HIV/AIDS Project. Larry’s actively involved in the development of positive living centres and day services. His interests as a committee member include the Positive Speakers Bureau, euthanasia, and rural issues.

**FANNY FARQUAR**

a.k.a

**RON HANDLEY**

1951 - 1996

Thanks for  
your inspiration,  
your love and  
your support:



PHOTO: JAMIE DUNBAR



## A fan

CONGRATULATIONS ON THE November '95 (Signs of Life) issue of *Talkabout*. I read it close to cover to cover and I was so impressed by the standard. From the info on the new combination therapy, the herbal trial, the various articles on pregnancy/motherhood and HIV, to African Stories, I found it informative, well written and very well edited.

I think *Talkabout* does such a good job in keeping us always aware of the human face of HIV. Thanks.

— *Geoffrey Bloom*

## Discrimination

I'VE JUST RETURNED FROM VISITING a very dear friend who has AIDS and has little time left.

It's a very difficult situation to see someone I love dying this way.

This visit was particularly difficult because as I was about to leave I was confronted by a man and a woman who told me that I needed to stop coming so that they could spend more time with him; that I was taking up their time with him by being there!

They also told me that I wasn't close enough to him, that I wasn't at his house in the past when they were there — which is because I'm not a member of the gay community, I'm heterosexual.

I was also told that I needed to be HIV positive or the partner of someone who was HIV positive to be there, to understand. My response was clear; I wasn't asking for their permission to be there, nor did I need it and "expect to see me because I will be there".

I left feeling very hurt at their undermining of me and my rela-

tionship with this man. I also felt very angry, how dare they judge my love for this man and my right to see him by my sexuality!

Who else are they going to abuse in this way?

Apparently the man concerned was a counsellor for HIV positive males. If he had been there on a professional basis I would have reported him for unprofessional, discriminatory behaviour.

I wondered how good it would be for my friend to have people around him who tread all over other people's feelings like that? Was their attitude out of care for him or was it more about them?

My experience has been that this is not an attitude usually adopted by gay/HIV positive people. I certainly hope it isn't.

I have been a member of a group for people with chronic and life threatening illnesses for six years. I have muscular dystrophy. Many people in my group are HIV positive and are sensitive and caring friends.

— *Michael B.*

## Tribute to the living

I AM FORTUNATE ENOUGH TO HAVE four healthy children, a husband and a quaint little life in the burbs of Brisbane. Mum and Dad are fit and healthy and live in NZ. I have one sibling, William, living in Sydney.

William is 31 and has been HIV positive for two and a half years. He is well and has no signs yet of AIDS. I write this letter, selfishly, as part of my healing process and hope you will publish it as a testimony of our lives rather than as a eulogy after his death. He sends me the *Talkabout* mag and

I really wanted to write this so he knows and gets to read it.

I love my brother equally as much as I love my children. He has always lived his own life and been totally independent and I feel so privileged to be a part of it. He always is and always has been totally honest with me and I thank him for that.

I was devastated when the words "I have something to tell you" came from his mouth. He flew up to Brisbane especially and we were enjoying lunch together at a local restaurant. My immediate reaction was: "he's going to die and I'll be left all alone." I was distraught to say the least.

However, I now see how lucky we really are. He is well and we have, optimistically, 'a lot' of time to build memories. A friend said to me, "he could have been run over tomorrow and all of the unsaid things would never be said and the undone things would never be done."

We have a very close relationship and are lucky enough to be able to communicate openly about everything. I feel he is as much a part of me as my arms or legs.

We did so much together as we were growing up — cried in Lassie movies, laughed at Bette Midler. We taught each other the Bump and all the grooves in Saturday Night Fever. "Turn that bloody thing down", was a constant cry from the kitchen. We learnt to play euchre and 500 together (and he's still the biggest cheat!). We learnt to drive together, took our first smoke together, drank alcohol together and so many other milestones that only a brother and sister can overcome together.

My heart aches for all the pain and uncertainty you have to endure William. Please know that I am always here for you and I love you more than you will ever know. In the words of Michael Jackson:

**"You are not alone  
I am here with you  
Though we're far apart  
You're always in my heart"**

There are many more scotches to be drunk, dances to be danced, places we have yet to see and heaps we have yet to do. We will have fun, won't we?

— Lynn

## The HEAL paradox

NEVER BEFORE HAVE I COME ACROSS a more inappropriate acronym than "HEAL". My thesaurus places the word heal under "Voluntary Powers — Individual Volition" and likens it to such words as restoration and remedy. My dictionary defines the word as "to make whole and healthy; to cure; remedy; repair". I'm sure I'm not the first to drag out a dictionary in search of definitions and meanings only to find a paradox at every turn.

The only thing I can clearly identify is that the word "heal" does not equate with its antonyms: "harm" and "division" — words that are far more suited to the ongoings of the HEAL organisation.

It is one thing to present information in an accurate manner allowing individuals to make their own choices and it is another to present conflicting information that is easily misinterpreted and often very confusing to people who are at their most vulnerable. Of course I don't intend to single out HEAL; there are many people in the HIV/AIDS establishment who do the same. When it comes to dealing with such personal matters as deciding how to deal with one's HIV illnesses, no one has all the answers.

I wonder how HEAL and other organisations like it, expect

people who are ill, with physiological and psychological problems, to be truly able to make decisions based on information that is increasingly widening and in some parts starting to tear at the seams.

We are fighting a disease about which much is still unclear. Our increased reliance on information from many sources and on the people who have access to this information does not make things easier; if anything it is becoming more and more difficult. Our "voluntary powers and individual volition" are becoming greatly diminished. Instead of "restoration and remedy" we get division. Our ability to make informed decisions is increasingly difficult. We need information that is useful and empowering, gathered and provided in a way that allows us all to draw our own conclusions and act upon them.

I ask, not only of HEAL but of all the groups claiming to 'empower' individuals with HIV illness, to stop and think about what you are really doing and whom you are doing it for.

Individuals and groups who refuse to listen to views that go against current medical knowledge and/or opinion are just as guilty of adding to this neo-disempowerment movement as HEAL or any other group which challenges established medical knowledge, hindering orthodox practitioners who may themselves be seeking to test the correctness of such knowledge.

Co-operation and sharing of information is essential! As long as we grandstand in our respective corners we will achieve nothing. When we learn to co-operate, consider each others' merits instead of their faults, we will once again start to grow as a community.

All parties must sit down at the big round table and share their views, experiences and knowledge. It is time to stop pandering to the ideologies and get down to business. HIV is a life and death issue. For our HIV community to saty alive, healthy, united, we

must give it a good kick up the arse. That means HEAL, ACON, that glorified, insular little world known as the medical community, and most of all — *ourselves!*

— James Urban

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



**Talkabout, PO Box 831  
Darlinghurst 2010**

**Olgas**

**Personals**

Sydney: Well hung hungry tops wanted for great demanding buns. 37 year, LTS, positive attitude, thriving, 183cm, blue eyes, fair, fit and healthy, enjoys adventure, non-scene.  
960205

Sydney: Mid 30's guy, HIV+, easy going, looking for a fuck buddy (maybe more!). I am versatile and enjoy toys, FF, TT, fun times, videos, a smoke, companionship, sling, day time sex, and other fun and imaginative activities! I am interested in expanding my limits and look forward to exploring and expanding yours. Please send phone number.  
960210

### How to respond to an advertisement:

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

### How to place your advertisement:

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

# Gay men don't get AIDS anymore



*... or so you might think if you took the media too seriously, says Stephen Gallagher. You could be forgiven for thinking that in fact gay men are no longer at 'risk' and that somehow while HIV is omnipresent, AIDS has disappeared from the gay community.*

PICK UP A NEWSPAPER OR TUNE INTO the six o'clock news and you would think that the only people with HIV are the mother of three, or the health care worker, or a family in the developing world — not Australian gay men. Interesting when you consider that 85% of Australians with HIV are gay men. Is it because the mainstream media still view us as so unpalatable and disposable that we're not worth a mention, or am I just being cynical?

Does this lack of representation stem from some of the advertising campaigns of a few years back, when in attempting to raise community awareness around HIV/AIDS gay men were noticeable by their absence? Is it because HIV/AIDS is 'old news' and only worth a mention when affecting 'real' people and not gay men?

What about some real stories around HIV? What about some stories on the powerful, tireless work that many people with HIV contribute every day in the face of this epidemic? How about some stories on the remarkable gay community who along with fostering the HIV positive community, have worked so hard and achieved so much in the face of adversity?

We're comparatively fortunate in this country, we have legislation in place to protect our rights and our confidentiality, we have access to free medical care, we have a social security safety net for those who cannot continue working. But where did these benefits and achievements come

from? They didn't just appear. Anti-discrimination legislation had to be fought long and hard for, treatment access wasn't handed over to us on a platter, social security benefits for people with HIV/AIDS and their carers didn't magically appear overnight.

All of these benefits came about because of the work by the gay community and our supporters. This doesn't mean that all is perfect. We still have a long way to go in breaking down discrimination; in securing minimum standards of medical care and access to new treatments; in obtaining insurance... the list goes on. But who is going to continue this powerful work initiated by the gay community?

Now that HIV/AIDS is 'mainstreamed' let's be very wary of degaying AIDS. Mainstreaming? A term often heard but not always understood, my interpretation of mainstreaming is: treating HIV like any other potentially life threatening disease, specifically moving service provision away from gay and HIV specialist services into the general public health care system.

What does this mean for people with HIV? I believe this means a less focussed and politically powerful lobby. So we need to continually re-attach gay identity to AIDS, before this eventuates. Firstly, this represents the accurate epidemiology of HIV in Australia, secondly, it acknowledges the history of the epidemic and the gay community's response in Australia and thirdly,

because it ensures our ability to make effective public health changes in the future for the community most ravaged by this epidemic. While HIV still primarily infects and affects gay men, we must continue to build upon our previous achievements — nobody else is going to do it for us.

While HIV is portrayed as affecting everyone (read straight community), it's easy to sit back and say, well someone else will do what needs to be done. The power of change won't emanate through mainstreaming, so the onus is on us.

What has been achieved by the Australian gay community during the course of the epidemic? It's important to remember that AIDS hysteria and homophobia were rife in the early eighties when HIV first appeared on the scene. The power of the hysteria was such that it acted as a catalyst for a remarkable consolidation of the gay community in facing such adversity. The AIDS hysteria has died down — to an extent. Homophobia is perhaps more covert, but still entrenched in middle Australia, so beliefs that all is well are naive at least and dangerous at most.

Looking back on some of the AIDS hysteria and homophobia is frightening, but it must not be forgotten. Remember that Fred Nile (the unchristian hate-filled ratbag) was calling for gay men to be prevented from leaving or entering the country and for all people with HIV to be incarcerated in concentration camps.

The headline of the June '83 *Medical Journal of Australia*, was "The black plague of the eighties... perhaps we've reached a situation like this to show us what we've known all along — depravity kills!" When criticised for this

outrageous homophobic scare-mongering the publishers claimed they were being satirical. Interestingly, the *Medical Journal of Australia* is not known for its satire. Similarly, the *Illawarra Mercury* had column headlines such as, "Did homosexual activists deliberately poison Australia's blood supply?". Who can ever forget that "Die, deviant, die!" headline in a Queensland newspaper after some babies died after receiving a blood transfusion from a gay man who, as a responsible civic minded individual, had been a regular blood donor for many years before anyone had ever heard of HIV/AIDS, (incidentally this was how he had found out he was HIV positive).

In this atmosphere of hate and hysteria it's incredible that we still exist as a community. Perhaps it's because of centuries of oppression that gay men have the skills and motivation to fight for our rights.

We've had support from notable individuals, women's groups, and some politicians but basically we've had to implement procedures ensuring our rights and access to services. Indeed many of the services focussed specifically upon the needs of people with HIV other than gay men are founded upon the work instigated by gays in the early days of the epidemic.

Here are some examples of the community response:

**May 1983** Following reports from the USA about transfusion related HIV, the Sydney Blood Transfusion Service (SBTS) 'asks' gay men not to donate blood, ironically only one year after advertising in the *Sydney Star* asking gay men to donate blood. The head of the SBTS refuses to speak to community representatives after these reports are published and as a result the AIDS Action Committee is formed, (later to become ACON).

The *Sydney Star* publishes an article encouraging the use of condoms to reduce the risk of transmitting 'AIDS.'

**July '83** The Sydney Gay Counselling Service forms the AIDS

Support group, later to become Ankali.

**August - November '83** The first public meeting called by the AIDS Action Committee, addressed by Professors Ron Penny and David Pennington, alerts people to the ways in which AIDS was thought to be transmitted (HIV hadn't been discovered at that stage, the concept of safe sex was a 'lucky' guess). The first pamphlet in NSW on AIDS is published by the AIDS Action Committee and NSW Health Dept.

**June '84** Bobby Goldsmith dies. A group of friends and community leaders form the Bobby



GRAPHIC: JIM CHAN

Goldsmith Foundation, previously known as AIDS Home Support which was originally started six months previously by the Gay Counselling Service.

**February '85** The first safe sex campaign is launched and funded by the Bobby Goldsmith Foundation and the Gay Counselling Service. (Funding promised by the NSW Dept of Health never eventuated. Too gutless to put any money up for gay specific resources?). ACON formed after a community meeting, funded by a Mardi-Gras donation of \$14,500, followed by a further Commonwealth grant of \$74,000 enabling an office with one worker to be

established in Crown Street, Surry Hills, (further funding is secured by the NSW government later that year).

**July '85** Dr Neal Blewett (Federal Health Minister and gay community ally) calls upon the gay community to work with the government in addressing the needs for prevention and supporting the needs of people with HIV/AIDS.

**October '85** Two openly gay Sydney city councillors, Brian McGahen and Craig Johnston start the first AIDS Candlelight Vigil.

**December '88** First edition of *Talkabout*. Andrew Carter starts the Australian Quilt project.

Many of the people involved in the delivery of services, as well as people who use them, seem to think that there has always been a 'professional' response to the epidemic. These services came from the gay community for all those living with and affected by HIV.

I believe the gay community has a lot to be proud of. As a group who have always lived with vilification and discrimination we have long been aware that we need to fight for our rights. This has stood us in good stead ensuring that as the most affected segment of society we have services and rights which are expected and taken for granted by most people in the community. So the next time you hear someone criticise the gay focus of HIV services, it's well to point out that these services are set up by and for gay men and people with HIV.

Never before have we as a community so needed to consolidate in meeting our special needs. If we forget our needs we'll be 'mainstreamed' into oblivion.

This is not to say that people with HIV who are not gay men do not have very specific needs. Gay focussed services try to incorporate the needs of all those living with HIV. Of course this is not always possible. But there is a model for the implementation of services to meet 'special' needs — why not use it? ◆



# HIV etiquette for the 90s

*As the AIDS epidemic rolls on, it's becoming clear that the simple rules of behaviour the gay community set itself in the early years just don't work any more. Ross Duffin offers some suggestions about the kinds of questions we need to discuss as we work out better ways of dealing with the complications HIV has put into our lives.*

IN THE MIDDLE OF THE LAST decade, a week after I had got my HIV positive diagnosis I needed to start talking about it. I walked up to a friend in a bar and started chatting. During the conversation I revealed my positive HIV status. I was nervous about how he would respond. His response was to say I shouldn't have told him about it. The rule then was 'don't ask, don't tell'. That rule has been consigned to the dust of history but the current 'etiquette' is unclear.

Last year, a friend was in a bar negotiating going home with someone. He told his potential partner he was HIV positive. He got a drink poured over his head in response. He is now discouraged from disclosing his HIV status.

This year, in the graffiti at the local beat in a large town near Sydney, prominently displayed are the number plates and names of men alleged to be HIV positive, accompanied with a charming warning to gay men not to have sex with them. Some AIDS Councils currently receive phone calls from gay men complaining about HIV positive gay men who are "still having sex".

Many similar stories could be told. My purpose in telling these stories is not to allege widespread stigmatisation and discrimination against HIV positive gay men from within gay communities. My purpose is to illustrate the immense impact HIV has had on our sexual and social mores. The ini-

tial mores developed in response to HIV included 'use a condom every time, 'assume you are (and everyone else is?) HIV positive' and 'don't ask don't tell'. These rules have long been outdated. Yet it is unclear what has replaced them. The etiquette appropriate for our community in this decade is unclear.

Here is my sample of some of the questions we need to start talking about with a view to developing that etiquette:

What are the rules around disclosure of HIV status in sexual negotiations? For example, what do you do when someone tells you they're HIV positive or HIV negative? Is it okay to ask someone's antibody status? What do you do when someone asks you about someone else's antibody status?

Is it okay for HIV positive men to only want sex with other positive men? Is it okay for HIV negative men to only want sex with other negative men? If this is what some gay men want, should we facilitate it by allowing these desires to be expressed openly, instead of using euphemisms in advertising such as 'healthy'? Should we set up HIV positive nights at saunas? Would such moves be sexual apartheid?

How do we 'cope' with living with HIV in the long term? There have been prevalent stories about gay men seroconverting because of 'not coping'. The HIV epidemic has changed from an immediate crisis to something gay men have

to live and cope with for the foreseeable future. What are the different strategies for coping? Is there cultural permission for HIV negative men to start talking about the impact of HIV/AIDS in a way that doesn't blame HIV positive gay men as being responsible for their feelings?

What role do alcohol and other drugs play? What do our community's high use of alcohol and other drugs have to do with the HIV epidemic? Why are levels of use of alcohol and other recreational drugs so high, particularly amongst gay men with HIV? Can we forge our own way to start talking about alcohol and other drug use beyond the 'just say no' moralism?

Can HIV negative and HIV positive gay men develop a better mutual understanding of each other? What is the impact of anger on communication and understanding? How do we incorporate more stories of living with HIV in community discourse?

When the HIV epidemic first hit, adopting safe sex and providing care and support for people with AIDS were clearly supported by our community. What came with this crisis was a melting pot of emotions that were very difficult to deal with. With all that AIDS brought with it, how could this not be the case? Since then a prominent coping style has been to not talk or write about the epidemic. Gay men were said to

CONTINUED ON PAGE 19 >

# Contacts



Pull Out

## AIDS Council of NSW (ACON)

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

**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.

**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.

## 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

**NORTHAIDS** Community-based support, information, counselling and social activities for all living with HIV/AIDS North of the Harbour. Small and friendly. Bill Evans 9982 2310.

**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



## POSITIVE TRANSGENDER SUPPORT

A support network has  
been established for  
HIV+ transgender people.  
For more details  
contact The Gender Centre  
on (02) 569-2366 

Are you an HIV  
Positive Woman?



Screamline  
1800 630

POSITIVE WOMEN 075 (Toll Free)

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



Sydney Sexual  
Health Centre

Sydney Hospital  
Macquarie St  
(near Martin Place Station)  
for an appointment  
or information  
382 7440  
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 Couldwell  
Fellows of the Australian College of Venereologists  
and Dr John Byrne

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

302 Bourke St Darlinghurst

331 6151

Call for appointment • Health Care Card Holders Bulk Billed



Livingstone  
Road Clinic

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

182 Livingstone Rd, Marrickville  
560 3057

**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 Tuesday-Friday; massage;  
acupuncture; reiki; feldenkrais; interna-  
tional healing; shiatsu; yoga & meditation;  
child care facilities; library; sewing facili-  
ties; pool table. We also have access to a  
retreat throughout the year. All our ser-  
vices 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 con-  
trol (care by Victoria Furner). Full commu-  
nity 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 inpa-  
tient 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 (Pae-  
diatric 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, oc-  
cupational therapy, nutritional advice and  
community liaison. Switch 339 1111.

**Inpatient care:** Ward Cahill 17, 361  
2337/2285. **Outpatient care:** Immunol-  
ogy B clinics, Tu, Thur and Fri AM by  
referral, 361 7111. Ambulatory care/Ur-  
gent 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, wel-  
fare 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 Syd-  
ney. 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 confiden-  
tial 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 (S.O.P.Y.) INC.** Support, information, advocacy and referral for young people living with or affected by HIV/AIDS. PO Box 919 Darlinghurst NSW 2010. 26 Hutchinson St, Surry Hills. For assistance or a chat please phone 360 2945 or fax 360 5206.

**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

**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.

**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.

**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.

**NORTHAIDS ACCOMMODATION** at Des Kilkeary Lodge, Dee Why. Respite and stepdown support for PLWHA and their carers. All NSW residents eligible. Small day centre. Carrie 9982 2177.

**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

### PENRITH, 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/SEXUAL HEALTH CLINIC** Nepean Hospital. Monday 3pm - 8pm, Thursday 9am - 5pm. (047) 24 2507 for 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 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.

### 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.**

Tel 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

## NorthAIDS

- ◆ short-term supported accomodation and respite care for People with HIV/AIDS (Des Kilkeary Lodge - Dee Why)
- ◆ regular Friday drop-in lunches

starting early 1996  
(Lower North Shore)

- ◆ CSN training for Carers
- ◆ counselling
- ◆ support group

starting mid-year

- ◆ Peer Support groups
- ◆ Information services

**North Shore Support for all people living with HIV/AIDS**  
**9982 2310**

**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) 581 800. Needle & Syringe Exchange, Bob Deville and Mark Selkrig.

**BEGA & EUROBODALLA 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.

**MURRAY/RIVERINA SUPPORT GROUP** (060) 581 800.

**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** Darria Turley. Community Health Centre. (080) 88 5800.

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

**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.

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

## **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) 581 700

**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



**POSITIVE VOICE  
ABC ILLAWARRA FM 97.3**

have had enough of reading about AIDS and there are many stories about gay men being 'over' hearing about safe sex. This gives rise to some more questions that as a community we should be asking ourselves.

For example, why in a year when the news about HIV treatments has been so good, have treatments issues received such a low profile in community discussion, except for an old debate about whether HIV is a virus or an attitude problem? It's a virus, sweetie. Of course cofactors and lifestyle may be part of the picture but the virus is the main event. The major debate should be about why there isn't more community pressure for treatments access leading up to an election and more pressure for education and research about health maintenance.

Who do we make responsible for safe sex? In some cities HIV positive gay men are handed the community responsibility; in others, HIV negative gay men are. Is HIV prevention still a community goal?

These are an awful lot of questions, without many answers. These questions are important aspects of living as a gay man in the 90s. Many of the questions don't lend themselves to pat answers or simple slogans. If we're going to develop a new etiquette then we need to start talking to each other. And as a community we need to find a coping style that places how we deal with and talk about AIDS somewhere between the only thing that matters (where it was in the early 80s), and pretending that if we don't talk about it, it will go away (where it's been sometimes in the 90s). ♦

### Wanted:

**Volunteers** to participate in SOPY's 1996 Mardi Gras Float. Please call 699 1609 (Glen), 388 2248 (Greg) or 360 2945 (SOPY office) register your name today.

# 101 ways to successfully pack yer daks

*Exclusively for Talkabout, Anonner Muss has compiled the definitive (well, almost) guide to coping with — er — the runs.*

1. Carry a fresh pair of undies at all times.
2. Don't eat anything the day before you go for a walk to the top of Mt Kosciusko (where there ain't no dunny).
3. Don't eat at McDonalds.
4. Wear only old undies that can be flushed (not good for septic tanks though).
5. Carry a perfumed plastic bag if you want to keep and wash your expensive browned Calvins.
6. Lower your daks *before* your browned knickers so you don't dribble on them too.
7. Don't wear shoes. (Coz you have to take them off to get your duds and knickers off.)
8. Know the location of every dunny in existence.
9. Avoid the ones that are beats, coz you won't get a seat in time. (Although if you did get a seat it would give the beat goers a variety of olfactory and aural delights to sample.)
10. Buy the biggest size nappies available.
11. Buy adult nappies.
12. Wear plastic panties.
13. Wear nothing.
14. Don't wear boxer shorts coz they don't hold much.
15. Leave the dunny door open for quick entry.
16. Know the location of every dunny in existence which actually has dunny paper.
17. BYO dunny paper everywhere in your handbag.
18. Know the location of every disabled dunny with a hand basin (with water) in the cubicle.
19. Take a towel with you everywhere in your handbag.
20. See a Traditional Chinese Medicine practitioner about your downward flowing uncontrollable *qi*.
21. Don't take laxatives.
22. Don't be embarrassed to go to the dunny every 10 minutes.
23. Demand that the workplace and venues you patronise provide showers (good for cyclists too).
24. Don't eat the *entire* tub of ice-cream at once.
25. Don't buy white knickers unless you want the stains to show forever.

Anonner Muss writes: I know there's only 25 tips here. You'll need to find the other 76 yourself. [Ed: and if you send them in to *Talkabout*, we'll publish them — go on!]

## Come float with us

PLWH/A will be participating in the Mardi Gras Parade and need your help in preparing our float and patricipating on the night. Come stand up for your rights and be proud! Ring the office on 361 6011.

# WE ARE FAMILY



*Jaimie Elliott-Svoronos was diagnosed HIV positive during his seroconversion in November, 1992. The first person he told was his mother. Not all gay, positive men are as lucky as Jaimie in having a supportive family. Here, Jaimie and some of his family share their thoughts about HIV.*

## **Jaimie**

I am one of the lucky ones living with this virus. I have had a great support network from day one, consisting of family, friends and work colleagues. I have never received any sort of discrimination due to my status and am even surprised by the allies it has brought me.

By saying this I don't mean it has been easy, because it hasn't. There is a certain stigma that is associated with being young (now 25) and diagnosed in the 90's. Things like: you have grown up with the virus, you should have known better. But a young gay man who has only just come out doesn't know better. The knowledge of how to play the game isn't there, it hasn't been learnt yet. Besides, why should there be any blame? It happens, why can't people accept this and try to be as supportive as possible?

My only dilemma with having HIV is the knowledge that I will become sick. I am not afraid to die and am not saddened by this prospect; my sorrow lies with the family and friends who have lived this with me, because I will be leaving them behind, unable to guide and support them any longer.

## **Margaret**

(Jaimie's Mum)

The bombshell came before his 22nd birthday. Four days before, as I was reminded when I read something I'd written three days

after finding out my eldest son was HIV positive. It reminded me of all the emotions and inner turmoil I went through, some of the fears I had about being able to handle it.

I cried, I was angry, I wrote about my emotions — my own personal therapy for what seemed a no win situation. I was lucky as I could talk to Gerry (my husband) about what I was feeling. Surprisingly, he had always considered HIV a possibility, whereas I never had.

I thought positive then as now and used the same terms I am using now: He could be hit by a bus crossing the road; we are all born to die, each with a different lifespan and it's what we do with our time that is important.

I didn't think in the beginning that I would be able to talk about HIV, but I also realised that tears and anger would not help my son. I became aware of HIV and AIDS as I never had before. I listened when it was discussed, read what I could and then started doing something I didn't realise I was doing: I was smothering the son I loved dearly. I realised that it was because I loved him that I had allowed this to happen — checking on him, panicking if he even got slightly sick — but he couldn't be wrapped in cotton wool.

Finally we discussed it and then I truly learned to handle HIV. I have always felt close to my children and hoped we could discuss anything. This was put to the test

when we sat down and discussed his wishes for his will and his funeral.

We make the most of our time together and I have tried to be involved in his life without being over-bearing — meeting his friends and enjoying lunch breaks together when work permitted.

I have a deeper awareness of his job and the things he does. I am proud of what he has achieved in his lifetime and I feel he has achieved something worthwhile. HIV gave him a direction he didn't seem to have before being diagnosed. Funny, isn't it, how something good comes from something bad, 'the phoenix rising from the ashes'.

I have accepted his HIV status now and three years down the track I hopefully think I am handling it properly. Our time together is precious and I know what ever happens I will have some beautiful memories.

## **Kay**

(sister, age 27)

Living with Jaimie brings the issue closer, as he doesn't physically appear to be affected by the virus, yet it is constantly there. I worry for him physically and mentally, yet I think these feelings would stand regardless.

I try not to let him use being positive as an excuse for his behaviour, although it obviously does contribute. The time that I first knew he had HIV now seems endless years ago. His lifestyle is set around and structured by being positive, and I believe he is making the most of it.

Believing he will be seriously ill in the future is something I don't contemplate. I'll wait and see what the outcome is, it makes me too sad to think of losing him to

sickness. Of course my knowledge of HIV and its effects on society are probably beyond average awareness.

It makes it hard to disclose my own problems. I cannot believe he could find empathy for anyone else's problems in comparison to his own situation.

### **Zeus**

(age 18)

I don't really know how to explain the effects of my brother becoming HIV positive. At first it was like he would be able to overcome it. Being young and naive when I found out I didn't really know what HIV and AIDS were, but being told what it was and how it worked gave me a better understanding. It hasn't really changed the way I feel about my brother, if anything it has made us closer.

I know things that I would have liked to have done and see my brother do may not happen, but that's OK because the time that we do spend together is joyful and not with a lot of tension as it was when we were kids. About the only thing that has changed because of my brother being HIV positive is that I preach and practice safe sex.

I sometimes feel why him, why now, but that's just emotions playing with my mind. I know when he is gone I will be sad. He may be gone in a physical sense, but he will always be here in a spiritual sense.

### **Uly**

(age 16)

Before I found out my brother was HIV positive, I thought that because no-one that was close to me had died or was terminally ill, my family was invincible. I took for granted that my family would be there for ever.

When I found out about Jaimie being HIV positive I was shocked. It felt like someone had thrown me off a cliff. How could this happen to us? The world was unfair. I hated the world. It couldn't take my brother away. I was upset about it for days, but then I thought to myself 'What is life anyway?'

I decided that life was just the beginning, the beginning of what was after life, like a stop over. Now I don't treat my brother any differently except that I enjoy the time spent with him much more.

I treat people with more respect knowing that at any time, I or someone I know could be taken to the next life and there they will wait for us to join them. I think my brother's HIV status and a few other things in life have helped me grow and accept things for what they are, or people for who they are. I know I will be upset when Jaimie is gone, but I will walk on knowing that one day I will see him again in another life.

### **Alyssa**

(age 10, speaking about Art in the Age of AIDS Exhibition)

There's not much I can say about

the HIV exhibition, but when you look at it, it's a bit difficult to describe what you feel when you don't really know what it is. At times when I looked at the pictures I would feel strange.

I know very little about HIV, but I know that it is a disease. It would get me confused when they had ads on TV showing what HIV was.

### **Gerry**

(Jaimie's Dad)

I heard from Margaret that Jaimie was HIV positive after he had told her. It made me cry, I said I would sell everything if I thought it would help him. Then Margaret and I talked about it and I voiced the fact that under the circumstances of Jaimie's sexuality it was a possibility I had thought of. We talked with Jaimie and got his view and found out his wishes, one being that he wanted to spend his final days at home, so we are finishing the house to make this possible for everyone's comfort.

I feel his HIV status has brought us closer and I have told Jaimie this. I care for him even more now. We spend our time taking notice of information available and look out for even the most obscure possible treatment that is mentioned. Jaimie knows that if the crunch came we would do whatever we had to, to help him.

He knows that the family is behind him on any decision he makes regarding his future, we are all just hoping that a cure is found before his HIV progresses. ◆

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# Positive users — show a little respect



*HIV positive injecting drug users (IDU) are one of the most marginalised, stigmatised and discriminated against groups of people living with HIV in this country, says Tony Rance. In this article, the first in a series on issues for positive users, Tony focuses on the kinds of discrimination experienced by HIV positive IDU within the gay community and highlights the consequences of such discrimination.*

DISCRIMINATION AS AN ISSUE IS not new to the HIV/AIDS community. It has been afforded a great deal of attention, and rightly so, from government departments, community and HIV/AIDS organisations, the media and the general community. In NSW we have seen legislative reforms that have resulted in the establishment of HIV/AIDS anti discrimination laws.

Extensive training and education initiatives have been targeted at a broad range of health and welfare professionals including doctors, medical staff, public servants etc. These initiatives have covered everything from issues about HIV transmission, fear of contamination etc. to sexuality education and sensitisation.

While these anti-discrimination initiatives have been greatly needed and somewhat successful, they have failed to adequately identify and address the levels of discrimination experienced by HIV positive injecting drug users, in particular, the discrimination experienced by positive IDU from within the primary community affected by HIV, the gay community.

The reasons for this are many and varied. Some of the reasons stem from the factors common to all episodes of discrimination: ignorance, fear, moral judge-

ments, misconceptions and misinformation.

This article is not intended to answer the questions "why are positive users discriminated against?", but to point out that discrimination does happen, where it happens and the impact that it is having on HIV positive IDU.

HIV positive injecting drug users are discriminated against by almost all of society. They can experience devastating treatment from the medical profession, welfare workers, private businesses, landlords and real estate agents, family, friends and the general community. Many of the complaints I have received from positive users are about discrimination by the very services set up to provide advocacy and support. Given this, the need for some kind of supportive environment is essential for positive users to maintain any semblance of health, and well being.

Unfortunately the one group of people that many of us have to call on for support in the last resort is often not there for HIV positive IDU. Injecting drug use is not generally accepted in the general community so it's easy to see how disclosing your drug use to your family or friends could further alienate them from you. The sad fact is that there are not many

families out there who can accept one of their members choosing to inject drugs, let alone being gay or HIV positive. The majority of HIV positive IDU that I have contact with are dislocated from their families.

Friends are often the only supportive network available to positive users. The problem is that for gay positive users it can be very difficult to find acceptance, let alone support, from within the gay community. Probably the hardest kind of discrimination to experience is the discrimination that comes from within your own support network. Gays are often the most critical of injecting drug users within their communities. An HIV positive sex worker on the wall, who I spoke to has experienced horrific discrimination from other gay men whilst working on The Wall, being jeered at or pointed out in clubs. "Straight users were more supportive than the gay people I had contact with", he told me.

Many people engage in drug taking and are accepted in the gay community, however the issue of injecting drugs remains taboo. Many positive users have reported being ostracised by other gay people when they disclose their injecting drug use. Often they don't even have to disclose, the word will just spread. Even if someone thinks they are an injector they can be, and are labelled and stereotyped. This can be devastating if the gay community has been their only support network or family.

It prevents many gay users from accessing a range of information about safe using, drug pharmacology, safe sex, relationships, what services are available etc.

What this kind of discrimination does is make the services that are set up to provide support and advocacy to gay men less effective in reaching all gay men, by actively excluding those who choose to inject.

Some people will say that it's okay to refuse users services, to isolate and put people down because drug use is illegal — well so is homosexuality in some places, but does that mean that it's right to discriminate against homosexuals? I think not.

Positive users have told me of being labelled, stereotyped and discriminated against even by other HIV positive people for being an IDU. "When, over the years, I told other gay and HIV positive men that I used needles occasionally they would assume that I was straight and would quite often make offensive, derogatory and hurtful remarks", says one user, Tony M.

There seems to be this unspoken rule that it is okay to snort, swallow or supposit your drugs but if you inject them you are considered a dirty junkie. It is totally hypocritical for people who know about discrimination and stereotyping in relation to sexuality, who have experienced it and who are working to eliminate it, to then turn around and subject other people to it just because they choose to inject drugs,

something that the majority feel is wrong, dirty and immoral.

I have heard people say that one of the reasons this happens is that the majority of gay men are scared to admit and have publicly acknowledged that injecting drug use happens within the gay community because this would further tarnish the image of gay men in the eyes of the general community, and provide more ammunition for right wing conservatives to attack the gay community with, ie. "dirty pooter junkies" or "Gay community supports injecting drug use". The fact is that people who inject drugs come from all walks of life, gay, straight, bi, it doesn't matter what your sexuality is. People who inject drugs are still people and deserve the same level of human rights as anyone else.

This is a serious issue that needs to be addressed. We must raise awareness, break down stigma and create an environment of inclusion and acceptance for positive users within the HIV positive community.

*Tony Rance is the Positive Users Development Worker at the NSW Users and AIDS Association (NUAA). This article is based on a paper he presented at the 1995 HIV Health Promotion Conference in November '95.*

## Tony M's Story

I WAS LITERALLY KICKED OUT OF peer's houses and lives when I innocently revealed that I used intravenous drugs. It didn't even occur to me that anyone would have a problem with this as we had all used pot and powders together before, but apparently my needle use was far too tacky for them and quite unacceptable. Bummer for them.

One person told me to leave his house, he didn't want anyone who did "that" in his house. I'd even snorted speed with this person in the past — he really had an irrational reaction to me telling him I injected. I didn't even want to shoot up in his house, I was just talking about it.

This person then displayed his misguided sense of community responsibility by making it his business to tell anyone who would listen that "Tony was a junkie and to be careful of him, don't let him into your house" . . . Later he told me the only reason he did that was because he was trying to help me.

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# THE UNWELCOME THIRD PARTY



*Laszlo's personal perspective on gay love in the 90's*

AFTER BEING DIAGNOSED AS HIV positive, one of my first thoughts was that I would never be able to have sex again. My right hand was to take on a new significance! The thought of someone actually wanting to have sex with me seemed remote. The idea that someone would choose to love me seemed ludicrous.

I guess you can take it as read that I'm Catholic.

I felt like a pariah, dirty and diseased and undeserving of love. After many months of soul searching, a support group and talking about HIV to others living with it, I realised that even though I'm dying (aren't we all!) I still had a lot of love to give and I even began to entertain the thought that I too, was still worthy of love, HIV and all.

My initial foray into this search for love was with other HIV positive men. That way I would not have to worry about passing HIV on and I thought they would not fear me like I assumed HIV negative men would.

The search was difficult because inevitably what would happen is that I would meet others with HIV and all we would talk about was HIV. This was dissatisfying for me because I saw myself as a person who had more dimensions than HIV.

After all but abandoning my search for companionship I met Luis, this sweet Latin boy with a smile that made me weak at the knees. My faith in humanity was restored when I disclosed to Luis at the Sydney harbour foreshore on our first date. It was my first disclosure of HIV to a man I felt stirring emotion for. We both

cried in a long, warm and loving embrace that seemed embarrassing to everyone but us.

Luis declared that he loved me and as HIV was part of who I was, he would love it too. I remember thinking at the time that I was dreaming because the disclosure went too well and I was afraid that at any moment I would awake from this blissful dream to some dreadful reality.

We embarked on a relationship of mutual love and respect. This was Luis's first love and a coming out period for him. We complemented each other in that we were both learning and growing through our relationship. Luis discovering that it was all right to express love and desire for another man. I was discovering that indeed I was capable of giving and receiving love even though I was HIV positive. HIV was not God's punishment as I had previously intellectualised, it was God teaching me the true and real meaning of unconditional love and Luis was the personification of this quality. Luis would always remind me that he loved me and it just so happened that I was HIV positive. It was Luis, my HIV negative lover, friend, companion and teacher who helped me to discover a different, less pessimistic journey of life with HIV.

Early on in our relationship we had frank discussions about safe sex. We set the boundaries which were that unprotected anal intercourse was out and that we would not cum in each others' mouth. Kissing, masturbation, massage and stroking were to be actively encouraged given that we were both craved affection.

Luis and I had an extremely good sex life. We both enjoyed anal sex and it was an important aspect of how we expressed our love and intimacy. Because there was such a strong sexual, as well as emotional attraction, neither of us had problems using condoms. I would often tell Luis that using condoms was an affirmation of how much we loved and cared for each other.

Massage was part of our sexual ritual and I could always feel the love and healing energy that Luis put into massaging me. It was as if he was seeking to understand me through the soft and gentle manipulation of my body with his strong hands. I loved being massaged by Luis because of the overwhelming sense of being engulfed in love and drowned in the physical pleasure.

Massage was to become an activity to be avoided.

My big fear of living with HIV is physical pain, but nothing in life would have prepared me for the emotional pain that Luis and I were to experience.

One evening of passion, love and massage Luis and I got carried away in the scent of the moment. The scent being that of massage oil and love. Luis and I made passionate love but this time we forgot something — condoms. Actually, we didn't forget, we chose not to remember. Luis made love to me and it felt just so perfect that neither of us was able or wanted to talk.

I knew that Luis had a wonderful time because the intensity of his love was high. I too enjoyed the feeling of having him inside of me to enjoy all that I had to

offer as an unprotected, gay man. It felt good, we had escaped HIV's controlling grip on our love making for once. We had escaped our reality.

I knew what we had done was dangerous. I would not wish HIV on anybody and Luis was more than just anybody, he was everything to me. I began to feel guilty and depressed after he went home. A million thoughts went racing through my mind about whether I could have infected him. Everyone would blame me. My parents, my friends, doctors, AIDS educators, Luis . . . everybody would say to me: "You should have known better".

The next time we made love the same thing happened. Only this time I felt awful. It felt as if I was being raped, I had lost control and was no longer feeling as if this was consensual love making. We really needed to talk about what was going on.

It was a difficult discussion. I told Luis that if I infected him I would never be able to forgive myself and that it would mean the end of our relationship because I would not be able to cope with the idea that I infected him. I told him that everyone would blame me. I told him that I wanted for us to express our love by looking after each other — this meant meant using condoms.

We cried a lot during this conversation and Luis was really honest with me. He said that having unprotected sex was the only way that he felt he could express his total trust and acceptance, his undying love and devotion. Luis said he wanted us to be whole, to be one and that was what he experienced when we had unprotected sex.

Luis also said that we should always live for the moment and enjoy what we have now and deal with the future when it arrived. This last concept was a total mind fuck because it was essentially the expression that I would use on Luis when he worried about me getting sick in the future.

There was no doubt that Luis loved me unconditionally. I kept

constantly asking myself if this meant that putting him at risk of contracting HIV was justified. My conscious self kept saying no . . .

Luis told me that he was grieving for the future, a future where he would be alone and unable to cope with my loss. Luis intimated that if he contracted HIV he would then be able to know and share absolutely what it was like to live with HIV. This was becoming an emotionally difficult problem without an easy solution.

So here I was, I had found the man that I had been looking for all my life. HIV did not bother him and he was showing me that he would go to any lengths to express this love to me. I was constantly in the dilemma of knowing what was right. When I

***“When I said no to unprotected sex what was I saying no to? Luis’s love for me. Desire. Stupidity. Being human.”***

said no to unprotected sex what was I saying no to? Luis’s love for me. Desire. Stupidity. Being human.

Luis told me that our dilemma was a test of strength constructed by God. Us Catholics do place things in the most unusual and bizarre perspective!

In many ways I felt alone, isolated and trapped. I had no-one who I felt comfortable enough with to tell. I sent Luis off to a gay friendly doctor who I hoped would pump some sense into this wild Latin boy’s head. No such luck. The doctor simply would test him for HIV each time. Each time it came back negative Luis would just throw me his look of: God is taking care of us.

I was constantly in pain during this period, as was Luis. Love making had become something that I no longer enjoyed. Condoms had been abandoned by Luis but not by me. Luis wanted

me to make love to him without a condom but this was too difficult for me. However he could accept that this was too risky. I felt lost because I did not want to lose Luis. I felt that it was difficult meeting people such as Luis when you are HIV positive and hence I should do everything to keep him. The saying ‘use a condom every time’ is only easy to say. For us it was difficult to put into practice.

We continued having unprotected sex. We were both becoming less able to communicate our feelings for each other because of this. I did not blame Luis. I think that this is why HIV is such a bitch of a disease. It was not just attacking my immune system, it was attacking the core of humanity that united Luis and I: love and trust. It placed barriers (both physical and emotional) between us. We both knew there were risks but it was easier to escape this reality than face it. We used unprotected sex to do this.

I once read an article that said people use drugs to escape the pain of being human. Unprotected sex was the non-toxic, yet very addictive and dangerous drug that Luis and I chose.

Luis and I are no longer together although our love is something that cannot be erased or forgotten. I still love Luis very much and am not angry with him. I am angry about being HIV positive. Luis taught me valuable lessons about love and the human condition. He taught me that people with HIV are worthy of love and we make great lovers.

I have told our story in the hope that sero different (+ve/-ve) partners who face similar dilemmas do not feel isolated, alone or judged. I feel that we could not be the only couple to face the dilemma that love is powerful and sometimes transcends the conscious sensibility that says that we should not take risks. For we were just two gay men who loved each other intimately and unconditionally. Yet we were constantly in a threesome that proved to be too much: Luis, me and HIV. ♦

# GOGO 2

Sunday 11th February 1996  
Mardi Gras Fair Day Sunday

## Midnight Shift

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Lighting - Bill Jansen  
Entertainment - Wyness Mongrel-Bitch

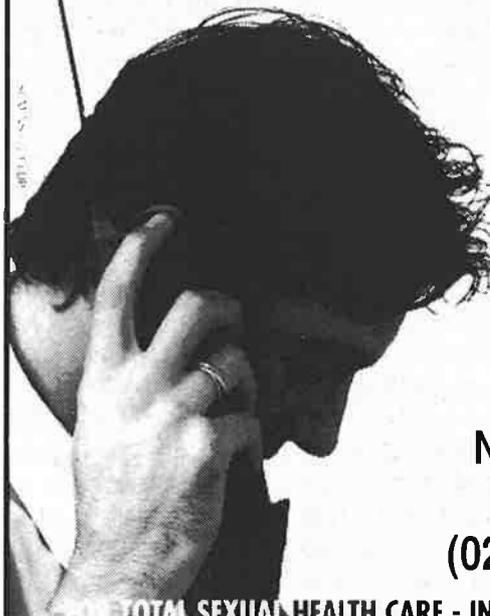
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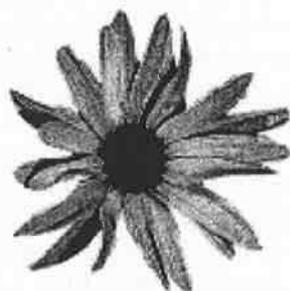


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**The retreat will be alcohol and recreational drug free.**

This retreat will be held from Wednesday 13 to Sunday 17 March 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. If you have thought of coming to a retreat, come to this one as there will be a few months break to avoid winter.

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



# THE BEST OF THE WORST

*Trent O'Keefe takes a cynical look at HIV/AIDS bloopers made by the mainstream media last year.*

"IT WAS LIKE PLAYING RUSSIAN Roulette." That was yet another sensational "AIDS-related" headline in the *Illawarra Mercury* — a Wollongong newspaper not noted for its sensitivity to gay, lesbian, IDU or HIV/AIDS issues. The *Mercury* and the *Wagga Daily Advertiser* share first place in this year's inaugural Jerry Falwell awards for inaccurate, misleading, homophobic and insensitive reporting of HIV/AIDS issues.

The Wollongong daily has come up with some gem headlines this year, from "AIDS Council Pushes Kill Bill" to "Lover Cleared Of Killing AIDS Victim." Just this week, the *Mercury* headlined "Hair Care A Deadly Affair" — an item about the risks local hairdressers are taking when they cut hair without donning rubber gloves! Pleez.

The hacks working for the *Mercury* seem to have a major problem distinguishing between HIV and AIDS . . . but it doesn't stop there. There's no such thing

as a person actually living with the virus — a positive person is automatically a "victim" . . . although it's occasionally replaced by "sufferer." It's not that the journos are grammatically-challenged — they're either ill-informed or just plain stupid.

Over recent years however some newspapers have come to realise that positive people aren't victims or sufferers . . . but for the most part these papers are metros. It's not quite that simple in the country (where we all know there's no such thing as a poofter or a dyke or an injecting drug user).

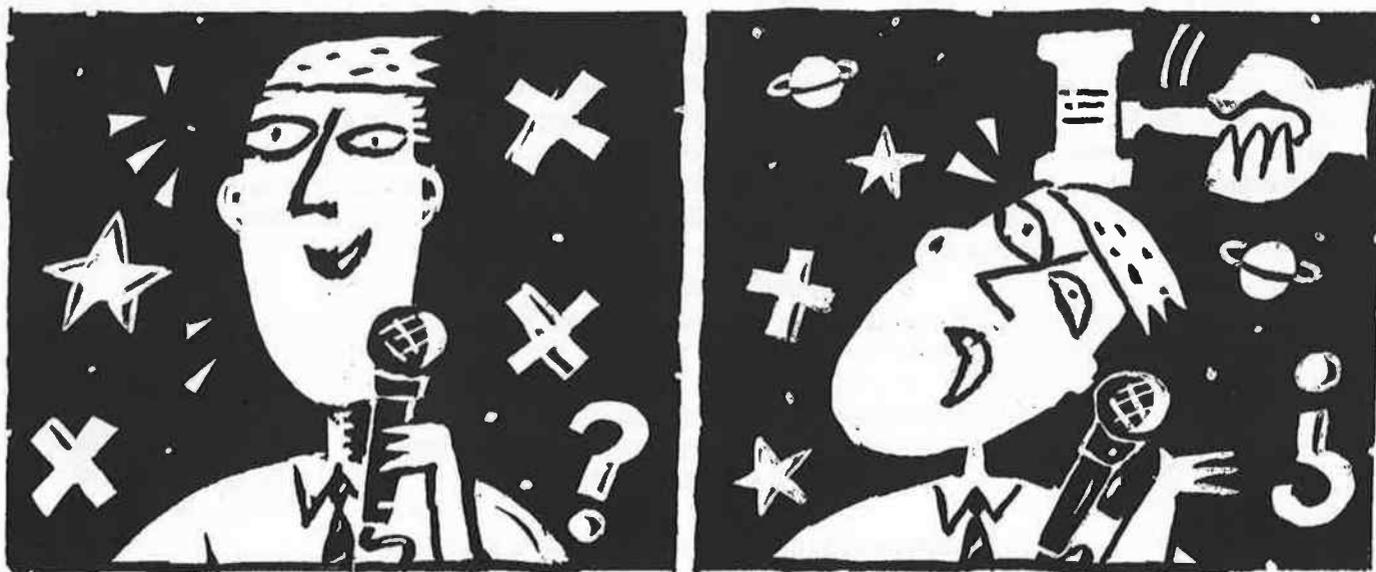
Rural newspapers are often the main source of information about what's happening in the real world and, as such, the journos employed by them wield enormous power. And they know it. An example is the *Wagga Daily Advertiser* which earlier this year ran an editorial linking the ABC's axing of the weekend football with the Mardi Gras . . . or as the editor described it "that vile poofter parade." The editor, Michael McCormack, wanted to know if the football was to be replaced with re-runs of Mardi Gras. A totally stupid, homophobic question of the sort

we've come to expect from alleged journalists such as McCormack. His comments led that week's Media-Watch on ABC TV — in fact, Media-Watch has an entire file on his indiscretions. It should make interesting viewing when it's finally broadcast.

There is a positive side to the editorial though — the *Agoniser* is facing action under the Anti-Discrimination Act. It was initiated by a local gay man who said he was sick and tired of trying to live in his home town which kept putting shit on him because of his sexuality.

But not all metros get it right all the time either. Sydney's *Daily Telegraph Mirror* somehow managed to link Rock Hudson's death of how many-years-ago with Lewd Hugh's not-so-discreet liaison with Ms Divine! And Mike Gibson's column in the *Terror* won't let the facts get in the way of a good yarn either. Given a chance to stick the slipper in . . . Gibson's there. For such a blokey, middle-class, proudly and apparently heterosexual, he seems to know exactly why gay men (and lesbians, no doubt) think and act the way they do.

A Sydney broadcaster I'll call Little Ron Racist is another fine



GRAPHIC: JIM CHAN

example of a media-bigot. In July, he told his listeners (both of them) that the health insurer NIB was absolutely correct in refusing to recognise same-sex couples. Why? Because "in the homosexual community, relationships are not as long." Little Ron's obviously big on relationships he refers on air to his wife as The Hun.

It's a sad indictment of the media in this country that there are few outlets apart from the government broadcasters ABC and SBS that aren't top-heavy with intellectually challenged red-necks. In late November, another syndicated Sydney-based diatribe espouser I'll call Big John (the Real Bloke with the eponymously titled program) questioned why the Harbour Bridge needed to be dolled up with two huge red ribbons. What about AIDS awareness Big John? This is the same broadcaster who reckons it's okay to spend a couple of

hundred grand on firecrackers to celebrate Australia/Invasion Day. Work that one out.

But back to the newspaper columnists . . . and one wrinkly old fella I'll refer to as Crusty Don. He's a former political leader-cum-wordsmith (I use the term loosely) who apparently knows everything about anything. Earlier this year he wrote in a Sunday rag that he had "a profound sympathy for homosexuals. A cruel act of fate sentences them to become part of a minority of the human species and to be subjected to ridicule and humiliation." He also resented the way "some AIDS groups hijacked the AIDS debate . . . and caused the misdirection of taxpayers' funds." Surprisingly, Crusty Don didn't write "but some of my best friends are gay." And who needs his mock sympathy anyway?

In short, the bulk of the mainstream media still has a long way to go before it can consider

itself objective, sensitive and impartial. Give a thought to how the media has covered the following issues: ACON's Voluntary Euthanasia Bill (to quote the *Mercury*, the "Kill Bill"), the Gay & Lesbian Mardi Gras (*Wagga Daily Advertiser*: "that vile poofter parade"), robberies involving blood-filled syringes ("AIDS bandits" — just about any media outlet), potential needlestick injuries ("Russian Roulette" — the *Mercury* . . . again) and drug law reforms (insert "junkies" in the story as many times as possible). Forget the facts, the crap makes a much better yarn, doesn't it?

Coming a close second in this year's Jerry Falwell Awards is the Iranian Parliament for a momentous decision it made in July. It banned the sale of seedless watermelons. Why? They promote homosexuality . . . or perhaps even worse, asexuality. True. Or so the papers said. ♦

## **PLWH/A (NSW) CELEBRATES MARDI GRAS PARTY! ENJOY! ASSIST! PARTICIPATE — GET INVOLVED!**

### **FAIR DAY**

Look for our stall at Fair Day, Jubilee Park, Glebe on February 11. We need your help to distribute promotional material and staff the stall. Come picnic with us!

### **THE PARADE**

We will be participating in the Parade and need your help in preparing our float and participating on the night. Come stand up for your rights and be proud!

Come watch the Parade from a comfortable safe place. Limited space will be available and individuals with mobility problems, homebound or currently in hospital or hospice will be given priority. We'll also need assistance on the night to staff the viewing rooms. Call us for information on wheelchair access.

### **SPONSORED PARTY TICKETS**

Once again, PLWH/A, in conjunction with ACON and the Sydney Gay & Lesbian Mardi Gras, will be running a sponsored ticket system. Final selection will follow a draw. If you'd like to participate in the draw, contact the PLWH/A office. Remember, the number of tickets available depends on the number of tickets sponsored.

**Sponsoring tickets:** If you're able to sponsor a ticket, give us a ring, drop in to the office, send us some money or give us some tickets. And do it soon. Mardi Gras have kindly donated a quota of complimentary tickets and allocated an additional amount for sponsorship. We'll appreciate your generosity!

### **TIME OUT ROOM AT PARTY**

This is a safe, quiet space for us to recharge our batteries or get some assistance if required. Help's needed to set up and clean-out. Wheelchair accessible. Come and relax!



The staff and committee wish you all a fun-filled and memorable Mardi Gras.  
**You want to donate your time or money? Call us on 361 6011**  
Donations of \$2 and over are tax deductible



**PLWH/A (NSW) Inc. Suite 5, 94 Oxford Street, Darlinghurst.**

## Service Update

# Gay Men *Fighting Aids*



MARDI GRAS 96 SEES THE FIRST birthday of the inner western Sydney health promotion project, Gay Men Fighting Aids (GMFA). It was not long after the '95 Fair Day that GMFA was formed at a large community meeting (on March 12) organised by the Central Sydney Area Health Service (CSAHS).

The aim of this community consultation was to find out about the health-related needs of gay men in the inner west (an area encompassing Newtown, Homebush and Canterbury).

"What we basically did", says Greg Millan, Community Health Promotion Officer with CSAHS, "was ask the meeting: 'what are your health needs as gay men, what are your needs around HIV, and what would you like to do about addressing those needs?'"

The outcome of the meeting was the formation of GMFA and a list of issues and ideas. Later meetings consolidated the aims, tasks and structure of the group, which has been busy ever since with education — 'GayLife' — nights, the production of a newsletter, community events and the famous Ian Roberts safe sex cards.

GMFA is for all gay men — HIV positive, negative, or untested. "At the community consultation meetings there was general agreement from the men present that the best approach the project could take was to include gay men regardless of their HIV sero status", says Greg "In practice this means that all health education activities are inclusive of the needs of both positive and negative men. Many gay men involved in the consultation process spoke about their weariness with divisions in the gay community between HIV positive and negative men. GMFA is about all gay men fighting HIV and AIDS both at a personal and a community level." The GayLife nights, for example, aim to be all inclusive and keep a broad focus. Topics covered so far at these informal evenings include euthanasia, grief and loss, stress and relaxation.

The inclusive approach seems to be working. For example, feedback from people with HIV/AIDS about the language used on the Ian Roberts cards was, well, positive. For a change, they didn't feel excluded from the safe sex message.

Robert Ball, a volunteer with the project since the first community meeting, considers the integration of positive and negative volunteers in the project to be one of its strong points. "GMFA is not only concerned with HIV transmission", he says, "its focus is looking after your life, making places safe and welcoming, holding together the gay community. It's worked well. We don't feel the project disempowers positive people, and we don't want negative people to feel their contribution isn't wanted." He attributes this success to the open structure of GMFA and the efforts the group has put into creating a sense of safety at meetings and events.

The group relies on the input of volunteers from the inner west community for both its direction and for the basic ground work of organising GayLife nights and social events, like GMFA's stall at Leather Pride. The steering committee, which meets fortnightly, is open to any gay men who are interested and over the past year, Robert says, "there have been a lot of new faces, new ideas".

People stay involved, he thinks, because they feel a sense of ownership of the project. Although it operates out of an Area Health Service, GMFA is a volunteer driven project where there is plenty of room for new ideas. "It is a great model of community participation in health service decision making", says Greg Millan.

Any gay man living in the inner west area is welcome to get involved. At present, the group meets in Newtown. Plans for the new year include a planning day (held in January) and a high profile at Mardi Gras. Watch the gay media and community notice boards for coming GMFA events, or call Greg on 519 5202. ◆

An initiative of the AIDS Council of NSW Inc.

# HIV

*living*

# Inforums

2 info-packed hours

## **WHAT'S NEW**

**Tues 6 Feb – 7pm till 9.00pm**

*What we now know about HIV, immune systems and viral load*

## **UNDER THE DOCTOR**

**Tues 13 Feb – 7pm till 9.00pm**

*Latest treatments – for and against them, when to start them*

## **IMMUNE POWER**

**Tues 20 Feb – 7pm till 9.30pm**

*Maximise your health through nutrition, sleep and exercise*

## **OFF YOUR FACE**

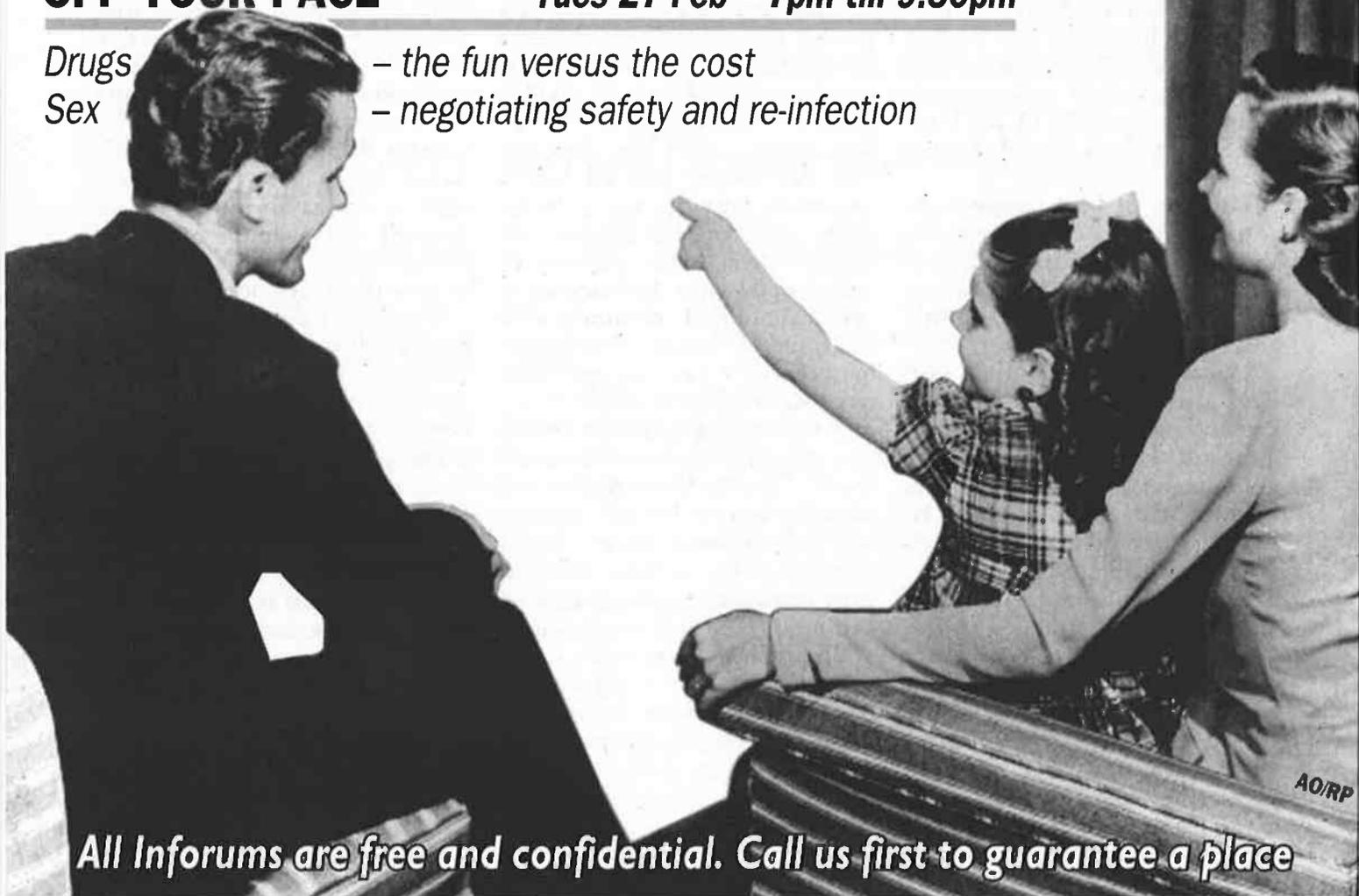
**Tues 27 Feb – 7pm till 9.30pm**

*Drugs*

*– the fun versus the cost*

*Sex*

*– negotiating safety and re-infection*



AORP

*All Inforums are free and confidential. Call us first to guarantee a place*

**ACON, 9 Commonwealth St, Surry Hills. Phone Stephen on (02) 206 2011**

# 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

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Watch for details about *what, when and where* soon!

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The Bobby Goldsmith Foundation (BGF), a community based organisation established in 1984, provides direct assistance to help people with advanced HIV and AIDS maintain a reasonable standard of living.

For more information about BGF, telephone (02) 360 9755 or fax (02) 360 9334.